

SUPPORTING STATEMENT

Emergency Response Grants Regulations - 42 CFR Part 51

A. Justification

1. Circumstances of Information Collection

The Substance Abuse and Mental Health Services Administration (SAMHSA) is requesting OMB approval for an extension on the information collection requirements to implement Section 3102 of the Children's Health Act of 2000 (Public Law 106-310), which amends section 501 of the Public Health Service Act (42 U.S.C. 290aa) by adding a new subsection (m), entitled "Emergency Response". Approval for the current information collection requirements (OMB No. 0930-0229) expires April 30, 2011.

This subsection 501(m) authorizes the Secretary to use up to, but no more than, 2.5% of all amounts appropriated under Title V of the PHS Act, other than those appropriated under Part C, in each fiscal year 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."

Because Congress believed the Secretary needed the ability to respond to emergencies, it exempted any grants, contracts, or cooperative agreements authorized under this section from the peer review process otherwise required by section 504 of the PHS Act. See section 501(m)(1) of the PHS Act. Instead, the Secretary is to use an objective review process by establishing objective criteria to review applications for funds under this authority.

Pursuant to Public Law 106-310, the Secretary is required to establish, and publish in the *Federal Register*, criteria for determining when a mental health or substance abuse emergency exists prior to providing funding under this authority. In this interim final rule, the Secretary sets out these criteria, as well as the intended approach for implementing this mental health and substance abuse emergency response authority.

The Department of Health and Human Services has been called upon in recent years to play an increasingly active leadership role in responding to the behavioral health needs that arise as the result of both natural and human-caused emergencies and disasters. To date, the grant assistance rendered by SAMHSA has been limited primarily to crisis counseling services in the aftermath of Presidentially-declared disasters. Through an interagency agreement with the Federal Emergency Management Agency (FEMA), SAMHSA's Center for Mental Health Services (CMHS) provides technical assistance, training, consultation, and grant monitoring for the Crisis Counseling Training and Assistance Program, which is authorized through the Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 100-707, Section 416, and implementing regulations (44 CFR 206.171). This jointly-administered program allows States to apply for Federal support for services to ameliorate the mental and emotional crises and their subsequent psychological and behavioral conditions resulting from a major disaster. The services

provided through the FEMA/CMHS Crisis Counseling Training and Assistance Program remain a cornerstone of the Federally-supported mental health response to Presidentially-declared disasters. However, Congress recognized the need to expand emergency services to include both mental health and substance abuse needs, whether or not a Presidential disaster is declared under the above authority.

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. A description of the results of this program to date is included in Attachment A.

Approval is requested for the following information collection reporting requirements:

- 42 CFR 51d.4(a) - Specifies information to be provided in the application for an Immediate award.
- 42 CFR 51d.4(b) - Specifies information to be provided in the application for an Intermediate award.
- 42 CFR 51d.6(a)(2) - Specifies the contents of the plan for services for both types of grant application
- 42 CFR 51d.10(a)(1) - Specifies a mid-program report as part of the Intermediate award application for recipients of Immediate awards
- 42 CFR 51d.10(c) - Specifies topics to be addressed in the final report for both grant programs.

2. Purpose and Use of Information

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 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.

3. Use of Information Technology

Applicants are encouraged to submit their applications by electronic mail or to submit the application on disc. Ability to do this is often hampered, however, if electric power has been shut off by the emergency. Applicants who submit electronically are currently required to submit a single hard copy with the necessary signature.

4. Efforts to Identify Duplication

This information collection is in support of legislative authorization and requests information required to implement the statute.

5. Involvement of Small Entities

This information collection will not have a significant effect on small businesses. Eligible applicants are limited to public entities, which are defined in the rule as any State, any political subdivision of a State, any Federally recognized Indian tribal government or tribal organization. Only the minimum information needed to determine eligibility and make a grant award is requested in the respective applications.

6. Consequences If Information Collected Less Frequently

These applications will only need to be submitted once in connection with a specific emergency situation. Failure to collect this information would mean that the Secretary does not have the requisite information to make an award of funds consistent with the statutory requirements.

7. Consistency With the Guidelines in 5 CFR 1320.5(d)(2)

This information collection is fully compliant with 5 CFR 1320.5(d)(2).

8. Consultation Outside the Agency

The notice required in 5 CFR 1320.8(d) was published in the *Federal Register* on November 15, 2010 (75 FR 69673). No comments were received.

In implementing this authority, the Department is placing an emphasis on coordination among Federal funding entities. In order to avoid duplication of services, the Department will coordinate closely with other Federal agencies that may provide funding support for behavioral health services in emergency situations. These other funding sources include the Readiness, Response and Recovery Directorate within the Federal Emergency Management Agency (FEMA), the Safe and Drug Free Schools Program within the U.S. Department of Education, the Office for Victims of Crime (OVC) and other response agencies within the U.S. Department of Justice, the National Transportation Safety Board (NTSB) within the U.S. Department of Transportation, the Emergency Response Program within the Environmental Protection Agency (EPA), the Bureau of Indian Affairs (BIA) within the U.S. Department of the Interior, the Animal and Plant Health Inspection Service within the U.S. Department of Agriculture, and the Indian Health Service

(IHS) within the U.S. Department of Health and Human Services. The funds identified for use under this Interim Final Rule are considered “funds of last resort” and may not be used to supplant or replace other existing funds.

9. Payment to Respondents

There will be no payment to respondents beyond grant funding to approved applications.

10. Assurance of Confidentiality

The applications will not require the applicant to submit data that would permit identification of any individuals other than the project director and individuals working on the grant itself.

11. Questions of a Sensitive Nature

No items of a sensitive nature are included in either application.

12. Estimates of Annualized Hour Burden

42 CFR Citation	No. of Respondents	Responses/ Respondent	Burden/ Response (Hrs.)	Total Burden (Hrs.)	Hourly Wage Cost (\$)	Total Wage Cost (\$)
Immediate Award Application						
51d.4(a) and 51d.6(a)(2)	3	1	3	(9)*	\$20	(\$180)*
Intermediate Award Application						
51d.4(b) and 51d.6(a)(2) – Intermediate Awards	3	1	10	(30)*	\$20	(\$600)*
51.d.10(a)(1) – Immediate awards mid-program report if applicable	3	1	2	(6)*	\$20	(\$240)
Final report content for both types of award						
51d.10(c)	6	1	3	18	\$20	\$360
Total	6	--	--	18		\$360

* The burden and costs associated with these citations are approved under OMB control number 0990-0317.

These grant programs are for mental health and/or substance abuse emergency situations that might be, but are not necessarily, associated with Presidentially-declared disasters. As SAMHSA looks over the past few years, the country has averaged about three such disasters per year in which the funds from FEMA and OVC have not been adequate to address the need for a community or where a community was affected by the disaster but not found to be part of the area designated as a disaster. Burden estimates for the applications and for the final reports are based on staff judgment.

The hourly cost estimate of \$20 is based on assumptions about the level of staff who would

actually prepare the materials.

13. Estimates of Annualized Cost Burden to Respondents

There are no capital/start-up and no operating/maintenance of services costs to respondents in connection with this information collection.

14. Estimates of Annualized Cost to the Government

SAMHSA currently has four staff who would work on such grants. Much of their full-time work is spent assisting FEMA and OVC. SAMHSA estimates that these four individuals, who are (on average) GS-13 professionals with an hourly wage of \$30.90 would each spend 3 hours per week on activities associated with this grant program, for an annual total cost to the government of \$19,282.

15. Changes in Burden

The burden and costs associated with this data collection is approved under OMB control number 0990-0317. Data is collected utilizing PHS 5161, approved as cited above. The program change is being reduced to 0 hours.

16. Time Schedule, Publication and Analysis Plans

We do not anticipate that there will be any publications resulting from this information collection. Following is a typical schedule of events related to the receipt, review and funding of applications.

<u>Activity</u>	<u>Date</u>
Immediate award:	
Application received	October 1
Application reviewed and approved	October 6
Award issued	October 10

<u>Activity</u>	<u>Date</u>
Intermediate award:	
Application received	December 1
Application reviewed and approved	December 15
Award issued	December 20

17. Display of Expiration Date

The PHS 5161 form has OMB approval not to display an expiration date.

18. Exceptions to Certification Statement

This collection of information involves no exceptions to the Certification for Paperwork Reduction Act submission.

B. Statistical Methods

This information does not use statistical methods.

List of Attachments

- A. Results of the SAMHSA Emergency Response Grant Program