

under Medicaid increased from 10 percent in 1991 to 54 percent in 1998, with escalating numbers of persons with disabilities included under the programs. The number of States with managed care programs in public mental health and substance abuse programs tripled in three years from 14 States in 1996 to 42 States in 1999. Currently, there are 39 States operating managed behavioral healthcare programs. The decrease is due to the fact that a few States terminated or did not implement planned programs.

SAMHSA has engaged in a number of projects to improve the genuine participation of consumers and family members in the design, procurement, implementation and evaluation of managed care programs in the public system. Under the SAMHSA Managed Care Initiative, a group of consumers, family members and advocacy groups developed the *Partners in Planning Guide* to educate consumers and family members on becoming active in designing managed care systems in their State. A related project supported

training on the Guide at national and grassroots venues to advocated as well as persons with mental illnesses and/or chemical dependencies.

However, the impact of these and other efforts to promote greater inclusion of consumers and family members in system design remains largely unmeasured. The objective of this effort, sponsored by SAMHSA's Office of Managed Care, is to identify progress of the consumer and family member involvement in managed care. A survey will assess the level of consumer/family involvement in managed care design, implementation and evaluation. More specifically, mental health and substance abuse consumer leaders in targeted States will be surveyed about their involvement in Medicaid and waived programs with behavioral healthcare services to assess: how consumer/family involvement has evolved over the past five years and identify areas of improvement and areas that still need improvement and reasons for the changes; the consumer's specific roles in formal governmental bodies,

such as serving on the legislative commissions or governor advisory boards, etc; whether consumers and family members are finding useful the SAMHSA technical assistance documents and other resources for consumers and family members about managed behavioral healthcare. The resulting information will be shared with SAMHSA leadership and constituents to identify what works and best practices and to guide SAMHSA activities to further promotion of consumer and family involvement in managed care.

Participants in the survey will be identified through a combination of databases for the following constituencies: consumers/survivors, family members, and persons in recovery from substance abuse problems. In addition, recommendations from local mental health association and other advocate will be sought. The survey will involve approximately 3-5 individuals in each of 15 States. Total burden for this single-time survey is as follows:

Number of respondents	Responses/ respondent	Burden/ response	Total burden (hrs.)
75	1	.37	28

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: November 28, 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.

2000 Survey of Mental Health Organizations, General Hospital Mental Health Services, and Managed Care Organizations (SMHO)—(OMB No. 0930-0119, revision)—The survey, to be conducted by SAMHSA's Center for Mental Health Services (CMHS), will be conducted in two phases. Phase I will be a brief two-three page inventory consisting of four forms: (1) a specialty mental health organization and general hospital with separate mental health services form; (2) a general hospital with integrated mental health services screener form; (3) a community residential organization screener form; and (4) a managed behavioral healthcare organization form. This short inventory will be sent to all known organizations to define the universe of valid mental health organizations to be sampled in Phase II. The inventory will collect basic information regarding the name and address of the organizations, their type and ownership, and the kinds of services provided.

Phase II will sample approximately 2,000 mental health organizations and utilize a more detailed survey instrument. Although the Sample Survey form will be more comprehensive, it will be very similar to surveys and inventories fielded in 1998, 1994, 1992 and earlier. The organizational data to be collected by the Sample Survey form include university affiliation, client/patient census by basic demographics, revenues, expenditures, and staffing.

The resulting database will be used to provide national estimates and will be the basis for the National Directory of Mental Health Services. In addition, data derived from the survey will be published by CMHS in *Data Highlights*, in *Mental Health, United States*, and in professional journals such as *Psychiatric Services* and the *American Journal of Psychiatry*. *Mental Health, United States* is used by the general public, state governments, the U.S. Congress, university researchers, and other health care professionals.

Questionnaire	Number of respondents	Responses/ respondent	Average hour/ response	Total burden
Phase I (Inventory)				
Specialty Mental Health Organizations	3,563	1	0.5	1,781
State Central Database Processing	413	1	0.2	83
National Association of Psychiatric Health Systems Processing	150	1	0.2	30
General Hospitals with Separate Mental Health Services	1,736	1	0.5	868
General Hospitals with Integrated Mental Health Services	3,617	1	0.5	1,809
Community Residential Organizations	1,415	1	0.5	707
Managed Care Organizations	1,740	1	0.5	870
Phase I Subtotal	12,634	.....	.....	6,148
Phase II (Sample Survey)				
Specialty Mental Health Organizations	1,213	1	3.0	3,639
State Central Database Processing	140	1	0.5	70
National Association of Psychiatric Health Systems Processing	151	1	0.5	26
General Hospitals with Separate Mental Health Services	596	1	3.0	1,788
Phase II Subtotal	2,000	.....	.....	5,523
Grand total	12,634	.....	.....	11,671
3-Year Average	4,211	.....	.....	3,890

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

Dated: November 30, 2000.

Richard Kopanda,

Executive Officer, SAMHSA.

[FR Doc. 00-31001 Filed 12-5-00; 8:45 am]

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DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-4562-N-09]

Notice of Proposed Information Collection for Public Comment: 2001 American Housing Survey—National Sample

AGENCY: Office of the Assistant Secretary for Policy Development and Research, HUD.

ACTION: Notice.

SUMMARY: The proposed information collection requirement described below will be submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act of 1995. The Department is soliciting public comments on the subject proposal.

DATES: *Comments Due Date:* February 5, 2001.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and/or OMB control number and should be sent to: Reports Liaison Officer, Office of Policy Development and Research, Department of Housing and Urban Development, 451 7th Street, SW., Room 8226, Washington, DC 20410.

FOR FURTHER INFORMATION CONTACT: Contact Ronald J. Sepanik at (202)-708-1060, Ext. 5887 (this is not a toll-free number), or Jane M. Kneessi, Bureau of the Census, HHES Division, Washington, DC 20233, (301)-457-3235 (this is not a toll-free number).

SUPPLEMENTARY INFORMATION: The Department will submit the proposed information collection to OMB for review, as required by the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35, as amended).

This Notice is soliciting comments from members of the public and affected agencies concerning the proposed collection of information to: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond; including through the use of appropriate automated collection techniques or other forms of information

technology, e.g., permitting electronic submission of responses.

This Notice also lists the following information:

Title of Proposal: 2001 American Housing Survey—National Sample.

OMB Control Number: 2528-0017.

Description of the need for the information and proposed use: The 2001 American Housing Survey-National Sample (AHS-N) provides a periodic measure of the size and composition of the housing inventory in our country. Title 12, United States Code, Sections 1701Z-1, 1701Z-2(g), and 1701Z-10a mandate the collection of this information.

The 2001 survey is similar to previous AHS-N surveys and collects data on subjects such as the amount and types of housing in the inventory, the physical condition of the inventory, the characteristics of the occupants, the persons eligible for and beneficiaries of assisted housing by race and ethnicity, and the number and characteristics of vacancies.

Policy analysts, program managers, budget analysts, and Congressional staff use AHS data to advise executive and legislative branches about housing conditions and the suitability of public policy initiatives. Academic researchers and private organizations also use AHS data in efforts of specific interest and concern to their respective communities.

The Department of Housing and Urban Development (HUD) needs the AHS data for two important uses.

1. With these data, policy analysts can monitor the interaction among housing