

DEPARTMENT OF HEALTH AND HUMAN SERVICES**National Institutes of Health****Recombinant DNA Advisory Committee; Notice of Meeting**

Pursuant to Pub. L. 92-463, notice is hereby given of a meeting of the Recombinant DNA Advisory Committee, Building 31C, 6th Floor, Conference Room 10, 9000 Rockville Pike, Bethesda, Maryland 20892, starting on June 14, 1999, at approximately 9 a.m., and will recess at approximately 5 p.m. The meeting will be open to the public. Agenda items will include: (1) Discussion of novel phase 1 gene transfer protocol for pediatric retinoblastoma, (2) Food and Drug Administration presentation on vector gonadal distribution and inadvertent germ line gene transfer, (3) data management activities related to human gene transfer clinical trials, and (4) other matters to be considered by the Committee. Attendance by the public will be limited to space available.

Debra W. Knorr, Acting Director, Office of Recombinant DNA Activities, National Institutes of Health, MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892-7010, Phone (301) 496-9838, FAX (301) 496-9839, will provide summaries of the meeting and a roster of committee members upon request. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should contact Ms. Knorr in advance of the meeting. The Office of Recombinant DNA Activities (ORDA) web site is located at <http://www.nih.gov/od/orda> for further information about the office.

OMB's "Mandatory Information Requirements for Federal Assistance Program Announcements" (45 FR 39592, June 11, 1980) requires a statement concerning the official government programs contained in the Catalog of Federal Domestic Assistance. Normally NIH lists in its announcements the number and title of

affected individual programs for the guidance of the public. Because the guidance in this notice covers virtually every NIH and Federal research program in which DNA recombinant molecule techniques could be used, it has been determined not to be cost effective or in the public interest to attempt to list these programs. Such a list would likely require several additional pages. In addition, NIH could not be certain that every Federal program would be included as many Federal agencies, as well as private organizations, both national and international, have elected to follow the NIH Guidelines. In lieu of the individual program listing, NIH invites readers to direct questions to the information address above about whether individual programs listed in the Catalog of Federal Domestic Assistance are affected.

Dated: May 20, 1999.

LaVerne Y. Stringfield,

Committee Management Officer, NIH.

[FR Doc. 99-13592 Filed 5-27-99; 8:45 am]

BILLING CODE 4140-01-M

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.

Phase II of the National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program—(OMB No. 0930-0192, Revision)—SAMHSA's Center for Mental Health Services (CMHS) is

conducting Phase II of this national evaluation project. To address the research questions in the national evaluation, a longitudinal quasi-experimental design is being used that includes data collection in all grantee sites and comparison sites over a five year period. Data collection methods include interviews with caregivers and youth, site visits, case record reviews, service diaries, and provider surveys. Phase II collects data on child mental health outcomes, family life, and service system development and performance. Child and family outcomes of interest include the following: child symptomatology and functioning, family functioning and material resources, and caregiver strain. The length of time that families will participate in the study ranges from 18 to 36 months depending on when they enter the evaluation. Service system variables of interest include the following: maturity of system of care development, adherence to system of care principles, coordination and linkages among agencies, and congruence between family services planned versus those received.

This revision to the currently approved information collection activities involves: (1) Two additional grantee sites added to Phase II after the original OMB package was approved, and (2) the addition of a strengths-based measure of child behaviors. This measure is closely aligned with the strengths-based focus of the grant program and will assess the effects of the initiative on child strengths and resiliency; no additional burden is imposed by addition of the strengths-based measurement in the previously approved sites because it has been determined that the burden associated with the new instrument is offset for shorted times of administration by two of the currently approved instruments. Automated collection techniques are not cost-effective for this study. The average annual respondent burden is estimated below.

| Respondents | No. of respondents | Responses/ respondent | Burden/ response (Hours) | Total burden Hours (annualized) |
|--------------------------|--------------------|-----------------------|--------------------------|---------------------------------|
| Currently approved ..... | ..... | ..... | ..... | 18,458 |
| New Sites: | | | | |
| Caregivers | 506 | 1.20 | 2.00 | 1,214 |
| Youth | 304 | 1.12 | .90 | 307 |
| Providers | 56 | .80 | .75 | 34 |
| Sub-Total ..... | ..... | ..... | ..... | 1,555 |
| New Total ..... | ..... | ..... | ..... | 20,013 |

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.

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, DC 20503.

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