

survey. In order to adequately test the proposed materials and procedures, a stand-alone field test will be conducted in the third quarter of 2009. This field test will examine the impact of changing a number of data collection procedures upon costs and data quality.

The field test will feature an experiment assessing the benefits of offering a \$5 incentive for the screening interview versus conducting the screening over the telephone. The portion of the sample that will receive

the incentive will be notified of the cash payment in the lead letter. For the telephone screening sample, normal procedures will be used for the first 8 weeks. During week 8, the remaining households who have not been screened will either be contacted using a reverse look-up procedure and asked to complete the screener, or mailed a letter asking them to call a toll-free number to be screened.

Other changes included in the field test version of the survey are an

increased interview incentive and a brief appeal for honesty at the beginning of the questionnaire. New respondent debriefing questions will be added to the questionnaire while debriefing items that the interviewer answers will be modified. In addition, the hard copy pill cards and reference date calendar used during the administration of the interview have been converted to an electronic format.

The total burden estimate is shown below:

	No. of responses	Responses per respondent	Average burden per response (hr.)	Total burden (hrs.)
Household Screening	3,900	1	.083	323.7
Interview	1,875	1	1.0	1,875
Screening Verification	390	1	.067	26.1
Interview Verification	188	1	.067	12.6
Total	6,353	2,237

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. Written comments should be received within 60 days of this notice.

Dated: December 24, 2008.

Dennis O. Romero,

Acting Deputy Executive Officer.

[FR Doc. E8-31299 Filed 1-2-09; 8:45 am]

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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, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

Project: National Outcome Measures for Substance Abuse Prevention (OMB No. 0930-0230)—Revision

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) is requesting Office of Management and Budget (OMB) approval for CSAP's data collection set of National Outcome Measures (NOMs)

identified for the field of prevention. The current approval, under OMB No. 0930-0230, is expiring on December 31, 2008. All new grantees initially funded at the end of FY08 and beyond (subject to OMB approval) will be required to use these measures as appropriate at the State, substate, program and participant levels. CSAP is requesting approval to continue collecting data using measures in the following domains: Abstinence from Alcohol and Other Drugs, Employment/Education, Crime and Criminal Justice, Access/Service Capacity, Retention, Social Support/Social Connectedness, Cost-Effectiveness, and Use of Evidence-Based Practices. These NOMs relate to youth ages 12 to 17 and to adults ages 18 and older.

CSAP is proposing to eliminate 22 of the 49 measures that received OMB clearance in 2005, to reduce reporting burden for grantees. CSAP also requests permission to make minor changes to the question wording and response categories for some of the remaining measures. Since the National Survey of Drug Use and Health (NSDUH) provides an economical extant source of data for NOMs measures at the State level, it is important that the NOMs conform to NSDUH question wording. CSAP believes NOMs measures are necessary to assess the performance of its prevention programs. Based on their long history working with States, communities, and prevention providers; the Data Analysis Coordination and Consolidation Center (DACCC) and outside expert panels believe consistent prevention measures allow for valid comparison evaluations. CSAP is

requesting to modify the wording of 12 previously approved questions in order to make them comparable to individual NOMs items. For example, NSDUH items on 30-day use ask respondents to report the number of days on which they used specific substances. Three currently approved NOMs 30-day use questions ask respondents for the number of occasions on which they used substances. CSAP would like to change the wording of these questions and their corresponding response options to conform to NSDUH wording. Second, response options for NSDUH questions typically include a *Don't Know* response option. CSAP is requesting modification of nine currently approved NOMs questions to include this response option.

CSAP intends to implement the following approach in collecting NOMs data:

Required NOMs Data for States. CSAP pre-populates State level NOMs measures for all but three domains using data from the NSDUH. States supply the data on the number of persons served, cost efficiency, and evidence based practices from their own administrative data bases.

Required NOMs Data for Discretionary Grantees. SAMHSA's CSAP has identified specific outcome measures that are required of non-State discretionary grant recipients. These NOMs represent the domains noted above and relate to youth ages 12 to 17 and to adults ages 18 and older. Grantees providing services are required to administer surveys to all participants at program entry (baseline), program

exit, and three to six months following program exit.

CSAP believes that the NOMs measures are necessary to assess the performance of its prevention programs; based on its long history working with States, communities, and prevention providers, and on input from its Data Analysis Coordination and Consolidation Center (DACCC) and from outside expert panels who made recommendations based on a review of existing measures using standard criteria. Additionally, we believe that

these measures can be collected at the National, State, substate, and/or program level as appropriate, providing the consistency of measurement towards which we strive. NOMs epidemiologic measures are already collected by other agencies and no burden will be imposed on SAMHSA/CSAP grantees. The NOMs measures will be used as follows:

National/State: Outcome trend measures are used to identify need and monitor global effectiveness at the population level, for the purpose of

informing Federal resource allocation decisions.

Community: Outcome trend measures are used to (1) Determine need and target resources to communities at greatest risk and (2) track performance of universal programs and environmental strategies. The data will inform allocation of community resources.

Program: Outcome pre/post measures are used to assess program performance of direct service programs at the individual program participant level.

BURDEN ESTIMATE

SAMHSA/CSAP program	Number of grantees	Number of respondents	Responses per respondent	Hours/response	Total hours
FY 09					
Science/Services:					
Fetal Alcohol	23	4,800	3	0.75	10,800
Workplace	13	6,000	3	0.75	13,500
Capacity:					
HIV/Targeted Capacity	135	35,300	3	0.75	79,425
SPF SIG	42	480	1	0.75	360
SPF SIG/Community Level *		12,000	3	0.25	9,000
SPF SIG/Program Level *	12	3,000	3	0.75	6,750
Methamphetamine					
FY 9 Subtotal		61,580			119,835
FY 10					
Science/Services:					
Fetal Alcohol	23	4,800	3	0.75	10,800
Workplace	13	6,000	3	0.75	13,500
Capacity:					
HIV/Targeted Capacity	135	35,300	3	0.75	79,425
SPF SIG	42	480	1	0.75	360
SPF SIG/Community Level *		12,000	3	0.25	9,000
SPF SIG/Program Level *	12	3,000	3	0.75	6,750
Methamphetamine					
FY 10 Subtotal		61,580			119,835
FY 11					
Science/Services:					
Fetal Alcohol	23	4,800	3	0.75	10,800
Workplace	13	6,000	3	0.75	13,500
Capacity:					
HIV/Targeted Capacity	135	35,300	3	0.75	79,425
SPF SIG	42	480	1	0.75	360
SPF SIG/Community Level *		1,200	3	0.25	900
SPF SIG/Program Level *	12	3,000	3	0.75	6,750
Methamphetamine					
FY 11 Subtotal		50,780			111,735
Total of 3 Years		173,940			351,405
Annual Average		57,980			117,135

*The Strategic Prevention Framework State Incentive Grant (SPF SIG) has a three level evaluation: The Grantee, Community and Program Level. The Grantee level data will be pre-populated by SAMHSA. The use of the Community Level instrument is optional as they relate to targeted interventions implemented during the reporting period. At the program level, items will be selected to direct services implemented.

Written comments and recommendations concerning the proposed information collection should be sent by February 4, 2009 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: December 24, 2008.

Dennis O. Romero,

Acting Deputy Executive Officer.

[FR Doc. E8-31301 Filed 1-2-09; 8:45 am]

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DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[FEMA-3298-EM]

Maine; 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 Maine (FEMA-3298-EM), dated December 15, 2008, and related determinations.

DATES: *Effective Date:* December 15, 2008.

FOR FURTHER INFORMATION CONTACT:

Peggy Miller, Disaster Assistance Directorate, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, (202) 646-2705.

SUPPLEMENTARY INFORMATION: Notice is hereby given that, in a letter dated December 15, 2008, the President declared 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 Maine resulting from a severe winter storm beginning on December 11, 2008, 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. 5121-5207 (the Stafford Act). Therefore, I declare that such an emergency exists in the State of Maine.

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

authorized under Title V of the Stafford Act, to save lives and to protect property and public health and safety, and to lessen or avert the threat of a catastrophe in the designated areas. Specifically, you are authorized to provide assistance for emergency protective measures (Category B), limited to direct Federal assistance, under the Public Assistance program. This assistance excludes regular time costs for subgrantees' regular employees. In addition, you are authorized to provide such other forms of assistance under Title V of the Stafford Act as you may deem appropriate.

Consistent with the requirement that Federal assistance be supplemental, any Federal funds provided under the Stafford Act for Public Assistance will be limited to 75 percent of the total eligible costs. In order to provide Federal assistance, you are hereby authorized to allocate from funds available for these purposes such amounts as you find necessary for Federal emergency assistance and administrative expenses.

Further, you are authorized to make changes to this declaration to the extent allowable under the Stafford Act.

The Federal Emergency Management Agency (FEMA) hereby gives notice that pursuant to the authority vested in the Administrator, Department of Homeland Security, under Executive Order 12148, as amended, James N. Russo, of FEMA is appointed to act as the Federal Coordinating Officer for this declared emergency.

The following areas of the State of Maine have been designated as adversely affected by this declared emergency:

Cumberland, Knox, Lincoln, Sagadahoc, Waldo, and York Counties for emergency protective measures (Category 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.)

R. David Paulison,

Administrator, Federal Emergency Management Agency.

[FR Doc. E8-31294 Filed 1-2-09; 8:45 am]

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DEPARTMENT OF HOMELAND SECURITY

Federal Emergency Management Agency

[FEMA-3296-EM]

Massachusetts; 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 Commonwealth of Massachusetts (FEMA-3296-EM), dated December 13, 2008, and related determinations.

DATES: *Effective Date:* December 13, 2008.

FOR FURTHER INFORMATION CONTACT:

Peggy Miller, Disaster Assistance Directorate, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472, (202) 646-2705.

SUPPLEMENTARY INFORMATION: Notice is hereby given that, in a letter dated December 13, 2008, the President declared 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 Commonwealth of Massachusetts resulting from a severe winter storm beginning on December 11, 2008, 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. 5121-5207 (the Stafford Act). Therefore, I declare that such an emergency exists in the Commonwealth of Massachusetts.

You are authorized to provide appropriate assistance for required emergency measures, authorized under Title V of the Stafford Act, to save lives and to protect property and public health and safety, and to lessen or avert the threat of a catastrophe in the designated areas. Specifically, you are authorized to provide assistance for emergency protective measures (Category B), limited to direct Federal assistance, under the Public Assistance program. This assistance excludes regular time costs for subgrantees' regular employees. In addition, you are authorized to provide such other forms of assistance under Title V of the Stafford Act as you may deem appropriate.

Consistent with the requirement that Federal assistance be supplemental, any Federal funds provided under the Stafford Act for Public Assistance will be limited to 75 percent of the total eligible costs.

In order to provide Federal assistance, you are hereby authorized to allocate from funds available for these purposes such amounts as