

Send comments to Nancy Pearce, SAMHSA Reports Clearance Officer, Room 16-105, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: March 15, 2000.

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.

Treatment Improvement Protocol Evaluation: Addiction Technology Transfer Center Study

New—The ATTC Study is a special study under the ongoing TIPs Evaluation Project. Since 1993, SAMHSA's Center for Substance Abuse Treatment (CSAT) has published 36 Treatment Improvement Protocols, or TIPs, which provide consensus-based administrative and clinical practice guidance to the substance abuse treatment field; and 23 Technical Assistance Publications (TAPs), which are publications, manuals, and guides developed by experts with first-hand experience to offer practical responses to emerging issues and concerns in the substance abuse treatment field.

A qualitative study, the ATTC study will elicit data related to assessing both actual use, and usefulness, of TIPs, TAPs and other CSAT products in developing curricula and other knowledge application products for ATTCs. Data will be collected through intensive interviews with both ATTC faculty and curriculum developers at six of the 13 ATTCs. Purposive sampling will be used to identify appropriate participants; ATTC Directors will recommend faculty/curriculum

developers for participation. Prior to the interview process, faculty and curriculum developers will be asked to complete a brief questionnaire. Measures will be primarily descriptive and process, for example, whether, and if so, which, TIPs and TAPs have been or are being used in development of ATTC curricula; how and to what extent TIPs and TAPs are used; faculty/trainers' and curriculum developers' perceptions regarding the advantages and disadvantages of using TIPs and TAPs; and their impressions and suggestions concerning the content and format of TIPs and TAPs.

Burden for faculty/trainers and curriculum developers includes participation in a study introduction phone call (15 minutes); written responses to a brief questionnaire, including mailing it back to the contractor (30 minutes); and subsequent participation in an indepth interview (1½ hours). Burden attributed to the ATTC Directors of the six selected ATTCs includes time spent assisting the study team with background information, site visit coordination, and identifying and discussing possible participants for interviews.

	No. of respondents	Responses/ respondent	Hours/ response	Burden hours
Faculty/Curriculum Developers	90	1	*2.25	202.50
ATTC Directors	6	1	0.50	3.00
Total	96	205.50

*includes travel time.

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

Dated: March 15, 2000.

Richard Kopanda,

Executive Officer, SAMSHA.

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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

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Registration Form for the National Registry of Effective Prevention Programs

New—Section 515(d) of the Public Health Service Act (42 U.S.C. 290bb-21) requires that the Director of SAMHSA's Center for Substance Abuse Prevention

(CSAP) establish a national data base providing information on programs for the prevention of substance abuse and specifies that the data base shall contain information appropriate for use by public entities and information appropriate for use by nonprofit private entities. Since 1994, CSAP has met this responsibility through the High Risk Populations Databank on programs for the prevention of substance abuse funded by direct CSAP grants. Because relatively few direct grants of this type have been issued in recent years, CSAP must expand its information collection to include voluntary submission of descriptions of effective substance abuse prevention conducted by state and local governments, nonprofit entities, and the private sector.

CSAP has developed a template to enable practitioners who have evidence that their program reduces risk factors or increases protective factors pertaining to substance abuse to nominate their own standardized program for the

Registry. Each program that is nominated should have been standardized (including curriculum manuals, implementation manuals, videotapes, etc.), well implemented, and findings should derive from well designed research efforts. Program

models nominated will be reviewed and rated by experts annually to be recommended to the field.

CSAP will promote selected models by providing funds to support development of program materials for dissemination, by connecting program developers with organizations able to

help in the dissemination efforts, and by promoting model programs nationally through CSAP's State Incentive Grant recipients and regional Centers for Applied Prevention Technology. Annual burden estimates for the Registry are shown in the table below.

Type of submission	No. of respondents	Responses/ respondent	Hours/ response	Total burden hours
Complete	250	1	1.25	313
Abbreviated	10	1	.25	2
Total	260	315

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Dated: March 15, 2000.

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

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Survey of Vermont Employers to Assess the Effects of the Vermont Parity Act

New—In support of its mission to support activities related to improving mental health and substance abuse treatment and prevention through demonstration projects, evaluations and service system assessments, SAMHSA is taking advantage of the implementation of the Vermont Parity Act on January 1, 1998. The Vermont Parity Act provides SAMHSA with an important opportunity to study the health insurance coverage impacts of the nation's most comprehensive parity law and to provide useful data to state and federal policy makers, employers, health care providers, advocates, and consumers.

SAMHSA will conduct a telephone survey of private employers in Vermont to assess their responses to the state law. The employer survey will gather information on the effects of the Vermont parity law on employer-sponsored health insurance coverage. As a study of the most comprehensive state parity law in the nation, this survey will provide SAMHSA its first opportunity to understand: (1) employer knowledge of and satisfaction with parity; (2) estimated effects of parity on employer health care costs; (3) effects of parity on employer health insurance

purchasing decisions, such as decisions to self-insure, drop coverage, change insurance carriers, shift a higher share of costs to employees, or carve-out benefits and/or shift to managed care; (4) other changes brought about by parity, such as establishment of employee assistance plans or wellness programs; and (5) suggestions for improving the parity law in the future.

Data will be collected between June and October 2000, a period when employers typically re-evaluate their health insurance coverage decisions for the upcoming fiscal year. Upon completion of the data collection, descriptive and multivariate analyses of employer responses to and satisfaction with parity will be conducted. Responses will be analyzed by employer characteristics such as firm size, location, and type of industry. SAMHSA will use the survey results and survey data to advise governmental bodies such as the National Advisory Mental Health Council (NAMHC), which was charged by the Senate Appropriations Committee in 1996 to provide periodic reports on parity coverage in mental health services "as more data throughout the country become available." The table below shows the total burden for this one-year study.

Type of interview	Number of respondents	Responses/ respondent	Hours/ response	Total burden hours
Businesses offering insurance(screener & full interview) ¹	600	1	.42	252
Uninsured businesses (screener & short interview only) ²	222	1	.25	56
Ineligible/nonresponding businesses (screener only) ³	489	1	.08	39
Total	1,311	347

¹ Businesses currently offering insurance to employees or that stopped offering insurance to employees after January 1, 1998.

² Businesses that either stopped offering insurance to employees before January 1, 1998 or never offered insurance to employees.

³ Businesses that are no longer in operation or are owned by the state or federal government and non-responding businesses that effuse to participate.

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