

Send comments to Carlos Graham, SAMHSA Reports Clearance Officer, 5600 Fisher Lane, Room 15E57A, Rockville, MD 20852 OR email him a copy at carlos.graham@samhsa.hhs.gov. Written comments should be received by May 13, 2024.

Alicia Broadus,
Public Health Advisor.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities 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 at (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: Drug and Alcohol Warning Network (DAWN) (OMB No. 0930-0078)—Reinstatement With Change

Under the Public Health Service Act (42 U.S.C. 290aa-4), SAMHSA is authorized to collect data on the number of individuals admitted to the emergency rooms of hospitals as a result of the abuse of alcohol or other drugs. DAWN is a nationwide public health surveillance system to improve hospital emergency department (ED) monitoring of substance use-related visits. It captures data on ED visits related to recent substance use and misuse

directly from the electronic health records (EHR) of participating hospitals. The new DAWN helps SAMHSA and public health professionals, clinicians, and policymakers respond effectively to the opioid and substance misuse crisis in the United States.

SAMHSA is requesting OMB approval of reinstatement with change of the DAWN data collections, to include following changes:

- Revise the data collection title to “Drug and Alcohol Warning Network”, replacing existing ‘abuse’ term and including “alcohol” in the title.
- Remove drug-related death investigation records review component administered by state medical examiners (MEs) and individual medical examiners/coroners (ME/Cs).

- Revise data collection procedures where participating hospitals can choose the direct chart review option (at the contractor's operation center, home-based abstraction or on site at the hospital). Hospitals will also have the opportunity to select the machine learning with natural language processing (ML with NLP) option. The option for hospitals to use their own staff to abstract DAWN data as they did in the legacy DAWN is no longer offered.

- Revise the hospital selection design of the ED component to a hybrid system that combines sentinel hospitals and probability-based selection of hospitals from high priority suburban/rural areas and from the remaining areas in the United States.

- Change the reporting and publication schedule to further increase the timeliness of the new DAWN data availability and delivery to SAMHSA. The new DAWN data are collected on an ongoing basis and could be available to SAMHSA on demand. The new DAWN data are delivered to SAMHSA and available for analysis at a more frequent intervals than the legacy DAWN.

- Propose following changes to the ED Case Report Form:

- Add “Center for Behavioral Health Statistics and Quality” to specify the center responsible for DAWN data collection.

- Revise the data collection title to “Drug and Alcohol Warning Network” from “Drug Abuse Warning Network.”

- Replace prior “Facility” data field title with “Hospital Emergency Department ID” to provide more precise description and ID number of the DAWN participating hospitals.

- Q3 “Age”: replace prior option of “less than 1 year” with two detailed options of “4 weeks (28 days) or younger” and “Between 4 weeks and

one year old (>4 weeks, <1 year)” to enable new identification of neonatal substance issues.

- Q4 “County of Residence”: revise data field title from prior “patient's home zip code” and add more accurate description on what data to be collected and clarify the purpose of data collection. Add new “Unable to determine county” option to improve data accuracy and account for geographical variation.

- Q6 “Gender Identity” and Q7 “Sexual Orientation”: added to provide inclusive measures and to align with SAMHSA's efforts in enhancing behavioral health equities among diverse populations.

- Q8 “Ethnicity” and Q9 “Race”: revise prior data field “Race/Ethnicity” to align with OMB 1997 Standards for Maintaining, Collecting, And Presenting Federal Data on Race and Ethnicity (Statistical Policy Directive No. 15) and to improve data accuracy and comprehensiveness.

- Q10 “Case Description”: replace the word “drug(s)” with “substance(s)” to clarify that the DAWN collects data on all substances including alcohol. Add new instruction language of “Do not include information that could identify the patient or hospital” to provide clear instruction and specify the importance of patient and hospital privacy protection.

- Q11 “Substance(s) Involved and Route of Administration”: add two new options of “transdermal” and “vaped” to improve the comprehensiveness of the list on how substance is administered by the patient. Remove “Mark if confirmed by toxicology test” and “alcohol involved?”

- Q12 “Diagnosis”: change the question order and move the data field after Q11. Revise prior instruction of “list up to 4 diagnoses” to “list all diagnoses” to enhances new DAWN's ability to identify novel drug, drug trends, and drug outbreaks.

- Q13 “Type of Case”: remove instruction language of “using the decision tree.” Revise the existing option of “seeking detox” to “seeking detox and/or substance abuse treatment only” and remove age restriction for “Alcohol only” option to include cases involving alcohol as the only substance of all ages.

- Q14, Q15, and Q16 “Was naloxone/buprenorphine/Methadone administered to the patient in the ED”: added to capture new data on the implementation of medication-assisted treatment for opioid use disorder in the emergency department setting and understand why buprenorphine and methadone is administered.

○ Q17 “Disposition”: add new options and re-categorize disposition to improve data accuracy and comprehensiveness and better understand where the patient went after their ED visit.

• Proposes a new Activity Report From to be submitted by the abstractors to collect information on the date of ED visits the abstractor has reviewed, counts of ED visits for that date, number of records reviewed, and number of left

without being seen (LWBS) visits for the ED visit date if participating hospitals choose the direct chart review option.

The estimated annual burden for the DAWN data collection is as follows:

Information collection activities	Number of respondents	Responses per respondent	Total responses	Hours per response (in hours)	Total burden hours	Average hourly wage	Total annual cost
Setting Up Activities *							
Initial outreach and recruitment (all hospitals)	143	1	143	81.50	11,655	\$48.72	\$567,807
ED record provision setting up (direct chart review)	58	1	58	5.25	305	26.71	8,133
ED record provision setting up (ML with NLP)	85	1	85	36.00	3,060	26.71	81,733
Ongoing Maintenance Activities							
Ongoing Maintenance (direct chart review)	58	1	58	1.50	87	26.71	2,324
Ongoing Maintenance (ML with NLP)	85	1	85	6.00	510	26.71	13,622
Totals					15,616		673,619

* Setting up activities will be conducted once.

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DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Docket ID FEMA-2024-0002; Internal Agency Docket No. FEMA-B-2417]

Changes in Flood Hazard Determinations

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

ACTION: Notice.

SUMMARY: This notice lists communities where the addition or modification of Base Flood Elevations (BFEs), base flood depths, Special Flood Hazard Area (SFHA) boundaries or zone designations, or the regulatory floodway (hereinafter referred to as flood hazard determinations), as shown on the Flood Insurance Rate Maps (FIRMs), and where applicable, in the supporting Flood Insurance Study (FIS) reports, prepared by the Federal Emergency Management Agency (FEMA) for each community, is appropriate because of

new scientific or technical data. The FIRM, and where applicable, portions of the FIS report, have been revised to reflect these flood hazard determinations through issuance of a Letter of Map Revision (LOMR), in accordance with Federal Regulations. The currently effective community number is shown in the table below and must be used for all new policies and renewals.

DATES: These flood hazard determinations will be finalized on the dates listed in the table below and revise the FIRM panels and FIS report in effect prior to this determination for the listed communities.

From the date of the second publication of notification of these changes in a newspaper of local circulation, any person has 90 days in which to request through the community that the Deputy Associate Administrator for Insurance and Mitigation reconsider the changes. The flood hazard determination information may be changed during the 90-day period.

ADDRESSES: The affected communities are listed in the table below. Revised flood hazard information for each community is available for inspection at both the online location and the respective community map repository address listed in the table below. Additionally, the current effective FIRM and FIS report for each community are accessible online through the FEMA Map Service Center at <https://msc.fema.gov> for comparison.

Submit comments and/or appeals to the Chief Executive Officer of the community as listed in the table below.

FOR FURTHER INFORMATION CONTACT: Rick Sacbbit, Chief, Engineering Services Branch, Federal Insurance and Mitigation Administration, FEMA, 400 C Street SW, Washington, DC 20472, (202) 646-7659, or (email) patrick.sacbbit@fema.dhs.gov; or visit the FEMA Mapping and Insurance eXchange (FMIX) online at https://www.floodmaps.fema.gov/fhm/fmx_main.html.

SUPPLEMENTARY INFORMATION: The specific flood hazard determinations are not described for each community in this notice. However, the online location and local community map repository address where the flood hazard determination information is available for inspection is provided.

Any request for reconsideration of flood hazard determinations must be submitted to the Chief Executive Officer of the community as listed in the table below.

The modifications are made pursuant to section 201 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 FIRM and FIS report are the basis of the floodplain management measures that the community is required either to adopt or to show evidence of having in effect in order to qualify or remain qualified for participation in the National Flood Insurance Program (NFIP).

These flood hazard determinations, 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