DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Recombinant DNA Advisory Committee; Notice of Meeting

Pursuant to Pub. L. 92–463, notice is hereby given of a meeting of the Recombinant DNA Advisory Committee, Building 31C, 6th Floor, Conference Room 10, 9000 Rockville Pike, Bethesda, Maryland 20892, starting on June 14, 1999, at approximately 9 a.m., and will recess at approximately 5 p.m. The meeting will be open to the public. Agenda items will include: (1) Discussion of novel phase 1 gene transfer protocol for pediatric retinoblastoma, (2) Food and Drug Administration presentation on vector gonadal distribution and inadvertent germ line gene transfer, (3) data management activities related to human gene transfer clinical trials, and (4) other matters to be considered by the Committee. Attendance by the public will be limited to space available.

Debra W. Knorr, Acting Director, Office of Recombinant DNA Activities, National Institutes of Health, MSC 7010, 6000 Executive Boulevard, Suite 302, Bethesda, Maryland 20892–7010, Phone (301) 496–9838, FAX (301) 496–9839, will provide summaries of the meeting and a roster of committee members upon request. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should contact Ms. Knorr in advance of the meeting. The Office of Recombinant DNA Activities (ORDA) web site is located at *http://www.nih.gov/od/orda* for further information about the office.

OMB's ''Mandatory Information Requirements for Federal Assistance Program Announcements'' (45 FR 39592, June 11, 1980) requires a statement concerning the official government programs contained in the Catalog of Federal Domestic Assistance. Normally NIH lists in its announcements the number and title of affected individual programs for the guidance of the public. Because the guidance in this notice covers virtually every NIH and Federal research program in which DNA recombinant molecule techniques could be used, it has been determined not to be cost effective or in the public interest to attempt to list these programs. Such a list would likely require several additional pages. In addition, NIH could not be certain that every Federal program would be included as many Federal agencies, as well as private organizations, both national and international, have elected to follow the NIH Guidelines. In lieu of the individual program listing, NIH invites readers to direct questions to the information address above about whether individual programs listed in the Catalog of Federal Domestic Assistance are affected.

Dated: May 20, 1999.

LaVerne Y. Stringfield,

Committee Management Officer, NIH.

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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.

Phase II of the National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program—(OMB No. 0930–0192, Revision)—SAMHSA's Center for Mental Health Services (CMHS) is conducting Phase II of this national evaluation project. To address the research questions in the national evaluation, a longitudinal quasi-experimental design is being used that includes data collection in all grantee sites and comparison sites over a five year period. Data collection methods include interviews with caregivers and youth, site visits, case record reviews, service diaries, and provider surveys. Phase II collects data on child mental health outcomes, family life, and service system development and performance. Child and family outcomes of interest include the following: child symptomatology and functioning, family functioning and material resources, and caregiver strain. The length of time that families will participate in the study ranges from 18 to 36 months depending on when they enter the evaluation. Service system variables of interest include the following: maturity of system of care development, adherence to system of care principles, coordination and linkages among agencies, and congruence between family services planned versus those received.

This revision to the currently approved information collection activities involves: (1) Two additional grantee sites added to Phase II after the original OMB package was approved, and (2) the addition of a strengths-based measure of child behaviors. This measure is closely aligned with the strengths-based focus of the grant program and will assess the effects of the initiative on child strengths and resiliency; no additional burden is imposed by addition of the strengths-based measurement in the previously approved sites because it has been determined that the burden associated with the new instrument is offset for shorted times of administration by two of the currently approved instruments. Automated collection techniques are not cost-effective for this study. The average annual respondent burden is estimated below.

Respondents	No. of respondents	Responses/ respondent	Burden/ response (Hours)	Total burden Hours (annualized)
Currently approved	.....	.....	.....	18,458
New Sites:				
Caregivers	506	1.20	2.00	1,214
Youth	304	1.12	.90	307
Providers	56	.80	.75	34
Sub-Total	.....	.....	.....	1,555
New Total	.....	.....	.....	20,013