

audit firm with International branches and current licensure/authority in country, and in accordance with International Accounting Standards or equivalent standard(s) approved in writing by CDC.

b. A Fiscal Recipient Capability Assessment may be required, pre or post award, with potential awardee in order to review their business management and fiscal capabilities regarding the handling of U.S. Federal funds.

Send all reports to the Grants Management Specialist identified in the "Where To Obtain Additional Information" Section of this announcement.

The following additional requirements are applicable to this program. For a complete description of each, see Attachment I of the announcement.

AR-1 Human Subjects Requirements

AR-9 Paperwork Reduction Act

Requirements

AR-10 Smoke-Free Workplace

Requirements

AR-12 Lobby Restrictions

AR-14 Accounting System

Requirements

AR-15 Proof of Non-Profit Status

J. Where To Obtain Additional Information

This and other CDC announcements can be found on the CDC Home page Internet address—<http://www.cdc.gov>. Click on "Funding" then "Grants and Cooperative Agreements."

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from: Cynthia Collins, Grants Management Specialist, International/Territories Acquisition and Assistance Branch, Procurement and Grants Office, Program Announcement 02198, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Rd., Room 3000, Atlanta, GA 30341-5539, Telephone: 770-488-2757, E-mail address: coc9@cdc.gov.

For program technical assistance, for Components 1 and 2 contact: Dan Sadler, Deputy Director, Division of Nutrition and Physical Activity, Centers for Disease Control and Prevention, 4770 Buford Highway, NE., MS K-24, Atlanta, GA 30341, Telephone number: 770-488-6042, FAX: 770-488-6000, E-mail address: mds1@CDC.Gov.

For program technical assistance, for Component 3 contact: Dr. Claudia Parvanta, Director, Division of Health Communications, Centers for Disease Control and Prevention, 1600 Clifton Road, NE., MS D-42, Atlanta, GA 30333, Telephone number: 404-639-7281,

FAX: 404-639-7391, E-mail address: cip0@cdc.gov.

Dated: July 24, 2002.

Rebecca B. O'Kelley,

Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention.

[FR Doc. 02-19169 Filed 7-29-02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Committee; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act, (Public Law 92-463), announcement is made of the following National Advisory body scheduled to meet during the month of August 2002.

Name: Advisory Committee on Interdisciplinary, Community-Based Linkages.

Date and Time: August 5, 2002; 8:30 a.m.-5 p.m., August 6, 2002; 8 a.m.-4:00 p.m.

Place: The Doubletree Hotel, 1750 Rockville Pike, Rockville, Maryland 20852.

The meeting is open to the public.

Agenda items will include, but not be limited to: Welcome; plenary discussion of the role of the grant programs under Title VII, Part D, Public Health Service Act in meeting Public Health Preparedness objectives; interdisciplinary training issues related to bioterrorism; reinforcement of community-based linkages; presentations by speakers representing: the Division of Health Careers Diversity and Development, Bureau of Health Professions, the Office of Minority Health, Health Resources and Services Administration; and the Office of Public Health Preparedness, Department of Health and Human Services; and Committee members. Meeting content will address preparation of the Committee's annual report to the Secretary and the Congress and the scheduling of topics for the next Committee meeting in October 2002.

Public comment will be permitted before lunch and at the end of the Committee meeting on August 5, 2002. Oral presentations will be limited to 5 minutes per public speaker. Persons interested in providing an oral presentation should submit a written request, with a copy of their presentation to: Bernice A. Parlak, Executive Secretary, Division of State, Community and Public Health, Bureau

of Health Professions, Health Resources and Services Administration, Room 9-105, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443-1898.

Requests should contain the name, address, telephone number, and any business or professional affiliation of the person desiring to make an oral presentation. Groups having similar interests are requested to combine their comments and present them through a single representative. The Division of State, Community and Public Health will notify each presenter by mail or telephone of their assigned presentation time.

Persons who do not file an advance request for a presentation, but wish to make an oral statement may register to do so at the Doubletree Hotel, Rockville, Maryland, on August 5, 2002. These persons will be allocated time as the Committee meeting agenda permits.

Anyone requiring information regarding the Committee should contact Bernice A. Parlak, Division of State, Community and Public Health, Bureau of Health Professions, Health Resources and Services Administration, Room 9-105, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443-1898.

Proposed agenda items are subject to change as priorities dictate.

Dated: July 25, 2002.

Jane M. Harrison,

Director, Division of Policy Review and Coordination.

[FR Doc. 02-19301 Filed 7-29-02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (301) 443-7978.

Comments are invited on: (a) Whether the proposed collections of information are necessary for the proper

performance of the functions of the agency, including whether the information will have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: Protection and Advocacy for Individuals with Mental Illness (PAIMI) Annual Program Performance Report (OMB No. 0930-0169, Revision)

The Protection and Advocacy for Individuals with Mental Illness (PAIMI) Act (42 U.S.C. 10801 *et seq.*) authorized funds to support protection and advocacy services on behalf of individuals with severe mental illness and severe emotional impairment who are at risk for abuse and neglect and other civil rights violations while under treatment in a residential facility.

Under the PAIMI Act, formula grant awards are made to protection and advocacy (P&A) systems designated by the governors of the 50 states and 6 territories, and the District of Columbia to ensure that the rights of individuals with severe mental illness and severe emotional disturbance are not violated. In October 2000, the PAIMI Act was amended to create a 57th P&A system—the Native American Consortium in Shiprock, New Mexico. Whenever the annual PAIMI appropriation reaches \$30 million or more, State P&A systems may serve eligible individuals with serious mental illness or severe emotional impairments, as defined under the Act, residing in the community, including their own homes. However, PAIMI eligible persons residing in public and private residential care or treatment facilities have priority for all P&A system services. The Children's Health Act of 2000 (42 U.S.C. 290aa *et seq.*), also referenced State P&A authority to obtain information on incidents of seclusion,

restraint and related deaths (See Parts H and I of that Act.).

The PAIMI Act requires P & A systems to file an annual report on their activities and accomplishments and to provide information on such topics as: Numbers of individuals served, types of complaints addressed, and the number of intervention strategies used to resolve the presenting issues. Under the Act, there is an Advisory Council which is also required to submit an annual report that assesses the effectiveness of the services provided to, and the activities conducted by, the P&A systems on behalf of PAIMI eligible individuals and their family members.

The Substance Abuse Mental Health Services Administration (SAMHSA) is revising the PAIMI Annual Program Performance Report for the following reasons: (1) To make it consistent with the requirements of the annual reporting requirements under the PAIMI Act and the PAIMI Rules (42 CFR part 51), as well as the new reporting requirements under Parts H & I of the Children's Health Act of 2000 and Part C of the Developmental Disabilities and Patient's Bill of Rights Act of 2000 (42 U.S.C. 6001 *et seq.*); (2) to conform to the GPRA requirements that SAMHSA obtain information that closely measures actual outcomes of programs that are funded by the agency, and (3) to determine if the reporting burden can be reduced by removing any information that does not facilitate evaluation of the programmatic and fiscal effectiveness of a State P&A system.

SAMHSA proposes revisions to the Annual Advisory Council Report to reflect the statutory and regulatory requirements of the PAIMI Act. Planned revisions to the PAIMI Annual Program Performance Report include, but may not be limited to the following items: (1) Addition of annual actual budget/financial expenditures and sub-contractor information, as required by the PAIMI Act (42 U.S.C. 10805(a)(7) and the PAIMI Rules 42 CFR 51.8); (2) Advisory Council, Governing Board and PAIMI staff demographic information, such as, filled and vacant positions, will be revised in a comprehensive graph

format; (3) P&A systems will have more choices so that all "information not available" and "no information provided" statements will be deleted to ensure that the systems focus on gathering more accurate client data during the intake and referral process; (4) Sections (such as, PAIMI program mechanisms for public comment, individual PAIMI clients, grievance procedures) will be revised to capture critical information required under the PAIMI Act, the PAIMI Rules and the Children's Health Act of 2000 and placed in a graph format; (5) Case complaints and problems of the PAIMI eligible individuals served by P&A systems will be modified to capture more accurate information, such as, the number of PAIMI eligible clients not served due to resource and/or priority limitations; (6) Information on the number of open and closed cases involving incidents of abuse, neglect, and civil rights complaints will be expanded to reflect the new PAIMI authorities, e.g., investigations of seclusion, and restraint, and related fatalities in public and private facilities, such as, emergency rooms of general hospitals, interim-care facilities, nursing homes, non-medical community-based facilities for children and youth, etc.; (7) Information on the actual annual program priorities and objectives achieved in the reporting year will be compared to the projected priorities and objectives, submitted with the corresponding grant application for that reporting year, to determine whether the P&A effectively used its resources to achieve individual, systemic or legislative advocacy outcomes and accomplishments on behalf of PAIMI eligible clients; (8) Sections focused on the types of intervention strategies, the public education, training and awareness activities of the P&A systems will be placed in a chart format; and, (9) the Advisory Council Report will be revised so that data collected is consistent with that captured in the Annual PAIMI Performance Report. The revised report formats will be effective for the report due on January 1, 2004.

The annual burden estimate is as follows:

	No. of respondents	No. of responses per respondent	Hours per response	Total hour burden
Annual Program Performance Report	57	1	28	1,596
Activities and Accomplishments			(20)	(1,140)
Performance outcomes			(3)	(171)
Expenses			(2)	(114)
Budget			(2)	(114)
Priority statements and objectives			(1)	(57)

	No. of respondents	No. of responses per respondent	Hours per response	Total hour burden
Advisory Council Report	57	1	10	570
Total	114			2,166

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: July 23, 2002.

Richard Kopanda,

Executive Officer, SAMHSA.

[FR Doc. 02–19165 Filed 7–29–02; 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.

National Survey of Characteristics and Funding of School Mental Health Services—New

SAMHSA's Center for Mental Health Services will sponsor this national study of the mental health services provided in U.S. public schools. A substantial proportion of public schools provide some level of mental health screening, prevention, and treatment services to their students. However, no national-level data are available on these services. The study is designed to document the types of mental health problems encountered in schools, the mental health services provided, the

types and qualifications of staff providing the services, the arrangements for delivery of services, and the funding of those services. The study will examine the prevalence of these mental health resources and their distribution across schools in the nation as they vary by grade level, size, locale, and the student populations served.

The survey will be conducted as a self-administered mail survey (with telephone followup) of a nationally representative sample of 2,000 public elementary, middle and secondary schools. The districts associated with the sampled schools will be asked to answer questions about funding sources, budgets, and issues related to funding. The results of the study will be available in the summer of 2003. Response burden for the survey is summarized in the following table.

Questionnaire	Number of respondents	Responses/ respondent	Burden/response (hrs.)	Total burden hours
Telephone call to school district	1,200	1	.17	204
School district	1,200	1	.5	600
School	2,000	1	1.0	2,000
Total	3,200			2,804

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

Dated: July 23, 2002.

Richard Kopanda,

Executive Officer, SAMHSA.

[FR Doc. 02–19166 Filed 7–29–02; 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.

Opioid Drugs in Maintenance and Detoxification Treatment of Opioid Dependence

42 CFR Part 8 (OMB No. 0930–0206, Revision)—This regulation establishes a

certification program managed by SAMHSA's Center for Substance Abuse Treatment (CSAT). The regulation requires that Opioid Treatment Programs (OTPs) be certified. "Certification" is the process by which SAMHSA determines that an OTP is qualified to provide opioid treatment under the Federal opioid treatment standards established by the Secretary of Health and Human Services. To become certified, an OTP must be accredited by a SAMHSA-approved accreditation body. The regulation also provides standards for such services as individualized treatment planning, increased medical supervision, and assessment of patient outcomes. This submission seeks continued approval of the information collection requirements in the regulation, minor changes to Form SMA–162, and approval of a new form to be used in implementing the regulation.