

The addition of the strengths-based instrument does not add to response burden because testing of two of the previously approved instruments, which occurred after the previous OMB approval was received, has shown that they take less time to administer than had been thought; this decrease in burden offsets the new instrument.

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Daniel Chenok, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: May 20, 1999.

Richard Kopanda,

Executive Officer, SAMHSA.

[FR Doc. 99-13607 Filed 5-27-99; 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 list 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 (301) 443-7978.

Substance Abuse Prevention and Treatment Block Grant Application Format—FY 2000–2002 (OMB No. 0930-0080, Revision)—The Public Health Service Act (42 U.S.C. 300x 21-35 & 51-64) authorizes block grants to States for the purpose of providing substance abuse prevention and treatment services. Under the provisions of the law, States may receive allotments only after an application is submitted and approved by the Secretary, DHHS. For the FY 2000 Substance Abuse Prevention and Treatment (SAPT) Block Grant cycle, SAMHSA will provide States with modified application forms and instructions. These changes affect several areas of the application and add new sections to accommodate voluntary State reporting of treatment and prevention outcome measures. The portion of the application that asks for information related to section 1926 (sales of tobacco to minors) combines questions related to enforcement of laws related to youth access to tobacco and provides clarifying information and additional instructions related to other existing required information.

Additionally, with respect to the treatment portion of the SAPT block grant, the revised application will: replace information requested for Intravenous Drug Users that has not been required since 1995 with reporting of expenditures for HIV Early Intervention Services required of designated States; provide an appropriate format for reporting of

funds authorized under Pub. L. 104-121, the Supplementary Security Income special authorization for fiscal years 1997 and 1998; and, add additional instructions and questions related to the States' use of data generated by the State Needs Assessment Program in the application.

A new Section IV is being added to accommodate *voluntary* reporting of prevention and treatment performance and outcome measures. Treatment information to be reported includes: an unduplicated count of primary persons (excludes family members or other persons collaterally involved in the client's treatment) who received services (excluding those who received detoxification, outreach, early intervention or assessment/Central Intake services but who did not enter treatment) from treatment programs that received some or all of their funding from the SAPT Block Grant; and changes in client Alcohol and Drug use, Illegal Activity, Employment Status and Homelessness. Prevention information to be reported for prevention programs funded through the SAPT BG includes: use of substances in the past 30 days; age of first substance use; perceived risk/harm of substance use; attitudes about substance use; and, intention/expectation to use substances. States are asked to report this voluntary information for the most recent State Fiscal Year for which the data are available at the time the application is submitted.

The annual burden estimate for the SAPT Block Grant Application Format is shown below:

ANNUAL REPORTING BURDEN—FY 2000—FY 2002

	Number of respondents	Responses/ respondent	Hours per response	Total burden hours
Sections I–III—Red Lake Indians	*1	1	530	530
Sections I–III—States and Territories	59	1	563	33,217
Section IV–A—States and Territories	40	1	50	2,000
Section IV–B—States and Territories	20	1	42	840
Total	36,587

* Red Lake Indian Tribe is exempt from Tobacco Regulation requirements and will not participate in voluntary reporting of performance measures.

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Dated: May 20, 1999.

Richard Kopanda,

Executive Officer, SAMHSA.

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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 list 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 (301) 443-7978.

National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program—(OMB No. 0930-0171, Revision). The Center for Mental Health Services (CMHS) is seeking OMB approval for a 1-year extension of this

evaluation of integrated child mental health service systems. The core and comparison studies of the evaluation collect information on child and family demographics, child mental health status, and service system development. In the core study, data are collected from children and families at intake into services, six months later, and every 12 months thereafter while the children remain in services. In the comparison study component, information is collected at intake, 6 months, 12

months, 24 months, and annually thereafter. In both studies, data were collected annually from grantees' administrators and providers.

This request is to extend OMB clearance to allow: (1) Continued data collection in two core study sites for two months (data collection is complete in eight sites), and (2) completion, by the end of the year, of data collection in the comparison study component sites. The response burden for this extension is as follows:

Respondent	Number of respondents	Average number of responses	Average burden/response (Hrs.)	Total burden
Currently approved	26,604
Case managers	50	7.0	.25	88
Caregivers (Descriptive Study)	2,580	.33	.12	102
Caregivers (Outcome Study)	2,008	.40	1.09	875
Youth	1,205	.40	.84	405
Administrators/providers	45	1.0	.5	23
Total	1,493

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Dated: May 20, 1999.

Richard Kopanda,

Executive Officer, SAMHSA.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Meetings and Workshops

Pursuant to Public Law 92-463, notice is hereby given of the meetings and workshops of five Substance Abuse and Mental Health Services Administration (SAMHSA) advisory committees (SAMHSA National Advisory Council, Center for Mental Health Services National Advisory Council, Center for Substance Abuse Prevention National Advisory Council, Center for Substance Abuse Treatment National Advisory Council, and the Advisory Committee for Women's Services) in June 1999.

The Workshops on June 9 will be open and focus on substance abuse and mental health issues related to

legislation, systems linkages of services, and consumer involvement.

The meeting on June 10 will be an open combined session of the committees and will include discussions of SAMHSA's policy and program issues, and SAMHSA's Fiscal Year 2000 budget, and reports from the June 9 workshops. There will also be updates on the Councils' workgroup activities, on SAMHSA's National Household Survey and Drug Abuse, a presentation on the national tracking of welfare reform, and a presentation from the Health Care Financing Administration.

Attendance by the public will be limited to space available. Public comments are welcome, and interested persons may present information or views, orally or in writing, on issues pending before the committees. Those desiring to make formal presentations should contact Ms. Diane McMenamin, Director, Division of Extramural Activities, Policy and Review, Office of Policy and Program Coordination, SAMHSA, 5600 Fishers Lane, Room 17-89, Rockville, Maryland 20857, prior to June 4, 1999, and submit a brief statement of the general nature of the information or arguments they wish to present, the names, addresses, and telephone number of proposed participants, identification of organizational affiliation, and an indication of the approximate time required to make their comments. Time for presentations may be limited by the number of requests. Photocopies, up to five pages of material, may be

distributed at the meeting through the SAMHSA National Advisory Council Executive Secretary, if provided by June 4. If anyone needs special accommodations for persons with disabilities, please notify the contact listed below.

Substantive program information, a summary of the meeting, and a roster of committee members may be obtained from Toian Vaughn, Executive Secretary, SAMHSA National Advisory Council, 5600 Fishers Lane, Room 17-89, Rockville, Maryland 20857, Telephone (301) 443-4266, e-mail: tvaughn@samhsa.gov.

Committee Names: Substance Abuse and Mental Health Services Administration, National Advisory Council, Center for Mental Health Services National Advisory Council, Center for Substance Abuse Prevention National Advisory Council, Center for Substance Abuse Treatment National Advisory Council, Advisory Committee for Women's Services.

Meeting Date(s): June 9-10, 1999.

Place: Hyatt Regency Bethesda Hotel, Haverford and Baccarat Suites, One Bethesda Metro Center, Bethesda, Maryland 20814.

Open: June 9, 1999, 1:30 p.m.-5:30 p.m., June 10, 1999, 8:30 a.m.-5:30 p.m.

Contact: Toian Vaughn, Executive Secretary, SAMHSA National Advisory Council, 5600 Fishers Lane, Room 17-89, Rockville, Maryland 20857, Telephone (301) 443-4266 and FAX: (301) 443-1587, and e-mail: tvaughn@samhsa.gov.

In addition, the Center for Mental Health Services (CMHS) National Advisory Council will hold an individual meeting. A portion of the meeting will be open and will include