II. References

The following reference has been placed on public display in the Division of Dockets Management (see **ADDRESSES**), and may be seen between 9 a.m. and 4 p.m., Monday through Friday.

1. Payne, B.K., C.M. Cheng, O. Govorun, et al., ''An Inkblot for Attitudes: Affect Misattribution as Implicit Measurement,'' *Journal of Personality and Social Psychology*, vol. 89 (3), pp. 277–293, 2005.

Dated: August 16, 2007.

Jeffrey Shuren,

Assistant Commissioner for Policy.

[FR Doc. E7–16603 Filed 8–21–07; 8:45 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute on Deafness and Other Communication Disorders; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute on Deafness and Other Communication Disorders Special Emphasis Panel, T35 Short Term Institutionals Research Training.

Date: September 20, 2007.

Time: 11 a.m. to 12 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6120 Executive Blvd., Rockville, MD 20852 (Telephone Conference Call).

Contact Person: Stanley C. Oaks, PhD, Scientific Review Administrator, Division of Extramural Activities, NIDCD, NIH, Executive Plaza South, Room 400C, 6120 Executive Blvd—MSC 7180, Bethesda, MD 20892–7180, 301–496–8683, *so14s@nih.gov.*

Name of Committee: National Institute on Deafness and Other Communication Disorders Special Emphasis Panel, Diseases of the Vestibular System.

Date: September 24, 2007.

Time: 11 a.m. to 2 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6120 Executive Blvd., Rockville, MD 20852 (Telephone Conference Call).

Contact Person: Christine A. Livingston, PhD, Scientific Review Administrator, Division of Extramural Activities, National Institutes of Health/NIDCD, 6120 Executive Blvd.—MSC 7180, Bethesda, MD 20892, (301) 496–8683, *livingsc@mail.nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.173, Biological Research Related to Deafness and Communicative Disorders, National Institutes of Health, HHS)

Dated: August 14, 2007.

Jennifer Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 07–4101 Filed 8–21–07; 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 summary 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 (240) 276–1243.

Project: Independent Evaluation of the Community Mental Health Services Block Grant Program—NEW

The Substance Abuse and Mental Health Services Administration (SAMHSA), the Center for Mental Health Services (CMHS) administers the Community Mental Health Services Block Grant (CMHS BG). The Community Mental Health Services Block Grant was funded by Congress to develop community-based systems of care for adults with serious mental illness (SMI) and children with severe emotional disorders (SED), and has been the largest Federal program dedicated to improving community mental health services. States have latitude in determining how to spend their funds to support services for adults with SMI and children with SED. The only requirements outlined in the authorizing legislation for State receipt of CMHS BG funds are provisions to increase children's services, create a State mental health planning council, and to develop a State mental health plan to be submitted to the Secretary of Health and Human Services (HHS). The State mental health planning council is to comprise various State constituents including providers, administrators, and mental health services consumers. Each State plan must:

- Provide for the establishment and implementation of an organized community-based system of care for individuals with mental illness.
- Estimate the incidence and prevalence of adults with SMI and children with SED within the State.
- Provide for a system of integrated services appropriate for the multiple needs of children.
- Provide for outreach to and services for rural and homeless populations.
- Describe the financial and other resources necessary to implement the plan and describe how the CMHS BG funds are to be spent.

In addition, Congress included a maintenance-of-effort (MOE) requirement that a State's expenditures for community mental health services be no less than the average spent in the two preceding fiscal years.

The CMHS BG received an adequate rating on the OMB PART in 2003. Clearly in the follow up period to that assessment, one of the critical areas that must be addressed is the expectation that an independent and objective evaluation of the program is to be carried out initially and at regular intervals. In addition, the program evaluation has been designed to be of high quality, sufficient scope and unbiased (with appropriate documentation for each of these elements). In fact it is in addressing an evaluation of the program that critical elements of accountability and program performance are also identified and initially assessed. The rigor of the evaluation is seen in how it addresses the effectiveness of the program's impact with regard to its mission and long term goals. By legislative design the CMHS BG Program has previously focused on legislative compliance. Now it addresses the impact of the program nationally, over time, with a view to coming to terms with identified program deficiencies and the corresponding impact of proposed changes.

In this evaluation, a multi-method evaluation approach is being used to examine Federal and State performance with regard to the CMHS BG and its identified goals. This approach emphasizes a qualitative and quantitative examination of both the CMHS BG *process* (e.g., activities and outputs in the logic model) and system-level *outcomes* whereby Federal and State stakeholder perspectives on the CMHS BG, as captured through semi-structured interviews and surveys, are

corroborated and compared to the considerable amount of already-collected source documents provided by States and CMHS (e.g., State plans, implementation reports, review summaries and monitoring site visit reports). More specifically, data collection will be conducted using four primary strategies: interviews and surveys of key stakeholders, data abstraction from source documents (i.e., CMHS BG applications and implementation reports), secondary data analysis (e.g., analysis of Uniform Reporting System (URS) data and National Outcome Measures (NOMS), and case studies highlighting important themes and issues relating to State CMHS BG implementation.

This evaluation is also seeking to measure the effectiveness of the CMHS BG through a variety of infrastructure indicators and NOMS measures. Infrastructure refers to the resources, systems, and policies that support the nation's public mental health service delivery system, and is a potential contributor to significant State behavioral health system outcomes. Examples of infrastructure include staff training, consumer involvement in the State mental health system, policy changes, and service availability. Outcomes related to infrastructure and the NOMS were included in the program logic model that has been developed and are expected to be examined through the data collection strategies listed above.

Infrastructure indicators that can be measured in this evaluation, for which some form of data can be collected include:

- Range of available services within a State.
- Capacity (No. of persons served).
- Specialized services (such as co-occurring disorders).
- Number of persons served by evidence-based practices (EBPs).
- Staff credentialing (identify patterns).
- Program accreditation (as a quality marker).
- Staff/workforce development (TA & training available for State staff).
- Connections with other agencies (e.g., MOUs, joint funding, joint appointments).
- Policy changes initiated.
- Policy changes completed.
- Consumer involvement.

Two data collection strategies will be used for this evaluation: Two (2) open-ended interviews and four (4) Web-based surveys. Interviews will be conducted with Federal staff involved in the administration of the CMHS BG and State staff from all States and Territories involved in their State's implementation of the CMHS BG program. The two interview guides, one for Federal staff and one for State staff, range from 54 to 94 open-ended questions. The Federal staff interview is expected to take one hour to complete while the State staff interview is expected to take two hours on average to complete, and can be done over two sessions. Because of the relatively small number of Federal and State staff participating in the evaluation, interviews are an optimal data collection strategy to gather the extensive qualitative data needed for the evaluation while minimizing reporting burden. Federal staff stakeholders will be interviewed in person due to their close proximity to the interviewers and State staff stakeholder interviews will be conducted via conference call. State Mental Health Agency (SMHA) Commissioners will select those State staff who are knowledgeable about the CMHS BG for participation in the interviews. It is anticipated that, at a minimum, a State Planner, State Data Analyst, and the SMHA Commissioner will participate.

The four (4) Web-based surveys will be distributed nationally to State Planning Council Chairs, State Planning Council Members, CMHS BG Regional Reviewers, and CMHS BG Monitoring Site Visitors. The Web-based surveys will be tailored so that each of the four different stakeholder groups will receive survey questions designed to capture their specific knowledge of and experience with the CMHS BG. It is estimated that any one individual stakeholder will require one hour to complete their own survey, which contains a range of 22 to 42 mostly fill-in-the blank type questions. Each member of the four major stakeholder groups will submit their responses to the survey online over a three-week period.

Table 1 summarizes the estimate of the total time burden to Federal and State staff stakeholders resulting from the interviews. Table 2 summarizes the estimate of the total time burden to Planning Council members, Regional Reviewers, and Monitoring Site Visitors resulting from completion of the web-based surveys. Table 3 summarizes the total reporting burden for all data collection strategies.

TABLE 1.—ESTIMATED REPORTING BURDEN OF INTERVIEWS

Respondent	Number of respondents	Average hours per interview	Estimated total burden (hours)
State Mental Health Agency Commissioner	59	3.5	206.5
State Planners	59	3.5	206.5
State Data Analysts	59	3.5	206.5
Federal CMHS Block Grant Staff	20	1	20
Total Burden	197	.....	639.5

TABLE 2.—ESTIMATED REPORTING BURDEN OF WEB-BASED SURVEYS

Respondent	Number of respondents	Average hours per survey	Estimated total burden (hours)
Planning Council Members	2000	1	2000
Regional Block Grant Reviewers	35	1	35
Monitoring Site Visitors	28	1	28
Total Burden	2,063	.....	2,063

TABLE 3.—ESTIMATED REPORTING BURDEN OF ALL DATA COLLECTION STRATEGIES

Data collection strategy	Estimated total burden (hours)
Interviews	639.5
Web-based Surveys	2,063
Total Burden	2,702.5

Written comments and recommendations concerning the proposed information collection should be sent by September 21, 2007 to: SAMHSA Desk Officer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503; due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, respondents are encouraged to submit comments by fax to: 202–395–6974.

Dated: August 13, 2007.

Elaine Parry,

Acting Director, Office of Program Services.

[FR Doc. E7–16537 Filed 8–21–07; 8:45 am]

BILLING CODE 4162–20–P

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 (SAMHSA) 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 (240) 276–1243.

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 shall 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 the use of automated collection techniques or other forms of information technology.

Proposed Project: Cross-Site Evaluation of the Minority Substance Abuse/HIV/Hepatitis Prevention Program—NEW

The cross-site evaluation builds on five previous grant programs funded by SAMHSA's Center for Substance Abuse Prevention (CSAP) to provide HIV prevention services for minority populations. The first two were planning grant programs and the last three were service grant programs. HIV Cohort 1 and HIV Cohort 2 funded 2-year planning grants in FY 2000 and FY 2001 respectively. HIV Cohort 3 funded 48 3-year grants in FY 2002, HIV Cohort 4 funded 22 5-year grants in FY 2003 and HIV Cohort 5 funded 46 4-year grants in FY 2004. The goals for the Cohort 3–5 grants were to add, increase, or enhance integrated substance abuse (SA) and HIV prevention services by providing supportive services and strengthening linkages between service providers for at-risk minority populations. The HIV Cohort 1–3 grants previously received OMB clearance No. 0930–0208.

The current HIV Cohort 6 Minority SA/HIV/Hepatitis Prevention Program funded 81 5-year grants in FY 2005 to community based organizations that are required to address the SAMSHA Strategic Prevention Framework (SPF) and participate in this cross-site evaluation. The grantees are expected to provide leadership and coordination on the planning and implementation of the SPF that targets minority populations and the minority reentry population in communities of color with high prevalence of SA, HIV/AIDS, and Hepatitis. The primary objectives of the cross-site evaluation are to: (1) Assess the process of adopting and implementing the SPF with the target populations; (2) measure the effectiveness of specified intervention strategies such as cultural enrichment activities, educational and vocational services; and/or computer-based curricula; and (3) determine the success of the program in delaying, preventing, and/or reducing the use of alcohol, tobacco, and other drugs (ATOD) among the target populations. The grantees are expected to provide an effective prevention process, direction, and a common set of goals, expectations, and accountabilities to be adapted and integrated at the community level. While the grantees have substantial flexibility in choosing their individual evidence-based programs, they are all required to base them on the five steps of the SPF to build service capacity specific to SA, HIV, and Hepatitis prevention services. In FY 2006, all the grantees initiated Steps 1–3 of the SPF, namely conducting a needs assessment, building capacity, and planning how to implement their projects. Once their plans have been approved by their Project Officers they can proceed to Step 4 (implementation) and Step 5 (evaluation). Conducting this cross-site evaluation will assist SAMHSA/CSAP in promoting and disseminating optimally effective prevention programs.

Grantees must also conduct ongoing monitoring and evaluation of their projects to assess program effectiveness including Federal reporting of the Government Performance and Results Act (GPRA) of 1993, the Performance Assessment Rating Tool (PART), SAMHSA/CSAP National Outcome Measures (NOMs), and HIV Counseling and Testing. All of this information will be collected through self-report questionnaires administered to program participants. All grantees will use two instruments, one for youth aged between 12 and 17 and one for adults aged 18 and older. These instruments include baseline, exit and 3–6 month follow-up (post-exit) questionnaires related to GPRA and NOMs augmented by questions pertaining to HIV and Hepatitis. While the GPRA and NOMs measures have already been approved by OMB (OMB No. 0930–0230), the remaining HIV and Hepatitis-related questions have not, hence this data collection. Each questionnaire contains 135 questions, of which 102 relate to HIV and Hepatitis.

Sample size, respondent burden, and intrusiveness have been minimized to be consistent with the cross-site objectives. Procedures are employed to safeguard the privacy and confidentiality of participants. Every effort has been made to coordinate cross-site data collection with local data collection efforts in an attempt to minimize respondent burden.

The cross-site evaluation results will have significant implications for the substance abuse, HIV/AIDS and Hepatitis prevention fields, the allocation of grant funds, and other evaluation activities conducted by multiple Federal, State, and local government agencies. They will be used to develop Federal policy in support of SAMHSA/CSAP program initiatives, inform the public of lessons learned and findings, improve existing programs, and promote replication and dissemination of effective prevention strategies.