

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

Secure Communication Network (Epi-X) OMB Control No. 0920-0636. During this revision, we are requesting the title be revised to read—Centers for Disease Control and Prevention (CDC) Secure Communications Network (Epi-X).

This IC is also being revised to improve the effectiveness of CDC communications with its public health partners during public health incident responses. Improvements include the addition of new data collection instruments related to six specific public health incidents. The addition of these instruments and the associated increase in burden hours is required to ensure that CDC and other Federal agencies will have secure, timely, and accurate information from our public health partners. This information is required by CDC during a public health incident for decision making and for effective and efficient execution of CDC's response activities. Public health partners include public health officials and agencies at the state and local level.

From 2005–2009, CDC conducted incident specific, public health emergency response operations on average of four public health incidents a year with an average emergency response length of 48 days for each incident. The effectiveness and efficiency of CDC's response to any public health incident depends on information at the agency's disposal to characterize and monitor the incident, make timely decisions, and take appropriate actions to prevent or reduce the impact of the incident.

Available information during many public health incident responses is often incomplete, is not easily validated by state and local health authorities, and is sometimes conflicting. This lack of reliable information often creates a high level of uncertainty with potential negative impacts on public health response operations.

Secure communications with CDC's state and local public health partners is essential to de-conflict information, validate incident status, and establish and maintain accurate situation awareness. Reliable, secure communications are essential for the agency to, make informed decisions, and to respond in the most appropriate manner possible in order to minimize the impact of an incident on the public health of the United States.

*Epi-X* is CDC's Web-based communication system for securely communicating during public health emergencies that have multi-jurisdictional impact and implications. *Epi-X* was specifically designed to provide public health decision-makers at the state and local levels a secure, reliable tool for communicating information about sensitive, unusual, or urgent public health incidents to neighboring jurisdictions as well as to CDC. The system was also designed to generate a request for epidemiologic assistance (*Epi-Aid*) from CDC using a secure, paperless environment.

*Epi-X* designers have developed functionalities that permit targeting of critical outbreak information to specific public health authorities who can act

quickly to prevent the spread of diseases and other emergencies in multi-jurisdictional settings, such as those that could occur during an influenza pandemic, infection of food and water resources, and natural disasters.

CDC has recognized a need to expand the use of *Epi-X* to collect specific response related information during public health emergencies. Authorized Officials from state and local health departments impacted by the public health incident will be surveyed only by *Epi-X*. Respondents will be informed of this data collection first through an *Epi-X* Facilitator, who will work closely with *Epi-X* program staff to ensure that *Epi-X* incident specific IC is understood. The survey instruments will contain specific questions relevant to the current and ongoing public health incident and response activities.

The Web-based tool for data collection under *Epi-X* already is established for the current IC and has been in use since 2003. CDC will adapt it as needed to accommodate the data collection instruments. Respondents will receive the survey instrument as an official CDC e-mail, which is clearly labeled, "*Epi-X* Emergency Public Health Incident Information Request." The e-mail message will be accompanied by a link to an *Epi-X* Forum discussion web page. Respondents can provide their answers to the survey questions by posting information within the discussion.

There are no costs to respondents except their time. The total estimated annual burden hours are 24,400.

#### ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	No. of respondents	No. of responses per respondent	Average burden per response (in hours)
State epidemiologists .....	50	104	1
City and county health officials .....	1600	12	1

Dated: November 4, 2010.

**Carol Walker,**

*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*

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**BILLING CODE 4163-18-P**

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Agency for Healthcare Research and Quality

##### Agency Information Collection Activities: Proposed Collection; Comment Request

**AGENCY:** Agency for Healthcare Research and Quality, HHS.

**ACTION:** Notice.

**SUMMARY:** This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request

that the Office of Management and Budget (OMB) approve the proposed information collection project: "Development of the Guide to Patient and Family Engagement in Health Care Quality and Safety in the Hospital Setting." In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3520, AHRQ invites the public to comment on this proposed information collection.

**DATES:** Comments on this notice must be received by January 14, 2011.

**ADDRESSES:** Written comments should be submitted to: Doris Lefkowitz,