

additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection: *Title*: Special Volunteer and Guest Researcher Assignment. *Type of Information Collection Request*: Revision of OMB

No. 0925-0177; 4/30/97. *Need and Use of Information Collection*. Form NIH-590 records, names, address, employer, education, and other information on prospective Special Volunteers and Guest Researchers, and is used by the responsible NIH approving official to determine the individual's qualifications and eligibility for such assignments. The form is the only official record of approved assignments. *Frequency of Response*: On occasion.

*Affected Public*: Individuals or households. *Type of Respondents*: Guest Researcher and Special Volunteer candidates. *Estimated Number of Respondents*: 1,560. *Estimated Number of Responses Per Respondent*: 1. *Average Burden Hours Per Response*: .08. *Estimated Total Annual Burden Hours Requested*: 125. There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
Guest researcher .....	370	1	.08	29.6
Special Volunteer .....	1190	1	.08	95.2
Total .....	1560	1	.08	125

**REQUEST FOR COMMENTS:** Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and the clarity of information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, mechanical, or other technological collection techniques or other forms of information technology.

**DIRECT COMMENTS TO:** Written comments and/or suggestions regarding the items contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, D.C. 20503, Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Ms. Yetta L. Patterson, Personnel Management Specialist, Office of Human Resource Management, OD, NIH, Building 31, Room 1C39, 31 Center Drive MSC 2272, Bethesda, MD 20892-2272.

**FOR FURTHER INFORMATION:** To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Ms. Yetta L. Patterson,

Personnel Management Specialist, Office of Human Resource Management, OD, NIH, Building 31, Room 1C39, 31 Center Drive MSC 2272, Bethesda, MD 20892-2272.

**COMMENTS DUE DATE:** Comments regarding this information collection are best assured of having their full effect if received on or before April 28, 1997.

Dated: March 21, 1997.

**Stephen C. Benowitz,**

Director, Office of Human Resource Management.

[FR Doc. 97-7828 Filed 3-27-97; 8:45 am]

BILLING CODE 4140-01-M

### National Institute of Allergy and Infectious Diseases; Notice of Closed Meeting

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following National Institute of Allergy and Infectious Diseases Special Emphasis Panel (SEP) meeting:

*Name of SEP:* Women and Infants Transmission Study.

*Date:* March 25, 1997.

*Time:* 8:00 a.m.

*Place:* Solar Building, Room 1A-1, 6003 Executive Boulevard, Rockville, MD 20892, (301) 496-2550.

*Contact Person:* Dr. Sayeed Quraishi, Scientific Review Adm., 6003 Executive Boulevard, Solar Building, Room 4C22, Bethesda, MD 20892, (301) 496-7465.

*Purpose/Agenda:* To evaluate grant applications.

The meeting will be closed in accordance with the provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. Applications and/or proposals and the discussions could reveal confidential trade secrets or commercial property such as patentable material and personal information

concerning individuals associated with the applications and/or proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

This notice is being published less than 15 days prior to the above meetings due to the urgent need to meet timing limitations imposed by the review and funding cycle.

(Catalog of Federal Domestic Assistance Programs Nos. 93.855, Immunology, Allergic and Immunologic Diseases Research; 93.856, Microbiology and Infectious Diseases Research, National Institutes of Health)

Dated: March 21, 1997.

**LaVerne Y. Stringfield,**

Committee Management Officer, NIH.

[FR Doc. 97-7829 Filed 3-27-97; 8:45 am]

BILLING CODE 4140-01-M

### National Institute on Deafness and Other Communication Disorders; Notice of Closed Meetings

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 United States Code, Appendix 2), notice is hereby given of the following meetings:

*Name of Committee:* National Institute on Deafness and Other Communication Disorders Special Emphasis Panel.

*Date:* March 27, 1997.

*Time:* 4 p.m.

*Place:* 6120 Executive Blvd., Bethesda, MD 20892 (telephone conference call).

*Contact Person:* Melissa Stick, Ph.D., M.P.H., Scientific Review Administrator, NIDCD/DEA/SRB, EPS Room 400C, 6120 Executive Boulevard, MSC 7180, Bethesda MD 20892-7180, 301-496-8683.

*Purpose/Agenda:* To review and evaluate a Small Grant application.

*Name of Committee:* National Institute on Deafness and Other Communication Disorders Special Emphasis Panel.

*Date:* March 28, 1997.

*Time:* 11 a.m.

Place: 6120 Executive Blvd., Bethesda, MD 20892 (telephone conference call).

Contact Person: Richard Fisher, Ph.D., Scientific Review Administrator, NIDCD/DEA/SRB, EPS Room 400C, 6120 Executive Boulevard, MSC 7180, Bethesda MD 20892-7180, 301-496-8683.

Purpose/Agenda: To review and evaluate grant applications.

The meetings will be closed in accordance with the provisions set forth in sections 552b(c)(4) and 552(b)(6), Title 5, United States Code. The applications and/or proposals and the discussion could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications and/or proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

This notice is being published less than fifteen days prior to the meetings due to the urgent need to meet timing limitations imposed by the review and funding cycle.

(Catalog of Federal Domestic Assistance Program No. 93.173 Biological Research Related to Deafness and Communication Disorders)

Dated: March 21, 1997.

**LaVerne Y. Stringfield,**

*Committee Management Officer, NIH.*

[FR Doc. 97-7830 Filed 3-27-97; 8:45 am]

BILLING CODE 4140-01-M

## Substance Abuse and Mental Health Services Administration

### Estimation Methodology for Adults with Serious Mental Illness (SMI)

**AGENCY:** Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, HHS.

**ACTION:** Solicitation of comments.

**SUMMARY:** This notice describes the proposed methodology for identifying and estimating the number of adults with serious mental illness (SMI) within each State. This notice is being served as part of the requirement of Public Law 102-321, the ADAMHA Reorganization Act of 1992.

**COMMENT PERIOD:** The Administrator is requesting written comments which must be received on or before May 27, 1997.

**ADDRESSES:** Comments should be sent to Ronald W. Manderscheid, Ph.D., Chief, Survey and Analysis Branch, Center for Mental Health Services, Parklawn Building Room 15C-04, 5600 Fishers Lane, Rockville, MD 20857. (301) 443-7926 fax.

**FOR FURTHER INFORMATION CONTACT:** A detailed paper outlining the estimation methodology described here is available from Ronald W. Manderscheid, Ph.D., Chief, Survey and Analysis Branch,

Center for Mental Health Services, Parklawn Building Room 15C-04, 5600 Fishers Lane, Rockville, MD 20857. (301) 443-3343 voice, (301) 443-7926 fax.

### Background

Public Law 102-321, the ADAMHA Reorganization Act of 1992, amended the Public Health Service Act and created the Substance Abuse and Mental Health Services Administration (SAMHSA). The Center for Mental Health Services (CMHS) was established within SAMHSA to coordinate Federal efforts in the prevention, treatment, and promotion of mental health. Title II of Public Law 102-321 establishes a Block Grant for Community Mental Health Services administered by CMHS, which permits the allocation of funds to States for the provision of community mental health services to children with a serious emotional disturbance and adults with a serious mental illness. Public Law 102-321 stipulates that States estimate the incidence (number of new cases) and prevalence (total number of cases in a year) in their applications for Block Grant funds. As part of the process of implementing this new block grant, definitions of the terms "children with a serious emotional disturbance" and "adults with a serious mental illness" were announced on May 20, 1993, in **Federal Register** Volume 58, No. 96, p. 29422. Subsequently, a group of technical experts was convened by CMHS to develop an estimation methodology to "operationalize the key concepts" in the definition of adults with serious mental illness. A similar group is preparing an estimation methodology for children and adolescents with a serious emotional disturbance.

### Data Sources

Data from two major national studies, the National Comorbidity Survey (NCS) and the Epidemiologic Catchment Area (ECA) Study, were used to estimate the prevalence of adults with serious mental illness. The NCS, a nationally representative sample household survey conducted in 1990-91 assessed the prevalence of DSM-III-R disorders in persons aged 15-54 years old. This sample included over 1,000 census tracts in 174 counties in 34 States. The ECA, a general population survey of five local areas in the U.S., was conducted in 1980-85 to determine the prevalence of DSM III disorders in persons age 18 and older. The ECA data utilized for the present analysis was limited to the Baltimore site because that was the only site that had disability data needed to operationalize the criteria for SMI.

Although the Baltimore sample is not nationally representative, it is used in this analysis because the ECA provides a rough replication and check on the NCS data. Also, the NCS does not have data on persons age 55 and older, so the ECA data are used to estimate the prevalence of serious mental illness among persons 55 years and older. The group of technical experts determined that it is not possible to develop estimates of incidence using currently available data. However, it is important to note that incidence is always a subset of prevalence. In future, incidence and prevalence data will be collected.

### Serious Mental Illness (SMI)

As previously defined by CMHS, adults with a serious mental illness are persons 18 years and older who, at any time during a given year, had a diagnosable mental, behavioral, or emotional disorder that met the criteria of DSM-III-R AND " \* \* \* that has resulted in functional impairment which substantially interferes with or limits one or more major life activities \* \* \* ." The definition states that " \* \* \* adults who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are considered to have serious mental illnesses \* \* \* ." DSM-III-R "V" codes, substance use disorders, and developmental disorders are excluded from this definition.

The following criteria were used to operationalize the definition of serious mental illness in the NCS and ECA data:

(1) Persons who met criteria for disorders defined as severe and persistent mental illnesses (SPMI) by the National Institute of Mental Health (NIMH) National Advisory Mental Health Council (National Advisory Mental Health Council, 1993).

To this group were added:

(2) Persons who had another 12-month DSM-III-R mental disorder (with the exclusions noted above), AND

- Either planned or attempted suicide at some time during the past 12 months, OR

- Lacked any legitimate productive role, OR

- Had a serious role impairment in their main productive roles, for example, consistently missing at least one full day of work per month as a direct result of their mental health, OR

- Had serious interpersonal impairment as a result of being totally socially isolated, lacking intimacy in social relationships, showing inability to confide in others, and lacking social support.