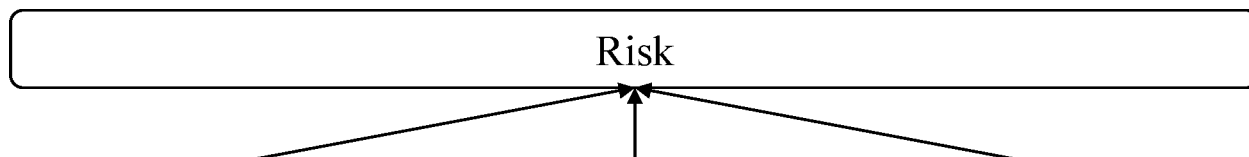


1. Threat, or the likelihood of a particular threat event occurring, quantified by the number of events occurring within a recipient's jurisdiction (e.g., the "flood" threat parameter is comprised of the number of flooding events occurring within a recipient's jurisdiction).

2. Vulnerability, or a community's or communities' access to health care services and surge capacity (or lack thereof), quantified by proportion-based public health metrics (e.g., the "health care access" vulnerability parameter is comprised of the number of staffed hospital beds per capita by recipient).

3. Consequence, or the potential negative impacts associated with a particular threat/hazard occurring, quantified by the historic number of casualties per event associated with each threat/hazard (e.g., the "flood" consequence parameter captures the expected number of casualties associated with a flooding event).



Information Requested

Please reference the tables found at <https://aspr.hhs.gov/HealthCareReadiness/HPP/Pages/rfi.aspx> to answer the following questions.

(1) What, if any, feedback do you have regarding the current datasets? For example, are there any current datasets you recommend retiring? Please specify why and if you would recommend any replacements.

(2) What, if any, additional datasets would you recommend including in the risk calculation? Please specify the data source and associated risk subcomponent (i.e., threat, vulnerability, consequence). You may recommend adding one of the "potential datasets" included in the tables found at <https://aspr.hhs.gov/HealthCareReadiness/HPP/Pages/rfi.aspx> and/or suggest new datasets for consideration.

(3) What, if any, additional considerations would you recommend including in the calculation of risk (e.g., threats that are not included in the current datasets)? Please also include datasets that can be used to measure these factors.

You may address as many or as few questions as you choose. You may provide additional feedback relevant to the HPP funding formula. When responding, please identify the corresponding question. Datasets used for the risk calculation must be national in scope and either publicly available or readily available to the federal government.

This RFI is for planning purposes only and should not be construed as a policy, solicitation for applications, or as an obligation on the part of the government to provide support for any ideas in response to it. ASPR will use the information submitted in response to this RFI at its discretion and will not provide comments to any of your submissions. The government is under

no obligation to acknowledge receipt of the information received or provide feedback with respect to any information submitted. No proprietary, classified, confidential, or sensitive information should be included in a response. The contents of all submissions may be made available to the public in the future. Submitted materials should therefore be publicly available or be able to be made public.

The Administrator and Assistant Secretary for Preparedness and Response of ASPR, Dawn O'Connell, having reviewed and approved this document, authorizes Adam DeVore, who is the Federal Register liaison, to electronically sign this document for purposes of publication in the **Federal Register**.

Adam DeVore,

Federal Register Liaison, Administration for Strategic Preparedness and Response.

[FR Doc. 2024-28740 Filed 12-5-24; 8:45 am]

BILLING CODE 4150-37-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (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, email the SAMHSA Reports Clearance Officer at samhsapra@samhsa.hhs.gov.

Project: SAMHSA Unified Client-Level Performance Reporting Tool (SUPRT)—(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) which will (1) combine and align the existing client-level performance instrument for the SAMHSA Center for Substance Abuse Treatment (CSAT) and National Outcomes Measures (NOMS) instrument for the SAMHSA Center for Mental Health Services (CMHS), and (2) create a two-component tool that will allow for a client (or caregiver) self-administered questionnaire (called SAMHSA Unified Performance Reporting Tool (SUPRT)—C: Client or Caregiver Form or 'SUPRT-C') and a grantee completion of administrative data (called SAMHSA Unified Performance Reporting Tool (SUPRT)—A: Administrative Report or 'SUPRT-A'). The revisions also allow for the client portion to move from interviewer-administered to self-administered with the aim of potentially reducing burden and increasing reporting accuracy.

SUPRT will allow SAMHSA to (1) continue to meet Government Performance and Results Modernization Act (GPRAMA) of 2010 reporting requirements; (2) reduce the scope and associated burden of questions requiring responses directly from clients; (3) standardize questions across programs wherever possible; and, (4) elicit programmatic information that will help to assess the impact of discretionary grant programs on the achievement of SAMHSA's 2023-2026 Strategic Priority Area goals and objectives.

Furthermore, this effort is designed to align performance reporting requirements with other parts of the Federal Statistical System. For example,

to the extent possible, SAMHSA aims to align with measurement indicators used by the Centers for Medicare & Medicaid Services; the Centers for Disease Control and Prevention; the U.S. Census Bureau; and the Office of Management and Budget. For instance, the race and ethnicity question is aligned with the Office of Management and Budget’s race and ethnicity standards.

Currently, over 7,500 grantees across a range of prevention, harm reduction, treatment, and recovery support discretionary grant programs have reported program performance data into SAMHSA’s Performance Accountability and Reporting System (SPARS) that serves as a central data repository. SPARS functions as a performance management system that captures information on the substance use and mental health services delivered via the range of SAMHSA’s discretionary grants.

The new SUPRT tool reflects diverse feedback SAMHSA obtained through multiple listening sessions conducted with key stakeholders, in addition to extensive deliberations conducted by different working groups within SAMHSA. Accordingly, SUPRT aligns with some prior questions and deletes other questions from the client-level performance reporting tools currently in use. SUPRT also incorporates select new

measures/questions into a multi-component client-level tool. SAMHSA will provide guidance about these changes, specifying which items grantees can complete using administrative data and which can be self-administered to clients. This new SUPRT will reduce client reporting burden and is projected to enhance the accuracy of the collected performance data.

SAMHSA will use the data collected through the new SUPRT for annual reporting required by GPRAMA, grantee monitoring, and continuous improvement of its discretionary grant programs. The SUPRT 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 first component of SUPRT, the SUPRT–C, is to be completed by clients or caregivers. SUPRT–C is composed of

(1) standardized questions about demographic information (asked directly of clients at baseline only); (2) social determinants of health (asked directly of clients at baseline and at 3 or 6 months post baseline reassessment); and, (3) recovery, quality of life, and client goal measures as impacted by services received (asked of clients at baseline and reassessment during the client’s first year of treatment, then annually). Therefore, not all questions are asked of each respondent (child/adult) or at each information collection period (e.g., baseline, reassessment, annual).

The second component of SUPRT, SUPRT–A, is to be completed by grantees. SUPRT–A consists of a streamlined set of questions describing clients’ behavioral health history, screening and diagnosis items, and services provided to clients. SUPRT–A is collected from client-records kept by the grantee, for example in paper or electronic health records (EHRs). Grantees may need to adjust their record keeping, intake or behavioral health history taking to ensure that they are able to complete the SUPRT–A. Question(s) about services provided to the client will only be required at reassessment and annually.

The chart below summarizes the annualized burden for this project.

SAMHSA tool	Included domains	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden	Hourly cost	Total cost
Client-level baseline assessment—SUPRT–C Adult.	Demographics, SDOH, Core Outcomes of Recovery, Goals.	488,775	1	488,775	0.250	122,194	\$28.9	\$3,530,177
Client-level baseline assessment—SUPRT–C Youth, Child, or Young Child.	Demographics, SDOH	91,225	1	91,225	0.133	12,163	28.9	351,399
Client-level baseline—SUPRT–A ...	Record Management, Behavioral Health History, Behavioral Health Screening, Behavioral Health Diagnoses.	2,125	314	668,250	0.280	187,110	28.9	5,405,608
Client-level 3- or 6-month reassessment—SUPRT–C Adult.	SDOH, Core Outcomes of Recovery, Goals.	329,212	1	329,212	0.167	54,869	28.9	1,585,156
Client-level 3- or 6-month reassessment—SUPRT–C Youth, Child, or Young Child.	SDOH	61,444	1	61,444	0.050	3,072	28.9	88,756
Client-level 3- or 6-month—SUPRT–A.	Record Management, Behavioral Health History, Behavioral Health Screening, Behavioral Health Diagnoses, Services Received.	2,125	212	450,097	0.330	148,532	28.9	4,291,086
Client-level close-out record—SUPRT–A.	Record Management, Services Received.	2,125	256	543,097	0.100	54,310	28.9	1,569,551
Client-level annual SUPRT–C Adult	Core Outcomes of Recovery, Goals.	91,540	1	91,540	0.117	10,680	28.9	308,535
Client-level annual—SUPRT–A	Record Management, Behavioral Health History, Behavioral Health Screening, Behavioral Health Diagnosis, Services Received.	2,125	59	125,153	0.330	41,300	28.9	1,193,170
Total	1,070,696	2,848,793	634,230	18,323,437

Written comments and recommendations concerning the

proposed information collection should be sent by January 6, 2025 to the

SAMHSA Desk Officer at the Office of Information and Regulatory Affairs,

Office of Management and Budget (OMB). To ensure timely receipt of comments, and to avoid potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, commenters are encouraged to submit their comments to OMB via email to: OIRA_Submission@omb.eop.gov. Although commenters are encouraged to send their comments via email, commenters may also fax their comments to 202-395-7285. Commenters may also mail them to: Office of Management and Budget, Office of Information and Regulatory Affairs, New Executive Office Building, Room 10102, Washington, DC 20503.

Alicia Broadus,

Public Health Advisor.

[FR Doc. 2024-28556 Filed 12-5-24; 8:45 am]

BILLING CODE 4162-20-P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Internal Agency Docket No. FEMA-4712-DR; Docket ID FEMA-2024-0001]

Tennessee; Amendment No. 3 to Notice of a Major Disaster Declaration

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice.

SUMMARY: This notice amends the notice of a major disaster declaration for the State of Tennessee (FEMA-4712-DR), dated May 17, 2023, and related determinations.

DATES: This change occurred on October 7, 2024.

FOR FURTHER INFORMATION CONTACT: Dean Webster, Office of Response and Recovery, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20472, (202) 646-2833.

SUPPLEMENTARY INFORMATION: The Federal Emergency Management Agency (FEMA) hereby gives notice that pursuant to the authority vested in the Administrator, under Executive Order 12148, as amended, Darryl L. Drago, of FEMA is appointed to act as the Federal Coordinating Officer for this disaster.

This action terminates the appointment of Leda M. Khoury as Federal Coordinating Officer for this disaster.

The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 97.030, Community Disaster Loans; 97.031, Cora Brown Fund; 97.032, Crisis Counseling;

97.033, Disaster Legal Services; 97.034, Disaster Unemployment Assistance (DUA); 97.046, Fire Management Assistance Grant; 97.048, Disaster Housing Assistance to Individuals and Households In Presidentially Declared Disaster Areas; 97.049, Presidentially Declared Disaster Assistance—Disaster Housing Operations for Individuals and Households; 97.050, Presidentially Declared Disaster Assistance to Individuals and Households—Other Needs; 97.036, Disaster Grants—Public Assistance (Presidentially Declared Disasters); 97.039, Hazard Mitigation Grant.

Deanne Criswell,

Administrator, Federal Emergency Management Agency.

[FR Doc. 2024-28633 Filed 12-5-24; 8:45 am]

BILLING CODE 9111-23-P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Internal Agency Docket No. FEMA-4832-DR; Docket ID FEMA-2024-0001]

Tennessee; Amendment No. 4 to Notice of a Major Disaster Declaration

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice.

SUMMARY: This notice amends the notice of a major disaster declaration for the State of Tennessee (FEMA-4832-DR), dated October 2, 2024, and related determinations.

DATES: This amendment was issued November 4, 2024.

FOR FURTHER INFORMATION CONTACT: Dean Webster, Office of Response and Recovery, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20472, (202) 646-2833.

SUPPLEMENTARY INFORMATION: The notice of a major disaster declaration for the State of Tennessee is hereby amended to include the following areas among those areas determined to have been adversely affected by the event declared a major disaster by the President in his declaration of October 2, 2024.

Hancock County for Public Assistance, including direct Federal assistance.

Sevier County for permanent work [Categories C-G] (already designated for debris removal and emergency protective measures [Categories A and B], including direct Federal assistance, under the Public Assistance program).

The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 97.030, Community Disaster Loans; 97.031, Cora Brown Fund; 97.032, Crisis Counseling; 97.033, Disaster Legal Services; 97.034,

Disaster Unemployment Assistance (DUA); 97.046, Fire Management Assistance Grant; 97.048, Disaster Housing Assistance to Individuals and Households In Presidentially Declared Disaster Areas; 97.049, Presidentially Declared Disaster Assistance—Disaster Housing Operations for Individuals and Households; 97.050, Presidentially Declared Disaster Assistance to Individuals and Households—Other Needs; 97.036, Disaster Grants—Public Assistance (Presidentially Declared Disasters); 97.039, Hazard Mitigation Grant.

Deanne Criswell,

Administrator, Federal Emergency Management Agency.

[FR Doc. 2024-28672 Filed 12-5-24; 8:45 am]

BILLING CODE 9111-23-P

DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[Internal Agency Docket No. FEMA-3617-EM; Docket ID FEMA-2024-0001]

North Carolina; Emergency and Related Determinations

AGENCY: Federal Emergency Management Agency, DHS.

ACTION: Notice.

SUMMARY: This is a notice of the Presidential declaration of an emergency for the State of North Carolina (FEMA-3617-EM), dated September 26, 2024, and related determinations.

DATES: The declaration was issued September 26, 2024.

FOR FURTHER INFORMATION CONTACT: Dean Webster, Office of Response and Recovery, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20472, (202) 646-2833.

SUPPLEMENTARY INFORMATION: Notice is hereby given that, in a letter dated September 26, 2024, the President issued an emergency declaration under the authority of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121-5207 (the Stafford Act), as follows:

I have determined that the emergency conditions in certain areas of the State of North Carolina resulting from Hurricane Helene beginning on September 25, 2024, and continuing, are of sufficient severity and magnitude to warrant an emergency declaration under the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. 5121 *et seq.* ("the Stafford Act"). Therefore, I declare that such an emergency exists in the State of North Carolina.

You are authorized to provide appropriate assistance for required emergency measures,