

procedural and other information about the meeting.

Dated: August 19, 1998.

**Robert deV. Frierson,**

*Associate Secretary of the Board.*

[FR Doc. 98-22586 Filed 8-19-98; 10:53 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Statement of Organization, Functions and Delegations of Authority

This notice amends Part R of the Statement of Organization, Functions and Delegations of Authority of the Department of Health and Human Services (DHHS), Health Resources and Services Administration (60 FR 56605 as amended November 6, 1995, as last amended at 63 FR 38189, July 15, 1998). This notice reflects the name change of the Office of Field Coordination to the Office of Field Operations and its elevation from the Office of Management and Program Support.

I. Under Part R, HRSA, Office of Management and Program Support (RS), delete RS5 Office of Field Coordination in its entirety.

II. Establish a new chapter as the "Office of Field Operations," (RE) to read as follows:

*Section RF-00 Mission:* The Office of Field Operations is comprised of Headquarters Staff and Field Clusters. The Field Clusters includes the Northeast Cluster, the Southeast Cluster, the Midwest Cluster, the West Central Cluster and the Pacific West Cluster. The Office of Field Operations supports the mission of HRSA and the Department's mission of improving the health of the Nation's population by administering HRSA field health programs and activities to assure a coordinated HRSA effort in support of national health policies and State and local needs within the field.

The clusters will assist HRSA in addressing cross-cutting program issues and initiatives to achieve program goals, and in providing a HRSA focal point for responding to the needs of State and local governments, community agencies and others involved in the planning or provision of general health. This organizational structure will support intergovernmental activities which respond to health issues on both the State and local levels, help administer health activities and programs to provide prevention of health problems,

and assure access to and quality of general health services.

*Section RF-10 Organization:* The Office of Field Operations is headed up by the Associate Administrator who reports directly to the Administrator, HRSA. The Associate Administrator and the immediate staff are located in Headquarters. Each cluster is headed up by a Field Coordinator who reports to the Associate Administrator, Office of Field Operations in addition, the Field Coordinator is located in the lead city of the cluster. The Office of Field Operations is organized as follows:

- A. The Office of Field Operations (RE)
- B. Field Cluster Operations (RF)
- C. Northeast Cluster (RF1)
  - 1. Philadelphia, PA. (RF11)—lead city
  - 2. Boston, MA. (RF12)
  - 3. New York, NY (RF13)
- D. Southeast Cluster (RF2)
  - 1. Atlanta, GA. (RF21)
- E. Midwest Cluster (RF3)
  - 1. Chicago, IL. (RF31)—lead city
  - 2. Kansas City, MO. (RF32)
- F. West Central Cluster (RF4)
  - 1. Dallas, TX. (RF41)—lead city
  - 2. Denver, CO. (RF42)
- G. Pacific West Cluster (RF5)
  - 1. San Francisco, CA. (RF51)—lead city
  - 2. Seattle, WA. (RF52)

*Section RF-20 Function:*A. The Office of Field Operations serves as the Agency's focal point for Field programs and activities. Specifically: (1) Oversees and manages HRSA activities in the field; (2) advises the Administrator on appropriate resource allocation for field activities; (3) assists in the implementation and evaluation of HRSA programs in the field through coordination of activities, and assessing the effectiveness of programs to identify opportunities for improving policies and service delivery systems; (4) develops and implements activities in the field designed to improve customer service and relationships; (5) develops and coordinates the field implementation of special program initiatives which involve multiple HRSA field components and/or multiple HRSA programs; (6) serves as field liaison to the Administrator, Bureau Associate Administrators, State and local health officials as well as private and professional organizations; (7) acts as liaison to provide administrative and financial support services to HRSA field components; and (8) exercises line management authority as delegated to the Field Coordinators related to general administrative and management functions.

B. The Northeast, Southeast, Midwest, West Central and Pacific West Clusters function as follows:

#### 1. Immediate Office of the Field Coordinator

Serves as HRSA's senior public health official in the field, providing liaison with State and local health officials as well as private and professional organizations; (2) provides input from local regional and State perspectives to assist the Administrator and Associate Administrators in the formulation, development, analysis and evaluation of HRSA programs and initiatives; (3) at the direction of the Administrator and/or in conjunction with the Associate Administrators and the Associate Administrator, Office of Field Operations, coordinates the field implementation of special initiatives which involve multiple HRSA programs and/or field offices (e.g. Border Health); (4) assists with the implementation of HRSA programs in the field by supporting the coordination of activities, alerting program officials of potential issues and assessing policies and service delivery systems; (5) represents the Administrator in working with the other Federal agencies in coordinating health programs and activities; and (6) exercises line management authority as delegated from the Administrator for general administrative and management functions within the field structure.

#### 2. Division of Health Services

Directs and coordinates field development and implementation of HRSA primary care programs and activities designed to increase access to primary care for underserved populations in the States served by the division; (2) provides continuous program monitoring of HRSA health service grants and contracts for compliance with applicable laws, regulations, policies and performance standards; (3) assures implementation of loan programs; (4) provides for development, implementation and monitoring of the annual field work plan related to assigned program areas, including setting objectives responsive to national and field priorities based on guidance provided by the appropriate HRSA bureau component and assigns division resources required to attain these objectives; (5) coordinates with other field office staff and headquarters staff to develop and consolidate objectives crossing program and division lines; (6) serves as a source of expertise on health services development, primary health care programs and as field program liaison with HRSA headquarters on technical programmatic matters; (7) establishes effective communication and working

relationships with health-related organizations of States and other jurisdictions; and (8) serves as a focal point for information on health service programs and related efforts, including voluntary professional and other private sector activities.

3. Division of Health Resources

Directs and coordinates field development and implementation of HRSA programs and activities designed to increase the capacity and capability of health facilities construction, maternal and child health care programs and other health-related programs in the States served by the cluster; (2) provides continuous program monitoring of HRSA grants and contracts for compliance with applicable laws, regulations, policies and performance standards; (3) assures implementation of loan programs; (4) provides for development, implementation, and monitoring of the annual field work plan related to assigned program areas, including setting objectives responsive to national and field priorities based on guidance provided by appropriate HRSA bureau components and assigns division resources required to attain these objectives; (5) coordinates with other field office staff and headquarters staff to develop and consolidate objectives crossing program and division lines; (6) serves as a source of expertise on resource development, maternal and child health programs, HIV/AIDS programs, health professions programs and as field program liaison with HRSA headquarters on technical programmatic matters, (7) establishes effective communication and working

relationships with health-related organizations of States and other jurisdictions, (8) serves as a focal point for information on health resource programs and related efforts, including voluntary, professional and other private sector activities.

*Section RF-30 Delegations of Authority:* All delegations and redelegations of authority which were in effect immediately prior to the effective date hereof have been continued in effect in them or their successors pending further redelegation. I hereby ratify and affirm all actions taken by any DHHS official which involved the exercise of these authorities prior to the effective date of this delegation.

This reorganization is effective upon date of signature.

Dated: August 12, 1998.

**Claude Earl Fox,**  
*Administrator.*

[FR Doc. 98-22509 Filed 8-20-98; 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.

1999 National Household Survey on Drug Abuse—(0930-0110)—Revision—The National Household Survey on Drug Abuse (NHSDA) is a survey of the civilian, noninstitutionalized population of the United States 12 years old and older. The data are used to determine the prevalence of use of tobacco products, alcohol, illicit substances, and illicit use of prescription drugs. The results are used by SAMHSA, ONDCP, Federal government agencies, and other organizations and researchers to establish policy, direct program activities, and better allocate resources. For 1999, the tobacco component of the core questionnaire will be revised and expanded to permit a more comprehensive set of data on tobacco product use, including information on usual brand.

The sample size of the survey will be expanded to permit prevalence estimates for each of the fifty states and the District of Columbia. In addition, beginning in 1999 the survey will be administered using computer assisted interviewing (CAI); during the first quarter of 1999 a paper and pencil (PAPI) version of the interview will be administered to a supplemental sample of respondents to facilitate analysis of response differences associated with differing methodologies (i.e., computer assisted vs. paper and pencil interviewing). The total annual burden estimate is 301,675 hours as shown below:

Instrument	Number of respondents	Responses per respondent	Hours per response	Total burden
Electronic Screening (CAI/main study) .....	227,258	1	0.050	11,363
Electronic Screening (PAPI sample) .....	74,417	1	0.050	3,721
Questionnaire and Verification Form (CAI/main study) .....	70,000	1	1.000	70,000
Questionnaire and Verification Form (PAPI sample) .....	20,000	1	1.200	24,000
Screening Verification (CAI/main study) .....	6,818	1	0.067	457
Screening Verification (PAPI sample) .....	2,233	1	0.067	150
Interview Verification (CAI/main study) .....	10,500	1	0.067	704
Interview Verification (PAPI sample) .....	3,000	1	0.067	201
<b>Total .....</b>				<b>110,596</b>

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: August 8, 1998.

**Richard Kopanda,**

*Executive Officer, SAMHSA.*

[FR Doc. 98-22490 Filed 8-20-98; 8:45 am]

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**DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**

[Docket No. FR-4341-N-23]

**Federal Property Suitable as Facilities To Assist the Homeless**

**AGENCY:** Office of the Assistant Secretary for Community Planning and Development, HUD.