

collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

*Proposed Collection Title:* Generic Clearance to Support the Safe to Sleep® Campaign at the Eunice Kennedy Shriver National Institute for Child Health and Human Development (NICHD), 0925–0701, exp., date 02/28/2021, REVISION, Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), National Institutes of Health (NIH).

*Need and Use of Information Collection:* This is a request for a revision to a generic clearance used for submissions specific to the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) Safe to Sleep® (STS) public education campaign. Submissions for the STS campaign will be used to assess the understanding and reach of STS campaign materials and messages, and to monitor and improve campaign activities such as training workshops and overall implementation. The purpose of this information collection is to monitor and modify campaign activities, to plan future campaign activities, to develop messages and materials, and to develop distribution and outreach strategies that are effective

at communicating their message to bring about the intended response, awareness, and/or behavioral change for the target audiences. This generic clearance will enable the NICHD to: (1) More efficiently assess the implementation of campaign activities; (2) better understand the target audiences’ knowledge, attitudes, and beliefs toward STS messages and materials; (3) better understand how the campaign activities have influenced the target audiences’ behaviors and practices; and (4) monitor and improve activities such as trainings, materials, and messages. Having a way to gather feedback on the STS campaign activities is critical to assessing the reach and effect of campaign efforts. Data collected for the campaign can inform where future STS campaign resources can produce the most meaningful results.

Data collected for the STS campaign generic clearance will be used by a number of audiences, including STS campaign staff, NICHD leadership, STS campaign collaborators, Federal SUID/SIDS Workgroup members, SUID/SIDS stakeholders, clinical and maternal and child health professionals. These audiences may use the information collections to: (1) Develop new campaign messages, materials, and/or training curricula; (2) monitor and improve campaign activities; (3) make decisions about campaign activities; (4) inform current campaign activities; and

(5) inform and/or change practices and behaviors of program participants.

Examples of the types of information collections that could be included under this generic clearance include: *Focus groups and key informant interviews* with parents/caregivers and/or health professionals to get feedback on distribution and outreach activities, and/or campaign messages; and *Surveys* with parents/caregivers and/or health professionals to: (1) Assess the usefulness of the new STS campaign materials, including print and on-line multi-media materials, (2) track outreach experiences of program participants, (3) assess training participants’ changes in knowledge related to safe infant sleep behavior and implementation of learned outreach and education methods, and (4) assess program participants’ resource needs.

The sub-studies for this generic clearance will be small in scale, designed to obtain results frequently and quickly to guide campaign development and implementation, inform campaign direction, and be used internally for campaign management purposes. NICHD’s current scope and capacity for STS generic sub-studies is non-existent and this request would fill this gap.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 13,305.

ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Type of respondents	Number of respondents	Number of responses per respondent	Average burden per response, in hours	Total Annual Burden Hours
Focus Groups .....	General Public .....	215	1	1	215
Interviews .....	General Public .....	50	1	1	50
Pre-/Post-Tests .....	General Public .....	3,000	2	15/60	1,500
Pre-/Post-Tests .....	Health Professionals .....	20,000	2	15/60	10,000
Surveys .....	Health Professionals .....	3,000	1	30/60	1,500
Tracking/Feedback Form .....	Health Educators .....	20	2	1	40
<b>Total .....</b>	.....	<b>26,285</b>	<b>49,305</b>	.....	<b>13,305</b>

Dated: December 7, 2020.

Jennifer M. Guimond,

Project Clearance Liaison, Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health.

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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 a copy of these documents, call or email the SAMHSA Reports Clearance Officer at (240) 276–0361 or [carlos.graham@samhsa.hhs.gov](mailto:carlos.graham@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: Networking Suicide Prevention Hotlines—Evaluation of Imminent Risk (OMB No. 0930–0333)—REVISION**

The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Mental Health Services (CMHS) funds a National Suicide Prevention Lifeline Network ("Lifeline"), consisting of a toll-free telephone number that routes calls from anywhere in the United States to a network of local crisis centers. In turn, the local centers link callers to local emergency, mental health, and social service resources. This project is a revision of the Evaluation of Imminent Risk and builds on previously approved data collection activities [Evaluation of Networking Suicide Prevention Hotlines Follow-Up Assessment (OMB No. 0930–0274) and Call Monitoring of National Suicide Prevention Lifeline Form (OMB No. 0930–0275)]. The extension data collection is an effort to advance the understanding of crisis hotline utilization and its impact.

The overarching purpose of the proposed Evaluation of Imminent Risk data collection is to evaluate hotline counselors' management of imminent risk callers and third party callers concerned about persons at imminent risk, assess counselor adherence to the *Lifeline Policies and Guidelines for Helping Callers at Imminent Risk of Suicide*, and identify the types of interventions implemented with imminent risk callers. Specifically, the Evaluation of Imminent Risk will collect data, using the Imminent Risk Form, to

inform the network's knowledge of the extent to which counselors are aware of and being guided by Lifeline's imminent risk guidelines; counselors' definitions of imminent risk; the rates of active rescue of imminent risk callers; the types of rescue and non-rescue interventions used; barriers to intervention; and the circumstances in which active rescue is initiated, including the caller's agreement to receive the intervention. To capture differences across centers, the form also collects information on counselors' employment status and hours worked/volunteered, level of education, license status, training status, source of safety planning protocols, and responsibility for follow up.

Clearance is being requested for the activity to assess the knowledge, actions, and practices of counselors to aid callers who are determined to be at imminent risk for suicide and who may require active rescue. This evaluation will allow researchers to examine and understand the actions taken by counselors to aid imminent risk callers, the need for active rescue, the types of interventions used, and, ultimately, improve the delivery of crisis hotline services to imminent risk callers. A total of nine centers will participate in this evaluation. Thus, SAMHSA is requesting OMB review and approval of the Imminent Risk Form.

Crisis counselors at nine participating centers will record information discussed with imminent risk callers on the Imminent Risk Form, which does not require direct data collection from callers. As with previously approved evaluations, callers will maintain anonymity. Participating counselors will be asked to complete the form for 100% of their imminent risk calls. At centers with high call volumes, data collection may be limited to designated shifts. The Imminent Risk Form contains minor changes from the earlier data collection with revised options of either receiving emergency department

services or crisis stabilization centers services while the caller was determined to be at imminent risk for suicide. The prior option was for the emergency department or hospital services. This form requests information in 15 content areas, each with multiple sub-items and response options. Response options include open-ended, yes/no, Likert-type ratings, and multiple choice/check all that apply. The form also requests demographic information on the caller, the identification of the center and counselor submitting the form, and the date of the call. Specifically, the form is divided into the following sections: (1) Counselor information, (2) center information, (3) call characteristics (e.g., line called, language spoken, participation of third party), (4) suicidal desire, (5) suicidal intent, (6) suicidal capability, (7) buffers to suicide, (8) interventions agreed to by caller or implemented by counselor without caller's consent, (9) whether imminent risk was reduced enough such that active rescue was not needed, (10) interventions for third party callers calling about a person at imminent risk, (11) whether supervisory consultation occurred during or after the call, (12) barriers to getting needed help to the person at imminent risk, (13) steps taken to confirm whether emergency contact was made with person at risk, (14) outcome of attempts to rescue person at risk, and (15) outcome of attempts to follow-up on the case. The form also includes an Additional Counselor Training section that counselors complete only when applicable. The form will take approximately 15 minutes to complete and will be completed by the counselor after the call. It is expected that a total of 440 forms will be completed by 116 counselors over the two-year data collection period.

The estimated response burden to collect this information is annualized over the requested two-year clearance period and is presented below:

**TOTAL AND ANNUALIZED BURDEN: RESPONDENTS, RESPONSES AND HOURS**

Instrument	Number of respondents	Responses/respondent	Total responses	Hours per response	Total hour burden
National Suicide Prevention Lifeline—Imminent Risk Form	116	1.9	220	.26	57

Send comments to Carlos Graham, SAMHSA Reports Clearance Officer at [carlos.graham@samhsa.hhs.gov](mailto:carlos.graham@samhsa.hhs.gov). Written comments should be received by February 9, 2021.

**Carlos Graham,**

*Social Science Analyst.*

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**BILLING CODE 4162-20-P**

## DEPARTMENT OF HOMELAND SECURITY

### Federal Emergency Management Agency

[Docket ID: FEMA-2020-0029; OMB No. 1660-0142]

#### Agency Information Collection Activities: Proposed Collection; Comment Request; Survivor Sheltering Assessment

**AGENCY:** Federal Emergency Management Agency, DHS.

**ACTION:** Notice and request for comments.

**SUMMARY:** The Federal Emergency Management Agency, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public to take this opportunity to comment on a revision of a currently approved information collection. In accordance with the Paperwork Reduction Act of 1995, this notice seeks comments concerning the revision of the collection Survivor Sheltering Assessment to include an alternate streamlined form and exchange of information process with the state, tribal, and territorial (STT) governments.

**DATES:** Comments must be submitted on or before February 9, 2021.

**ADDRESSES:** To avoid duplicate submissions to the docket, please use the following means to submit comments:

*Online.* Submit comments at [www.regulations.gov](http://www.regulations.gov) under Docket ID FEMA-2020-0029. Follow the instructions for submitting comments.

All submissions received must include the agency name and Docket ID. Regardless of the method used for submitting comments or material, all submissions will be posted, without change, to the Federal eRulemaking Portal at <http://www.regulations.gov>, and will include any personal information you provide. Therefore, submitting this information makes it public. You may wish to read the Privacy and Security Notice that is

available via the link on the homepage of [www.regulations.gov](http://www.regulations.gov).

#### FOR FURTHER INFORMATION CONTACT:

Christopher Shoup, Privacy Project Lead, Reporting & Analytics Division, FEMA Recovery Directorate; [christopher.shoup@fema.dhs.gov](mailto:christopher.shoup@fema.dhs.gov), 202.733.7544. You may contact the Information Management Division for copies of the proposed collection of information at email address: [FEMA-Information-Collections-Management@fema.dhs.gov](mailto:FEMA-Information-Collections-Management@fema.dhs.gov).

**SUPPLEMENTARY INFORMATION:** FEMA Emergency Non-Congregate Sheltering during the COVID-19 Public Health Emergency (Interim) FP 104-009-18. This policy defines the framework, policy details, and requirements for determining eligible work and costs for sheltering in response to declarations as defined in the Robert T. Stafford Act for PA or the Fire Management Assistance Grant (FMAG) programs. FEMA provides Public Assistance (PA) funding to state, tribal, and territorial (STT) governments (aka PA Applicants) for costs related to emergency sheltering for survivors. Typically, sheltering occurs in facilities with large open spaces, such as schools, churches, community centers, armories, or other similar facilities rather than in non-congregate environments, which are locations where each individual or household has living space that offers some level of privacy (e.g., hotels, motels, casinos, dormitories, retreat camps, etc.). However, FEMA recognizes that sheltering operations during the COVID-19 Public Health Emergency may require STT's to consider additional strategies to ensure that survivors are sheltered in a manner that does not increase the risk of exposure to or further transmission of COVID-19. FEMA will provide flexibility to STTs to take measures to safely conduct non-congregate sheltering activities. FEMA will encourage STTs operating non-congregate shelters to collect basic shelter resident data. If there is a subsequent Major Disaster Declaration that includes the Individual Assistance (IA) program, FEMA and STTs may begin a bi-lateral exchange of data to coordinate and expedite assistance to shelter residents. This data exchange will enable FEMA to share additional disaster survivor data on losses and needs to STT shelter managers facilitating a coordinated effort to provide resources to shelter residents. This data also provides STTs increased ability for shelter planning and shelter population management.

#### Collection of Information

*Title:* Survivor Sheltering Assessment.

*Type of Information Collection:* Revision of a currently approved information collection.

*OMB Number:* 1660-0142.

*FEMA Forms:* FEMA Form 009-0-42, Survivor Sheltering Assessment; FEMA Form 009-0-42AV, Survivor Sheltering Assessment-Alternate Version.

*Abstract:* FEMA will encourage state, tribal, and territorial (STT) governments operating non-congregate shelters to collect basic shelter resident data. If there is a subsequent Major Disaster Declaration that includes the Individual Assistance (IA) program, FEMA and STTs may begin a bi-lateral exchange of data to coordinate and expedite assistance to shelter residents. This data exchange will enable FEMA to share additional disaster survivor data on losses and needs to STT shelter managers facilitating a coordinated effort to provide resources to shelter residents. This data also provides STTs increased ability for shelter planning and shelter population management.

*Affected Public:* Individuals or Households, State, Tribal or Territorial Government.

*Estimated Number of Respondents:* 51,200.

*Estimated Number of Responses:* 51,200.

*Estimated Total Annual Burden Hours:* 8,535.

*Estimated Total Annual Respondent Cost:* \$320,489.

*Estimated Respondents' Operation and Maintenance Costs:* N/A.

*Estimated Respondents' Capital and Start-Up Costs:* N/A.

*Estimated Total Annual Cost to the Federal Government:* \$306,276

#### Comments

Comments may be submitted as indicated in the **ADDRESSES** caption above. Comments are solicited to: (a) Evaluate whether the proposed data collection is necessary for the proper performance of the agency, including whether the information shall have practical utility; (b) evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) enhance the quality, utility, and clarity of the information to be collected; and (d) minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology,