

Dated: January 16, 1997.

Paula N. Hayes,

*Acting Committee Management Officer, NIH.*

[FR Doc. 97-1710 Filed 1-23-97; 8:45 am]

BILLING CODE 4140-01-M

### **Consensus Development Conference on Interventions To Prevent HIV Risk Behaviors**

Notice is hereby given of the NIH Consensus Development Conference on "Interventions to Prevent HIV Risk Behaviors," which will be held February 11-13, 1997, in the Natcher Conference Center of the National Institutes of Health, 9000 Rockville Pike, Bethesda, Maryland 20892. The conference begins at 8:30 a.m. on February 11, at 8:30 a.m. on February 12, and at 9 a.m. on February 13.

One in 250 people in the United States is infected with the human immunodeficiency virus (HIV), which causes AIDS; AIDS is the leading cause of death among men and women between the ages of 25 and 44. Every year, an additional 40,000 to 80,000 Americans become infected with HIV, mostly through behaviors that are preventable.

In the United States, unsafe sexual behavior and drug abuse among gay men and men who have sex with men still account for the largest number of cases, but women are becoming infected at a rate higher than that of men. The percentage of AIDS cases caused by unsafe heterosexual contact increased by 21 percent from 1990 to 1991 and continues to escalate. In nearly one-third of Americans infected with HIV, injection drug use is a risk factor.

The purpose of this conference is to examine what is known about behavioral interventions for the three modes of transmission—sexual behavior, substance abuse, and transmission from mother to child—that are effective with different populations in different settings. Experts will also discuss the international and national epidemiology of HIV and the history of AIDS prevention efforts.

Research has led to significant progress in understanding how to help individuals change their AIDS-related risk behaviors. These interventions are based on a variety of models of behavior change, including social learning theory and related health and substance abuse models; they begin with AIDS and substance abuse education, but also include skill acquisition, assertiveness training, and behavioral reinforcement components. Recent research indicates that aggressive promotion of safer sexual behavior and prevention of substance

abuse could avert tens of thousands of new HIV infections and potentially save millions of dollars in health care costs. To date, however, there has not been widespread agreement among health professionals as to which interventions are most effective in which settings and among which populations.

Behavioral interventions are currently the only effective way of slowing the spread of HIV infection. Vaccines selected for future trials may have modest or unknown efficacy, and therefore the trials will need to include behavioral interventions.

Recommendations coming from this conference will have immediate implications for service delivery in health care settings, including substance abuse treatment programs; sexually transmitted disease clinics; inner-city health programs reaching disenfranchised high-risk women, men, and adolescents; and mental health programs that serve high-risk, chronically mentally ill people. Knowing which behavior change interventions are most effective will assist public health personnel in allocating energy and resources.

The conference will bring together behavioral and social scientists, prevention researchers, statisticians and research methodologists, clinicians, physicians, nurses, social workers, mental health professionals, other health care professionals, patients, and members of the public.

Following 1½ days of presentations and audience discussion, an independent, non-Federal consensus panel will weigh the scientific evidence and write a draft consensus statement that it will present to the audience on the third day. The consensus statement will address the following key questions:

- How can we identify the behaviors and contexts that place individuals/communities at risk for HIV?
- What individual-, group-, or community-based methods of intervention reduce behavioral risks?
- What are the benefits and risks of these procedures?
- Does a reduction in these behavioral risks lead to a reduction in HIV?
- How can risk-reduction procedures be implemented effectively?
- What research is most urgently needed?

In addition, the panel will consider how the conference recommendations can influence implementation of prevention programs throughout the public health system.

The primary sponsors for this conference are the National Institute of

Mental Health and the NIH Office of Medical Applications of Research. The conference is cosponsored by the National Institute of Child Health and Human Development, the National Institute of Allergy and Infectious Diseases, the National Institute on Alcohol Abuse and Alcoholism, the National Institute on Aging, the National Institute on Drug Abuse, the National Institute of Nursing Research, the NIH Office of AIDS Research, the Centers for Disease Control and Prevention, and the Health Services Research Administration.

Advance information on the conference program and conference registration materials may be obtained from Hope Levy Kott, Technical Resources International, Inc., 3202 Tower Oaks Blvd., Suite 200, Rockville, Maryland 20852, (301) 770-3153, or by sending e-mail to confidept@tech-res.com.

The consensus statement will be submitted for publication in professional journals and other publications. In addition, the statement will be available beginning February 13, 1997, from the NIH Consensus Program Information Center, P.O. Box 2577, Kensington, Maryland 20891, phone 1-888-NIH-CONSENSUS (1-888-644-2667) and from the NIH Consensus Development Program site on the World Wide Web at <http://consensus.nih.gov>.

Dated: January 15, 1997.

Ruth L. Kirschstein,

*Deputy Director, NIH.*

[FR Doc. 97-1713 Filed 1-23-97; 8:45 am]

BILLING CODE 4140-01-M

### **Substance Abuse and Mental Health Services Administration**

#### **Fiscal Year (FY) 1997 Funding Opportunities for Knowledge Development and Application Cooperative Agreements**

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

**ACTION:** Notice of funding availability.

**SUMMARY:** The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) and Center for Substance Abuse Treatment (CSAT) announce the availability of FY 1997 funds for Knowledge Development and Application cooperative agreements for the following activities. These activities are discussed in more detail under Section 4 of this notice.

Activity	Application deadline	Estimated funds available (in millions)	Estimated No. of awards	Project period (years)
HIV/AIDS High-Risk Behavior .....	03/28/97	\$2.0	9	4
Cannabis Youth Treat-ments .....	03/28/97	1.4	3	3
Housing Initiative .....	03/28/97	2.4	12	3

Note: It is anticipated that additional notices of available funding opportunities in FY 1997 will be published by SAMHSA in the coming weeks.

The actual amount available for awards and their allocation may vary, depending on unanticipated program requirements and the volume and quality of applications. Awards are usually made for grant periods from one to three years in duration. FY 1997 funds for activities discussed in this announcement were appropriated by the Congress under Public Law No. 104-208. SAMHSA's policies and procedures for peer review and Advisory Council review of grant and cooperative agreement applications were published in the Federal Register (Vol. 58, No. 126) on July 2, 1993.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity for setting priority areas. The SAMHSA Centers' substance abuse and mental health services activities address issues related to Healthy People 2000 objectives of Mental Health and Mental Disorders; Alcohol and Other Drugs; Clinical Preventive Services; HIV Infection; and Surveillance and Data Systems. Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-001-00474-0) or Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325 (Telephone: 202-783-3238).

**GENERAL INSTRUCTIONS:** Applicants for cooperative agreements must use application form PHS 5161-1 (Rev. 5/96; OMB No. 0937-0189). The application kit contains the Guidance for Applicants (GFA) (complete programmatic guidance and instructions for preparing and submitting applications) and the PHS 5161-1 which includes Standard Form 424 (Face Page). Application kits may be obtained from the organization specified for each activity covered by this notice (see Section 4).

When requesting an application kit, the applicant must specify the particular activity for which detailed information is desired. This is to ensure receipt of all necessary forms and information, including any specific program review and award criteria.

The PHS 5161-1 is also available electronically via SAMHSA's World Wide Web Home Page (address: <http://www.samhsa.gov>). Click on SAMHSA Funding Opportunities for instructions. You can also click on the address of the forms distribution Web Page for direct access.

The full text of each of the activities (i.e., the GFA) described in Section 4 is available electronically via the following:

SAMHSA's World Wide Web Home Page (address: <http://www.samhsa.gov>) and SAMHSA's Bulletin Board (800-424-2294 or 301-443-0040).

**APPLICATION SUBMISSION:** Applications must be submitted to: SAMHSA Programs, Division of Research Grants, National Institutes of Health, Suite 1040, 6701 Rockledge Drive MSC-7710, Bethesda, Maryland 20892-7710.\*

(\*Applicants who wish to use express mail or courier service should change the zip code to 20817.)

**APPLICATION DEADLINES:** The deadlines for receipt of applications are listed in the table above. Please note that the deadlines may differ for the individual categories of cooperative agreements.

Competing applications must be received by the indicated receipt dates to be accepted for review. An application received after the deadline may be acceptable if it carries a legible proof-of-mailing date assigned by the carrier and that date is not later than one week prior to the deadline date. Private metered postmarks are not acceptable as proof of timely mailing.

Applications received after the deadline date and those sent to an address other than the address specified above will be returned to the applicant without review.

**FOR FURTHER INFORMATION CONTACT:** Requests for activity-specific technical information should be directed to the program contact person identified for each activity covered by this notice (see Section 4).

Requests for information concerning business management issues should be directed to the grants management contact person identified for each activity covered by this notice (see Section 4).

**SUPPLEMENTARY INFORMATION:** To facilitate the use of this Notice of Funding Availability, information has been organized as outlined in the Table of Contents below. For each activity, the following information is provided:

- Application Deadline
- Purpose
- Priorities
- Eligible Applicants

- Cooperative Agreements/Amounts
- Catalog of Federal Domestic Assistance Number
- Program Contact
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#### 1. Program Background and Objectives

SAMHSA's mission within the Nation's health system is to improve the quality and availability of prevention, early intervention, treatment, and rehabilitation services for substance abuse and mental illnesses, including co-occurring disorders, in order to improve health and reduce illness, death, disability, and cost to society.

Reinventing government, with its emphases on redefining the role of Federal agencies and on improving customer service, has provided SAMHSA with a welcome opportunity to examine carefully its programs and

activities. As a result of that process, SAMHSA is moving assertively to create a renewed and strategic emphasis on using its resources to generate knowledge about ways to improve the prevention and treatment of substance abuse and mental illness and to work with State and local governments as well as providers, families, and consumers to effectively use that knowledge in everyday practice.

The agency has transformed its demonstration grant programs from service-delivery projects to knowledge acquisition and application. For FY 1997, SAMHSA has developed an agenda of new programs designed to answer specific important policy-relevant questions. These questions, specified in this and subsequent Notices of Funding Availability, are designed to provide critical information to improve the Nation's mental health and substance abuse treatment and prevention services.

The agenda is the outcome of a process whereby providers, services researchers, consumers, National Advisory Council members and other interested persons participated in special meetings or responded to calls for suggestions and reactions. From this input, each SAMHSA Center developed a "menu" of suggested topics. The topics were discussed jointly and an agency agenda of critical topics was agreed to. The selection of topics depended heavily on policy importance and on the existence of adequate research and practitioner experience on which to base studies. While SAMHSA's FY 1997 programs will sometimes involve the evaluation of some delivery of services, they are services studies and application activities, not merely evaluation, since they are aimed at answering policy-relevant questions and putting that knowledge to use.

SAMHSA differs from other agencies in focusing on needed information at the services delivery level, and in its question-focus. Dissemination and application are integral, major features of the programs. SAMHSA believes that it is important to get the information into the hands of the public, providers, and systems administrators as effectively as possible. Technical assistance, training, preparation of special materials will be used, in addition to normal communications means.

## 2. Special Concerns

SAMHSA's FY 1997 Knowledge Development and Application activities discussed below do not provide funds for mental health and substance abuse

treatment and prevention services except for costs required by the particular activity's study design. Applicants are required to propose true knowledge acquisition studies. Applications seeking funding for services projects will be considered nonresponsive. Applications that are incomplete or nonresponsive to the GFA will be returned to the applicant without further consideration.

## 3. Criteria for Review and Funding

Consistent with the statutory mandate for SAMHSA to support activities that will improve the provision of treatment, prevention and related services, including the development of national mental health and substance abuse goals and model programs, competing applications requesting funding under the specific project activities in Section 4 will be reviewed for technical merit in accordance with established PHS/SAMHSA peer review procedures.

### 3.1 General Review Criteria

As published in the Federal Register on July 2, 1993 (Vol. 58, No. 126), SAMHSA's "Peer Review and Advisory Council Review of Grant and Cooperative Agreement Applications and Contract Proposals," peer review groups will take into account, among other factors as may be specified in the application guidance materials, the following general criteria:

- Potential significance of the proposed project;
- Appropriateness of the applicant's proposed objectives to the goals of the specific program;
- Adequacy and appropriateness of the proposed approach and activities;
- Adequacy of available resources, such as facilities and equipment;
- Qualifications and experience of the applicant organization, the project director, and other key personnel; and
- Reasonableness of the proposed budget.

### 3.2 Funding Criteria for Approved Applications

Applications will be considered for funding on the basis of their overall technical merit as determined through the peer review group and the appropriate National Advisory Council (if applicable) review process.

Other funding criteria will include; Availability of funds.

Additional funding criteria specific to the programmatic activity may be included in the application guidance materials.

## 4. Special FY 1997 Substance Abuse and Mental Health Services Activities

### 4.1 Cooperative Agreements

Three major activities for SAMHSA cooperative agreement programs are discussed below. Substantive Federal programmatic involvement is required in cooperative agreement programs. Federal involvement will include planning, guidance, coordination, and participating in programmatic activities (e.g., participation in publication of findings and on steering committees). Periodic meetings, conferences and/or communications with the award recipients may be held to review mutually agreed-upon goals and objectives and to assess progress. Additional details on the degree of Federal programmatic involvement will be included in the application guidance materials.

#### 4.1.1 Cooperative Agreements for an HIV/AIDS High-Risk Behavior Prevention/Intervention Model for Young Adults/Adolescents and Women

*Application Deadline:* March 28, 1997

*Purpose:* Cooperative agreements will be awarded to support study sites and a coordinating center that will develop and test, through a series of pilot studies, a model prevention/intervention approach to encourage and enable (1) adolescents/young adults (ages 15–24) (hereafter referred to as adolescents) or (2) women (age 25 and older), who engage in high-risk behaviors associated with human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) transmission, to change these behaviors.

The primary goal of this program is to identify the key elements/factors/determinants that are both necessary and sufficient conditions in implementing and evaluating a community-focused prevention/intervention protocol to encourage and enable individuals, specifically, adolescents and women, who are at risk for HIV/AIDS, to reduce the incidence of high-risk behaviors.

A second goal is to develop and test reliable and valid outcome measures, at both the individual and community level, to assess the effectiveness of the intervention in the target/subgroup population(s).

*Priorities:* Applicants for study sites must propose to study one, and only one, of the two primary target populations, i.e., adolescents or women. Applicants who wish to study more than one of the two primary target populations must submit a separate complete application for each primary

target population group to be studied. Applicants must also be willing to follow the common intervention, implementation, and evaluation/research protocols developed jointly by the study sites and coordinating center.

**Eligible Applicants:** Applications may be submitted by units of State or local government, and by private domestic nonprofit and for-profit organizations such as community-based organizations, universities, colleges, hospitals, and family and/or consumer operated organizations.

**Cooperative Agreements/Amounts:** Approximately \$1.6 million will be available to support approximately 8 to 10 study site awards and \$400,000 for one (1) coordinating center award under this GFA in FY 1997. Actual funding levels will depend upon the availability of appropriated funds.

**Catalog of Federal Domestic Assistance Number:** 93.230

**Program Contact:** For programmatic or technical assistance contact: Barbara J. Silver, Ph.D., Director, HIV/AIDS Provider Education Program, Center for Mental Health Services, Substance Abuse and Mental Health Services, Administration, Parklawn Building, Room 15-81, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-7817.

**Grants Management Contact:** For business management assistance, contact: LouEllen Rice, Grants Management Officer, Substance Abuse and Mental Health Services, Administration, Parklawn Building, Room Number 15C-05, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443-4456.

**Application Kits:** Application kits are available from: National Mental Health Services, Knowledge Exchange Network (KEN), P.O. Box 42490, Washington, D.C. 20015, Voice: (800) 789-2647, TTY: (301) 443-9006, FAX: (301) 984-8796.

The full text of the GFA only is available electronically via KEN's Bulletin Board: (800) 790-2647 or its Web Site: <http://www.mentalhealth.org/>

#### **4.1.2 Cooperative Agreements For A Multisite Study Of The Effectiveness Of Treatment For Cannabis (Marijuana) Dependent Youth**

**Application Deadline:** March 28, 1997.

**Purpose:** The purpose of this program is to compare the effectiveness of a variety of interventions and treatments for adolescents (ages 12-18) meeting the criteria for cannabis dependence as currently defined by DSM-IV. It is likely that while some of the young people will seek treatment on their own, others will do so only under pressure

from parents, schools or other agencies (e.g., juvenile justice agencies).

Applications are solicited for treatment sites and a coordinating center.

This cooperative agreement program is intended to provide answers to the following questions:

1. Are there existing interventions for cannabis abusing adolescents that produce good outcomes both during treatment and for significant periods of time post-treatment?

2. Are there differential levels of effectiveness (in terms of post-treatment outcomes) among the models of intervention? If so, for which sub-populations of adolescents do the intervention models appear to be most effective? In particular, do adolescent girls respond differently to specific intervention models than do adolescent boys?

3. Are successful interventions, (in terms of decreased drug use) associated with better cognition/academic performance, or social functioning?

4. What are the costs and cost-effectiveness associated with treatments and outcomes?

5. Is there a relationship between types and costs of treatment services and outcome?

**Priorities:** The target population for this GFA is adolescents between the ages of 12 and 18 years old who meet DSM-IV criteria for cannabis abuse or dependence, but do not meet criteria for heroin, amphetamine or cocaine dependence. Appropriate interventions for marijuana dependent adolescents are not well researched. To advance knowledge in this area, CSAT will consider funding experimental and quasi-experimental designs. While CSAT prefers to sponsor clinically and ethically justifiable studies using random assignment to compare two or more treatment approaches, carefully conceived quasi-experimental studies comparing distinct treatment approaches will be considered. Minimum requirements for quasi-experimental studies are standard assessments at treatment entry, treatment exit, and six and twelve month follow-up, and a comparison across two or more distinct treatments, with statistical adjustments for between-group differences at treatment entry. No studies sponsored through this GFA will employ assignment to no-treatment or deferred-treatment control groups. Applicants must pay particular attention to both the *gender* and *ethnicity* of the proposed participant pool, so that treatment effects related to these dimensions may be determined.

**Eligible Applicants:** Applications may be submitted by organizations, such as units of State or local governments and by domestic private for-profit and not-for-profit organizations such as community-based organizations, universities, colleges, and hospitals.

**Cooperative Agreements/Amounts:** It is estimated that approximately \$1.4 million will be available to support up to two treatment sites at approximately \$425,000 each and a coordinating center at approximately \$550,000 under this GFA in FY 1997. Actual funding levels will depend upon the availability of appropriated funds.

**Catalog of Federal Domestic Assistance Number:** 93.230.

**Program Contact:** For programmatic or technical assistance, contact: Ms. Jean Donaldson, Division of Practice and Systems Development, Clinical Interventions Branch, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services, Administration, Rockwall II, 9th Floor, (301) 443-6259.

**Grants Management Contact:** For business management assistance, contact: Mrs. Peggy Jones, Grants Management Specialist, Substance Abuse and Mental Health Services, Administration, Rockwall II, 9th Floor, (301) 443-9666.

The mailing address for both of the individuals listed above is: 5600 Fishers Lane, Rockville, Maryland 20857.

**Application Kits:** Application kits are available from: National Clearinghouse for Alcohol and Drug Information, P. O. Box 2345, Rockville, Maryland 20847-2345, (800) 729-6686.

#### **4.1.3 Cooperative Agreements to Evaluate Housing Approaches for Persons with Serious Mental Illness**

**Application Deadline:** March 28, 1997.

**Purpose:** Cooperative agreements will be awarded to conduct an evaluation study that examines the effectiveness of different housing approaches for persons with serious mental illness. The program is divided into two phases. During Phase 1, study site grantees will be required to conduct a process evaluation of at least two distinctly different and fully operational housing approaches and to design an outcome evaluation that will compare the effectiveness of the different housing approaches. In addition, both study site and coordinating center grantees will collaborate in designing a cross-site study that includes developing a common data protocol that will permit an assessment of the different housing approaches that will be evaluated by the individual study sites during the second

phase. Continuation of study site grantees for Phase 2 will be based on an assessment of the product from their Phase 1 process evaluation and their plan for implementation of their individual site outcome evaluation. The coordinating center will not be subject to a competitive review at the end of Phase 1.

During Phase 2, study site grantees will implement an outcome evaluation of the housing approaches described during Phase 1 and participate with the coordinating center in conducting the cross-site study.

The primary goal of this program is: to describe the major components of different housing approaches that include provision of treatment and supports to individuals with serious mental illness; to develop a common data collection protocol across individual study sites so as to evaluate the effectiveness of different housing approaches; and to conduct both cross-site and individual-site evaluations that assess the impact of the housing approaches on residential tenure, level of functioning, quality of life, satisfaction, service utilization, consumer perception of service quality, independence, and cost.

The major questions to be addressed by this program are the following:

1. What are the major differences and similarities between and across housing approaches for individuals with serious mental illnesses in their organizational structure, implementation, staffing, consumer characteristics, array and intensity of services and supports provided, quality of services and housing, cost, and relationships to the larger housing and service systems?

2. Is a supported housing approach more effective than a housing approach that is based on the linear residential continuum, in helping people with serious mental illness achieve residential tenure, improved level of functioning, quality of life and independence?

**Priorities:** Study site applicants are required to submit study designs for a process and outcome evaluation of two or more housing approaches that have been fully operational for at least 2 years. One of the housing approaches under study must be a supported housing approach. Applicants must also be willing to follow a common protocol for implementing a cross-site study.

**Eligible Applicants:** Applications to be a study site or the coordinating center may be submitted by public organizations, such as units of State or local governments and by domestic private nonprofit and for-profit organizations such as community-based

organizations, universities, colleges, and hospitals, and family and/or consumer operated organizations. Applicants may apply to be either a study site or a coordinating center, but not both.

**Cooperative Agreements/Amounts:** It is estimated that approximately \$2.0 million will be available to support approximately eleven (11) study site awards under this GFA in FY 1997, and that approximately \$2.0 million will be available to support up to eight (8) competing continuation awards under this GFA in FY 1998 and 1999. It is anticipated that up to \$180,000 will be available to support each study site in year one. It is anticipated that up to \$250,000 will be available to support each study site approved for continuation in years two and three.

It is anticipated that up to \$400,000 per year will be available in years one through three to support the coordinating center and up to \$250,000 will be available in year four to support the coordinating center.

Actual funding levels will depend upon the availability of appropriated funds.

**Catalog of Federal Domestic Assistance Number:** 93.230.

**Program Contact:** For programmatic or technical assistance contact: Lynn Aronson, M.S.

For evaluation issues contact: Frances L. Randolph, Dr. P.H.

The mailing address for these individuals is: Homeless Programs Branch, Division of Knowledge Development and Systems Change, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, Room 11C-05, Rockville, MD 20857, (301) 443-3706.

**Grants Management Contact:** For business management assistance, contact: Stephen J. Hudak, Grants Management Specialist, Substance Abuse and Mental Health Services, Administration, 5600 Fishers Lane, Room 15C-05, Rockville, MD 20857, (301) 443-4456

**Application Kits:** Application kits are available from: National Mental Health Services, Knowledge Exchange Network (KEN), P.O. Box 42490, Washington, D.C. 20015, Voice: (800) 789-2647, TTY: (301) 443-9006, FAX: (301) 984-8796.

The full text of the GFA only is available electronically via KEN's Bulletin Board: (800) 790-2647 or its Web Site: <http://www.mentalhealth.org/>

## 5. Public Health System Reporting Requirements

The Public Health System Impact Statement (PHSIS) is intended to keep State and local health officials apprised

of proposed health services grant and cooperative agreement applications submitted by community-based nongovernmental organizations within their jurisdictions.

Community-based nongovernmental service providers who are not transmitting their applications through the State must submit a PHSIS to the head(s) of the appropriate State and local health agencies in the area(s) to be affected not later than the pertinent receipt date for applications. This PHSIS consists of the following information:

- a. A copy of the face page of the application (Standard form 424).
- b. A summary of the project (PHSIS), not to exceed one page, which provides:
  - (1) A description of the population to be served.
  - (2) A summary of the services to be provided.
  - (3) A description of the coordination planned with the appropriate State or local health agencies.

State and local governments and Indian Tribal Authority applicants are not subject to the Public Health System Reporting Requirements.

Application guidance materials will specify if a particular FY 1997 activity described above is/is not subject to the Public Health System Reporting Requirements.

## 6. PHS Non-Use of Tobacco Policy Statement

The PHS strongly encourages all grant and contract recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care, or early childhood development services are provided to children. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Specific application guidance materials may include more detailed guidance as to how a Center will implement SAMHSA's policy on promoting the non-use of tobacco.

## 7. Executive Order 12372

Applications submitted in response to all FY 1997 activities listed above are subject to the intergovernmental review requirements of Executive Order 12372, as implemented through DHHS regulations at 45 CFR Part 100. E.O. 12372 sets up a system for State and local government review of applications for Federal financial assistance.

Applicants (other than Federally recognized Indian tribal governments) should contact the State's Single Point of Contact (SPOC) as early as possible to alert them to the prospective application(s) and to receive any necessary instructions on the State's review process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. A current listing of SPOCs is included in the application guidance materials. The SPOC should send any State review process recommendations directly to: Office of Extramural Activities Review, Substance Abuse and Mental Health Services Administration, Parklawn Building, Room 17-89, 5600 Fishers Lane, Rockville, Maryland 20857.

The due date for State review process recommendations is no later than 60 days after the specified deadline date for the receipt of applications. SAMHSA does not guarantee to accommodate or explain SPOC comments that are received after the 60-day cut-off.

Dated: January 20, 1997.  
Richard Kopanda,  
*Executive Officer, SAMHSA.*  
[FR Doc. 97-1721 Filed 1-23-97; 8:45 am]  
BILLING CODE 4162-20-P

## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4124-N-22]

### Federal Property Suitable as Facilities to Assist the Homeless

**AGENCY:** Office of the Assistant Secretary for Community Planning and Development, HUD.

**ACTION:** Notice.

**SUMMARY:** This Notice identifies unutilized, underutilized, excess, and surplus Federal property reviewed by HUD for suitability for possible use to assist the homeless.

**EFFECTIVE DATES:** January 24, 1997.

**FOR FURTHER INFORMATION CONTACT:** Mark Johnston, Department of Housing and Urban Development, Room 7256, 451 Seventh Street SW., Washington, DC 20410; telephone (202) 708-1226; TDD number for the hearing- and speech-impaired (202) 708-2565, (these telephone numbers are not toll-free), or call the toll-free Title V information line at 1-800-927-7588.

**SUPPLEMENTARY INFORMATION:** In accordance with the December 12, 1988 court order in *National Coalition for the Homeless v. Veterans Administration*, No. 88-2503-OG (D.D.C.), HUD

publishes a Notice, on a weekly basis, identifying unutilized, underutilized, excess and surplus Federal buildings and real property that HUD has reviewed for suitability for use to assist the homeless. Today's Notice is for the purpose of announcing that no additional properties have been determined suitable or unsuitable this week.

Dated: January 16, 1997.  
Jacquie M. Lawing,  
*Deputy Assistant Secretary for Economic Development.*  
[FR Doc. 97-1563 Filed 1-23-97; 8:45 am]  
BILLING CODE 4210-29-M

## DEPARTMENT OF THE INTERIOR

### Bureau of Land Management

[CA-066-00-5440-00-ZBBB; CACA-30070; CACA-25594; CACA-31926]

### Notice of Availability of Final Eagle Mountain Landfill and Recycling Center Project Environmental Impact Statement/Environmental Impact Report, Riverside County, California

**AGENCY:** Bureau of Land Management, Interior.

**ACTION:** Notice of availability of the final Eagle Mountain Landfill and Recycling Center Project Environmental Impact Statement/Environmental Impact Report.

**SUMMARY:** In accordance with Section 202 of the National Environmental Policy Act of 1969, a Final Environmental Impact Statement/Environmental Impact Report (EIS/EIR) has been prepared for the Eagle Mountain Landfill and Recycling Center Project by the Bureau of Land Management (BLM) and County of Riverside. Mine Reclamation Corporation and Kaiser Eagle Mountain, Inc. Have proposed to develop a Class III nonhazardous municipal solid waste landfill, primarily a waste-by-rail facility, on a portion of the Kaiser Eagle Mountain Mine, Riverside County, California. The proposed project also includes the renovation and repopulation of Eagle Mountain Townsite and a Specific Plan, General Plan Amendment, Change of Zone, Development Agreement, Revised Permit to Reclamation Plan, and Tentative Tract Map with the County. The proposed project includes a land exchange, involving about 3,481 acres of public land, and application for two rights-of-way with the Bureau of Land Management. The EIS/EIR analyzes the effects of the proposed action and alternatives on such environmental

issues as desert tortoise, air and water quality, and wilderness. The EIS/EIR describes and analyzes six alternatives in addition to the proposed project. The BLM's preferred alternative is the proposed action. Statements concerning the proposed action will be considered in preparation of the Record of Decision.

**DATES:** Written statements on the Final EIS/EIR must be submitted or postmarked no later than February 22, 1997.

**ADDRESSES:** Written comments on the document should be mailed to: Eagle Mountain Landfill and Recycling Center Project, Bureau of Land Management, 6221 Box Springs Boulevard, Riverside, California 92507.

### FOR FURTHER INFORMATION CONTACT:

Douglas Romoli, California Desert District, 6221 Box Springs Boulevard, California 92507; phone (909) 697-5237.

**SUPPLEMENTARY INFORMATION:** Copies of the EIS/EIR are available for review at the following libraries:

Desert Hot Springs Public Library, 1691 West Drive, Desert Hot Springs, CA  
Los Angeles Public Library, Documents Dept., 433 Spring Street, Los Angeles, CA  
Palo Verde Valley District Library, 125 W. Chanslor Way, Blythe, CA  
San Bernardino County Library, Yucca Valley Branch, 57098 Twentynine Palms Highway, Yucca Valley, CA  
University of California, Riverside Library, Government Publications, Riverside, CA  
California State Library, Sacramento, CA  
Indio Branch Library, 200 Civic Center Mall, Indio, CA  
Palm Desert Public Library, 4480 Portola, Palm Desert, CA  
Riverside Central Library, Government Documents, 381 Mission Inn Avenue, Riverside, CA  
College of the Desert Library, 43-500 Monterey Avenue, Palm Desert, CA  
Coachella Branch Library, Coachella, CA  
Lake Tamarisk Branch Public Library, 43880 Lake Tamarisk Drive, Desert Center, CA  
Palm Springs Library, 300 S. Sunrise Way, Palm Springs, CA  
San Bernardino County Library, Joshua Tree Branch, 6465 Park Boulevard, Joshua Tree, CA  
San Bernardino Public Library, Feldheym Central Library, W. 6 Street, San Bernardino, CA  
Riverside Community College, Martin Luther King Library, 4800 Magnolia Avenue, Riverside, CA  
Rancho Mirage Public Library, 42520 Bob Hope Drive, Rancho Mirage, CA  
Cathedral City, 33520 Date Palm Drive, Cathedral City, CA