

- Fay, R.E. (1987). Application of multivariate regression to small domain estimation. In R. Platek, J.N.K. Rao, C.E. Sarndal & M.P. Singh (Eds.), *Small Area Statistics: An International Symposium*, pp. 91–102. New York: John Wiley and Sons.
- Fay, R.E., & Herriot, R. A. (1979). Estimates of income for small places: An application of James-Stein procedures to Census data. *Journal of the American Statistical Association*, 74, 269–277.
- Fischer, P.J., Breakey, W.R. (1991). The Epidemiology of alcohol, drug, and mental disorders among homeless persons. *American Psychologist*, 46, 1115–1125.
- Kessler, R.C., et al. Estimation of the 12-month Prevalence of Serious Mental Illness (SMI). (1996). Unpublished reports to CMHS.
- Kessler, R.C., et al. Population-Based Analyses: A Methodology for Estimating the 12-Month Prevalence of Serious Mental Illness. R.W. Manderscheid and M.J. Henderson, (eds.) *Mental Health, United States, 1998*. DHHS Pub. Washington, D.C.: Supt. of Docs. U.S. Govt. Print Off., pp. 99–112, 1998.
- Kish, L., and Frankel, M.R. Inferences from complex samples, *Journal of the Royal Statistical Society, Series B* 36:1–37, 1974.
- National Advisory Mental Health Council. (1993). Health care reform for Americans with severe mental illness. *American Journal of Psychiatry*, 150, 1447–1465.
- Purcell, N.J., & Kish, L. (1979). Estimation for small domains. *Biometrics*, 35, 365–384.
- Regier, D.A., Narrow, W.E., Rae, D.S., Manderscheid, R.W., Locke, D.Z., Goodwin, F.K. (1993). The de Facto US Mental and Addictive Disorders Service System. *Archives of General Psychiatry*, 50, 85–94.

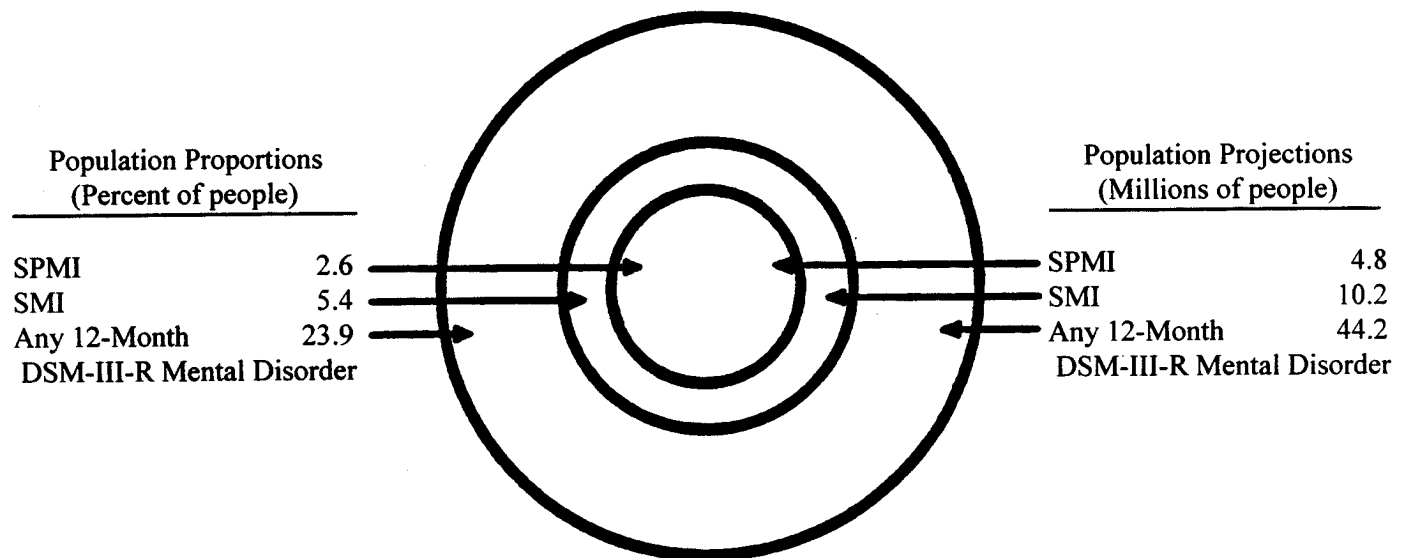
Dated: June 7, 1999.

**Richard Kopanda,**

*Executive Officer, Substance Abuse and Mental Health Services Administration.*

BILLING CODE 4162–20–P

**Figure 1. Estimated Total Population (Ages 18+) 12-Month Prevalences and Population Projections of DSM-III-R Severe and Persistent Mental Illness (SPMI), Serious Mental Illness (SMI), and Any Mental Illness Based on Pooled Baltimore ECA/NCS Data**



[FR Doc. 99–15377 Filed 6–23–99; 8:45 am]  
BILLING CODE 4162–20–C

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Center for Substance Abuse Treatment, and Center for Substance Abuse Prevention; Fiscal Year 1999 Funding Opportunity

**AGENCIES:** Department of Health and Human Services, Substance Abuse and

Mental Health Services Administration, Center for Substance Abuse Treatment (CSAT), and Center for Substance Abuse Prevention (CSAP).

**ACTION:** Notice of availability of funds for grants to support the development of community-based practice/research collaboratives.

**SUMMARY:** The U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) and the Center for Substance Abuse Prevention (CSAP), announce the

availability of FY 1999 funds for grants for the following activity. This activity is discussed in more detail under section 4 of this notice. This notice is not a complete description of the activity; potential applicants must obtain a copy of the Guidance for Applicants (GFA) before preparing an application.

**Note:** SAMHSA also published notices of available funding opportunities for FY 1999 in previous issues of the **Federal Register**.

Activity	Application deadline	Estimated funds available	Estimated Number of awards	Project period
Practice/Research Collaboratives .....	08/11/99	\$2.5 Million .....	8-10	1 year.

The actual amount available for awards and their allocation may vary, depending on unanticipated program requirements and the number and quality of applications received. FY 1999 funds for the activity discussed in this announcement were appropriated by the Congress under Public Law No. 105-277. 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: 202-512-1800).

**General Instructions:** Applicants must use application form PHS 5161-1 (Rev. 5/96; OMB No. 0937-0189). The application kit contains the GFA (complete programmatic guidance and instructions for preparing and submitting applications), the PHS 5161-1 which includes Standard Form 424 (Face Page), and other documentation and forms. Application kits may be obtained from the organization specified for the 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 application form and the full text of the activity (i.e., the GFA) described in section 4 are available electronically via SAMHSA's World Wide Web Home Page (address: <http://www.samhsa.gov>).

**Application Submission:** Applications must be submitted to: SAMHSA Programs, Center for Scientific Review, 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 deadline for receipt of applications is listed in the table above.

Competing applications must be received by the indicated receipt date to be accepted for review. An application received after the deadline may only be accepted 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 the 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 the activity covered by this notice (see section 4).

**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 moved 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.

SAMHSA's FY 1999 Knowledge Development and Application (KD&A) 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 1999 KD&A 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.

SAMHSA also continues to fund legislatively-mandated services programs for which funds are appropriated.

**2. Special Concerns**

SAMHSA's legislatively-mandated services programs do provide funds for mental health and/or substance abuse treatment and prevention services. However, SAMHSA's KD&A activities do not provide funds for mental health and/or substance abuse treatment and prevention services except sometimes for costs required by the particular activity's study design. Applicants are required to propose true knowledge application or knowledge development

and application projects. Applications seeking funding for services projects under a KD&A activity 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 activity 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 Scored 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 review process.

- Other funding criteria may include:
- Availability of funds.

### 4. Special FY 1999 SAMHSA Activity

#### 4.1 Bridging the Gap: Developing Community-Based Practice/Research Collaboratives (Short Title: Practice/Research Collaboratives, TI 99-006)

- Application Deadline: August 11, 1999.
- Purpose: The Substance Abuse and Mental Health Services Administration

(SAMHSA) Center for Substance Abuse Treatment (CSAT) announces the availability of grants to support the development of Practice/Research Collaboratives hereinafter referred to as PRCs. The purpose of this program is to improve the quality of substance abuse clinical preventive and treatment services by increasing interaction and knowledge exchange among key community based stakeholders, including substance abuse treatment providers, community-based organizations providing support services to substance abusers, researchers, and policy makers, including health plan managers and purchasers of substance abuse treatment. It is expected that the PRCs will develop the necessary infrastructure and capacity to further knowledge development and to be able to participate effectively in federally-funded knowledge development and applications projects. Through these efforts, the PRCs will be able, over time, to make significant contributions to the field's knowledge and understanding about substance abuse treatment and related clinical preventive practices. SAMHSA's Center for Substance Abuse Prevention is participating with CSAT in this initiative.

This program is eventually expected to have two types of grants: Development Grants and Implementation Grants. This announcement (GFA No. TI99-006) provides guidelines for Development Grant applications only.

- Priorities: None.
- Eligible Applicants: Applications for Development Grants may be submitted by domestic public and private nonprofit and for-profit entities, such as community-based organizations, public or private universities, colleges, and hospitals, and units of State or local government.

• Grants/Amount: It is estimated that \$2.5 million will be available to support approximately 8-10 Development awards under this program in FY 1999. Awards are not expected to exceed \$250,000 in total costs (direct+indirect). CSAT anticipates that next fiscal year there will be funds to support both Development and Implementation Grants.

- Period of Support: Support will be available for a period of 12 months to develop full network membership, establish the operational model proposed for the PRC, and develop research and knowledge application plans in preparation for submitting a separate application for an Implementation Grant.

- Catalog of Domestic Federal Assistance: 93.230.

- Program Contact: For programmatic or technical assistance (not for application kits) contact:

Fran Cotter, Office of Managed Care, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, Rockwall II, Suite 740, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-8796, or

Ed Craft, Ph.D., Office of Evaluation, Scientific Analysis and Synthesis, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, Rockwall II, Suite 840, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-3953

- For grants management assistance, contact: Peggy Jones, Division of Grants Management, OPS, Substance Abuse and Mental Health Services Administration, Rockwall II, Suite 614, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 443-9666.

- Application kits are available from: National Clearinghouse for Alcohol and Drug Information, PO Box 2345, Rockville, MD 20847-2345, (1-800) 729-6686.

### 5. Public Health System Reporting Requirements

This program 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, Pub. L. 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.

### 7. Executive Order 12372

Applications submitted in response to the FY 1999 activity 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, Policy and 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: June 18, 1999.

**Richard Kopanda,**

*Executive Officer, Substance Abuse and Mental Health Services Administration.*

[FR Doc. 99-16141 Filed 6-23-99; 8:45 am]

BILLING CODE 4162-20-P

## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4456-N-02]

### Privacy Act; Proposed New System of Records

**AGENCY:** Office of the Chief Information Officer, HUD.

**ACTION:** Establish a new system of records.

**SUMMARY:** The Department of Housing and Urban Development (HUD) proposes to establish a new record system to add to its inventory of systems of records subject to the Privacy Act of 1974 (5 U.S.C. 552a), as amended. The proposed new system of record is entitled Compliance Case Tracking System (CCTS-F73), HUD/EC-01. This system of records contains information on individuals, corporations, partnerships, associations, unit of government or legal entities who have been suspended, or debarred, or who are ineligible to participate in HUD programs or those whose records of participation in HUD programs are being reviewed for possible administrative actions to exclude them from further participation.

**DATES:** *Effective date:* This action shall be effective without further notice in 30 calendar days (July 24, 1999) unless comments are received during or before this period that would result in a contrary determination.

*Comments due by:* July 26, 1999.

**ADDRESSES:** Interested persons are invited to submit comments regarding this new system of records to the Rules Docket Clerk, Office of General Counsel, room 10276, Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, DC 20410-0500. Communications should refer to the above docket number and title. An original and four copies of comments should be submitted. Facsimile (FAX) comments are not acceptable. A copy of each communication submitted will be available for public inspection and copying between 7:30 a.m. and 5:30 p.m. weekdays at the above address.

**FOR FURTHER INFORMATION CONTACT:** Jeanette Smith, Departmental Privacy Act Officer, Telephone Number (202) 708-2374, or Richard Delaubansels, Compliance Analyst, Telephone Number (202) 708-3041 extension 3569.

**SUPPLEMENTARY INFORMATION:** Pursuant to the Privacy Act of 1974 (5 U.S.C. 552a), as amended notice is given that HUD proposes to establish a new system of records identified as HUD/EC-01, Compliance Case Tracking System (CCTS-F73).

Title 5 U.S.C. 552a(e)(4) and (11) provide that the public be afforded a 30-day period in which to comment on the new record system.

The new system report was submitted to the Office of Management and Budget (OMB), the Senate Committee on Governmental Affairs, and the House Committee on Government Operations pursuant to paragraph 4c of Appendix 1 to OMB Circular No. A-130, "Federal Responsibilities for Maintaining Records About Individuals," July 25, 1994; 59 FR 37914.

**Authority:** 5 U.S.C. 552a 88 Stat. 1896; 342 U.S.C. 3535(d).

Dated: June 14, 1999.

**Glorlda R. Parker,**  
*Chief Information Officer.*

### HUD/EC-01

#### SYSTEM NAME:

Compliance Case Tracking System (CCTS-F73).

#### SYSTEM LOCATION:

HUD Computer Center, Lanham, Maryland.

#### CATEGORIES OF INDIVIDUALS COVERED BY THE SYSTEM:

Any individual, corporation, partnership, association, unit of government or legal entity, however organized,—except; foreign governments or foreign governmental entities, public international organizations, foreign government owned (in whole or in part) or controlled entities, and entities consisting wholly or partially to foreign governments or foreign governmental entities—proposed for debarment, suspended, debarred, or voluntarily excluded government-wide, unless otherwise noted, from Federal procurement and sales programs, non-procurement programs, and financial benefits. An exclusion may be based on the Federal Acquisition Regulation (FAR) 9.4; Federal Property Management Regulation (FPMR) 101-45.6; Government Printing Office (GPO) Instruction 110.11 A; U.S. Postal Service (PS) Publication 41; the Non-procurement Common rule; or the authority of a statute, Executive Orders 12549 and 12689 or regulation applying to procurement or non-procurement programs. Following are some examples of individuals or persons (proposed for debarment, debarred, suspended, or voluntarily excluded): participants who are direct or indirect recipients of HUD funds; and those who represent entities such as contractors or corporations who are participants in HUD FHA assisted or sponsored programs including mortgage insurance programs.

#### CATEGORIES OF RECORDS IN THE SYSTEM:

The automated database contains pertinent information obtained from hard copy compliance case files. These automated records contain, but are not limited to: Names; addresses of all persons proposed for debarment; persons debarred, suspended, or excluded by a Limited Denial of Participation (LDP) action; cross-references when more than one name is involved in a single action; the type of action; the cause of the action; the scope of the action; any termination date for each listed action; and the agency name and telephone number of the agency point of contact for the action. The system also contains records of referrals for administrative sanction action where action is pending or where no action was taken.

#### AUTHORITY FOR MAINTENANCE OF THE SYSTEM:

Executive Orders 12549 and 12689; U.S.C. 31, 41, and 42.