

Request for clarification regarding allowable uses of the block grant for research and evaluation. As published in the January 28, 2008 **Federal Register**, Table C requested that States estimate their expenditures to support the transformation goal "Research is Accelerated." One commenter accurately noted that research is not an allowable expenditure under the block grant statute, and requested that this goal be revised to read "Program Evaluation is Accelerated." SAMHSA incorporated this revision in the guidance submitted for OMB review.

Request for clarification regarding the difference between the State Transformation Outcome Measure and other Outcome Measures requested in the application guidance. As stated in the proposed guidance, each State is required to submit a Transformation Outcome Measure in addition to all required National Outcome Measures

(NOMS). The Transformation Outcome Measure is selected by the State to reflect its own priorities. However, the Transformation Outcome Measure may be the same measure as one of the NOMS. No change to the guidance is needed to provide this clarification.

Request that the submission date for the application be changed from September 1 to December 1 to coincide with submission of the State Implementation Report. As the commenter acknowledged, the submission dates for the application and Implementation Report are established in statute, and cannot be changed through the administrative process of revising the application guidance and instructions. Thus, no changes to the guidance are incorporated to address this concern.

Request for clarification regarding whether States should report the number of clients or the percent of

clients receiving Evidence Based Practices (EBPs). One commenter notes a discrepancy in the application regarding whether the number or percent of clients receiving EBPs should be reported. Appendix I was revised to clarify that the percent of clients receiving EBPs should be reported. Additional clarifying revisions were made to Appendix I regarding the specific numerators and denominators that States should use to calculate NOMS.

With the streamlining of information regarding State mental health transformation activities, elimination of URS Table 18 as a requirement for reporting, and other improvements to the MHBG guidance, it was determined that the annual burden for the revised application was reduced by 15 hours per State. The following table summarizes the annual burden for the revised application.

Application	Number of respondents	Responses/ respondent	Burden response (hrs)	Total burden hours
1 Yr. Plan .....	44	1	175	7,700
2 Yr. Plan .....	6	1	145	870
3 Yr. Plan .....	9	1	105	945
Implementation Report .....	59	1	70	4,130
URS Tables .....	59	1	35	2,065
Total .....	59	.....	.....	15,710

Written comments and recommendations concerning the proposed information collection should be sent by June 4, 2008 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: 202-395-6974.

Dated: April 28, 2008.

**Elaine Parry,**

Acting Director, Office of Program Services.

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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 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: Drug Abuse Warning Network (OMB No. 0930-0078)—Revision**

The Drug Abuse Warning Network (DAWN) is an ongoing data system that collects information on drug-related medical emergencies as reported from about 350 hospitals nationwide, and drug-related deaths as reported from 11 states with centralized Medical Examiner offices and 125 medical examiners/coroner jurisdictions (ME/C) in 32 metropolitan areas. DAWN provides national and metropolitan estimates of substances involved with drug-related emergency department (ED) visits; disseminates information about substances involved in deaths investigated by participating medical examiners and coroners (ME/Cs); tracks drug abuse patterns, trends, and the emergence of new substances; monitors post-market adverse drug incidents; assesses health hazards associated with the use of illicit, prescription, and over-the-counter drugs; and generates information for national and local drug abuse policy and program planning. DAWN data are used by Federal, State, and local agencies, as well as

universities, pharmaceutical companies, and the media.

From 2009 to 2011, DAWN will continue to recruit hospitals in the 13 oversampled metropolitan areas and in the remainder of the U.S. in order to improve the precision of estimates, adding approximately 43 sampled hospitals that are currently not participating. In 2009 and 2010, DAWN plans to recruit 2 States with centralized ME/C systems. To achieve full participation by ME/Cs in the metropolitan areas currently covered,

DAWN plans to recruit approximately 20 more ME/Cs from the 13 metropolitan areas, and approximately 20 ME/Cs from metropolitan areas in the rest of the country. DAWN data are submitted electronically, using eHERS (electronic Hospital Emergency Reporting System) and eMERS (electronic Medical Examiner Reporting System). In most of the facilities participating in DAWN (83 percent of the EDs and 58 percent of the ME/C offices), data are collected by government contractor staff; these

facilities are not included in the burden statement because the facility staff are not involved in data collection. The annual burden estimates for those EDs and ME/C offices that collect the data using their own staff are shown below. There will be minor editorial changes to both the ED and ME/C reporting forms to simplify reporting. On the ME/C reporting form, a data element for case narrative will be added. These changes are not anticipated to impact the overall burden.

ANNUALIZED REPORTING BURDEN FOR DAWN: 2009–2011

Activity	Number of respondents <sup>1</sup>	Estimated number of responses per respondent	Total responses	Estimated time per response (in minutes)	Total hour burden
<b>Emergency Departments</b>					
ED Chart review .....	61	24,551	1,497,604	3	74,880
Case data upload .....	61	556	33,906	3	1,695
ED activity report .....	61	240	14,640	2	488
Subtotal .....	61	.....	.....	.....	77,063
<b>State Medical Examiners</b>					
Death investigation records review .....	6	3,099	18,593	4	1,240
Case data upload .....	6	338	2,027	3	101
ME/C activity report .....	6	240	1,440	2	48
Subtotal .....	6	.....	.....	.....	1,389
<b>Individual Medical Examiner/Coroners</b>					
Death investigation records review .....	84	1,097	92,181	4	6,145
Case data upload .....	84	89	7,471	3	374
ME/C activity report .....	84	240	20,160	2	672
Subtotal .....	84	.....	.....	.....	7,191
Total .....	151	.....	.....	.....	85,643

<sup>1</sup> Data collection for the 61 EDs and 101 ME/Cs where data are collected by facility staff or other staff (does not include data collected by DAWN operations contractor staff).

<sup>2</sup> In participating States, a single office reports for all jurisdictions; in other areas, a single medical examiner/coroner office may report for multiple jurisdictions. For this reason, the number of respondents is smaller than the number of ME/C jurisdictions participating in DAWN.

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: April 28, 2008.

**Elaine Parry,**

Acting Director, Office of Program Services.  
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**DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**

[Docket No. FR–5130–N–23]

**Privacy Act; System of Records, Single Family Housing Enterprise Data Warehouse (SFHEDW/D64A–HUD/HS–15)**

**AGENCY:** Office of the Chief Information Officer, HUD.

**ACTION:** Notice of revision of agency’s Privacy Act System of Records.

**SUMMARY:** HUD is proposing to revise information published in the **Federal Register** about one of its record systems entitled the Single Family Housing Enterprise Data Warehouse. HUD’s revisions reflect current administrative

changes and revised statements for the purpose, system location, and record source categories. The scope and functional purpose of the systems remains unchanged

**DATES:** *Effective Date:* This action shall be effective without further notice on June 4, 2008 unless comments are received during or before this period that would result in a contrary determination.

*Comments Due Date:* June 4, 2008.

**ADDRESSES:** Interested persons are invited to submit comments regarding this notice to the Rules Docket Clerk, Office of General Counsel, Department of Housing and Urban Development, 451 Seventh Street, SW., Room 10276, Washington, DC 20410–0500.