

publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, 725 17th Street, NW., Washington, DC 20503, Attn: Desk Officer for ACF.

Dated: November 30, 2000.

Bob Sargis,

Reports Clearance Officer.

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

Proposed Project: Mexican Border Youth Survey—New—SAMHSA's Center for Substance Abuse Prevention is planning to conduct breath test surveys at the U.S./Mexican border to address underage and binge drinking related problems to both sides of the border. The surveys are a component of the Safe Crossing environmental program in two Texas sites along the U.S.-Mexico border. The initial project targeting underage and binge drinking was implemented in San Diego, California and yielded successful outcomes, including a 26% reduction in

youth crossing the border to drink alcohol. The purpose of replicating the model in Texas is to test a local adaptation of the program which surveys youth crossing the U.S.-Mexico border. This effort informs the public of problem behaviors specific to their local community and serves to develop community awareness and inform community interventions, such as underage curfews and enforcing bar closing hours. The data collected will be made available to local groups to assist in raising community awareness of youth drinking issues. It is expected that communities will use the information to tailor interventions to reduce youth drinking-associated problems.

The survey will be a five-minute interview with youths 18 to 30 years of age returning to the U.S. from Mexico between midnight and 6 a.m. on Friday and Saturday evenings. The interview consists of 26 questions concerning drinking behavior and a breath test. Approximately 100 pedestrians and 100 motorists will be interviewed one weekend per month. A total of approximately 2,400 respondents will be interviewed; half of the interviews will be conducted at El Paso, TX/Juarez, Mexico and half at the Brownsville, TX/Matamoros, Mexico border crossing site. The total burden associated with this project is summarized in the table below.

Number of responses	Respondents per respondent	Average burden per response (Hrs.)	Total burden
2,400	1	.083	200

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 30, 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: 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 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 through the use of automated collection techniques or other forms of information technology.

Proposed Project: Measuring Progress of Consumer Involvement in Public Managed Behavioral Health Care—New—The tremendous growth of managed care over the last ten years has dramatically changed the ways that public sector mental health and substance abuse services are organized and funded. The numbers of persons enrolled in managed care programs

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.