

vulnerabilities in the Department's operations and makes recommendations for change to the appropriate managers.

3. The office develops all derivative mandatory and permissive program exclusions, and ensures enforcement of exclusions imposed through liaison with CMS, DOJ and other governmental and private sector entities. It is responsible for developing, improving and maintaining a comprehensive and coordinated OIG database on all OIG exclusion actions, and promptly and accurately reports all exclusion actions within its authority to the database. It informs appropriate regulatory agencies, health care providers and the general public of all OIG exclusion actions, and is responsible for improving public access to information on these exclusion actions to ensure that excluded individuals and entities are effectively barred from program participation.

4. The regional offices conduct investigations of allegations of fraud, waste, abuse, mismanagement and violations of standards of conduct within the jurisdiction of OIG in their assigned geographic areas. They coordinate investigations and confer with HHS operating divisions, staff divisions, OIG counterparts and other investigative and law enforcement agencies. They prepare investigative and management improvement reports.

5. The office directs and manages extremely sensitive and complex investigations into alleged misconduct by OIG and Department employees, as well as criminal investigations into electronic and/or computer-related violations.

C. Investigative Oversight and Support

This office is directed by the Assistant Inspector General for Investigative Oversight and Support, who performs the general management functions of the Office of Investigations.

1. This office manages the human and financial resources of OI, including developing staffing allocation plans and issuing policy for coordination and monitoring all budget, staffing and recruiting.

2. This office plans, develops, implements and evaluates all levels of employee training for investigators, managers, support staff and other personnel. It oversees a law enforcement techniques and equipment program.

3. This office coordinates the general management processes, and implements policies and procedures published in the OIG Administrative Manual and elsewhere. It also coordinates a national inspection program to ensure

compliance with the Federal Managers Financial Integrity Act, the President's Council on Integrity and Efficiency, and Attorney General guidelines.

4. The office coordinates with the other OIG components in developing the Work Plan and provides input to the Office of Inspector General Semiannual Report to the Congress.

5. The staff provides for the personal protection of the Secretary.

6. The office maintains an automated data and management information system used by all OI managers and investigators. It provides technical expertise on computer applications for investigations and coordinates and approves investigative computer matches with other agencies.

7. The office operates a toll-free hotline for OIG to permit individuals to call in suspected fraud, waste, or abuse; refers the calls for appropriate action by HHS agencies or other OIG components; and analyzes the body of calls to identify trends and patterns of fraud and abuse needing attention.

8. The office promotes and coordinates the adoption of advanced information technology forensics in the prevention and detection of fraud and provides general and specific coordination of programs to retrieve and analyze computer-based forensic evidence.

Dated: March 23, 2005.

Daniel R. Levinson,

Acting Inspector General.

[FR Doc. 05-7612 Filed 4-15-05; 8:45 am]

BILLING CODE 4152-01-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 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 through the use of automated collection techniques or other forms of information technology.

Proposed Project: The Evaluation of Networking Suicide Prevention Hotlines Follow-Up Assessment—NEW

The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Mental Health Services has funded a National Suicide Prevention Lifeline Network, consisting of a single toll-free telephone number that routes calls from anywhere in the United States to a network of local crisis centers. In turn, the local centers link callers to local emergency, mental health, and social service resources.

With input from multiple experts in the field of suicide prevention, the project created a telephone interview survey to collect data on follow-up assessments of consenting individuals calling the Lifeline network. The "Evaluation of Networking Suicide Prevention Hotlines Follow-Up Assessment" will provide an empirical evaluation of crisis hotline services, necessary to optimize public health efforts to prevent suicidal behavior.

Three hundred and sixty callers will be recruited from seven of the approximately 100 crisis hotline centers that participate in the Lifeline network. Trained crisis workers will conduct the follow-up telephone assessment ("Crisis Hotline Telephone Followup Assessment") within one month of the initial call. Assessments will be conducted only one time for each client. Strict measures to ensure confidentiality will be followed.

The resulting data will measure (1) suicide risk status at the time of and since the call, (2) depressive symptoms at follow-up, (3) service utilization since the call, (4) barriers to service access, and (5) the client's perception of the efficacy of the hotline intervention. The estimated annual response burden to collect this information is as follows:

Instrument	Number of response	Responses/re-spondent	Burden/re-sponse (hours)	Annual burden (hours)
Crisis Hotline Telephone Followup Assessment	360	1	.58	209

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 7-1044, 1 Choke Cherry Road, Rockville, MD 20850. Written comments should be received by June 17, 2005.

Dated: April 12, 2005.

Anna Marsh,

Executive Officer, SAMHSA.

[FR Doc. 05-7677 Filed 4-17-05; 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 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 through the use of automated collection techniques or other forms of information technology.

Proposed Project: 2006 National Survey on Drug Use and Health—(OMB No. 0930-0110)—Revision

The National Survey on Drug Use and Health (NSDUH), formerly 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 the 2006 NSDUH, additional questions are being planned regarding self-help drug treatment, use of additional hallucinogens, prescription drugs and over the counter medications, respondent's place of residence, and alcohol consumption practices. To maintain the respondent burden at 60 minutes per interview, a few questions will be deleted. The remaining modular components of the questionnaire will remain essentially unchanged except for minor modifications to wording.

As with all NSDUH/NHSDA surveys conducted since 1999, the sample size of the survey for 2006 will be sufficient to permit prevalence estimates for each of the fifty states and the District of Columbia.

The total annual burden estimate is shown below:

Activity	Number of respondents	Number of responses per respondent	Average burden hours per respondent	Total burden hours
Household Screening	182,250	1	.083	15,127
Interview	67,500	1	1.0	67,500
Re-interview	3,100	1	1.0	3,100
Screening Verification	5,559	1	.067	372
Interview Verification	10,125	1	.067	678
Re-Interview Verification	1,550	1	.067	104
Total	182,250	86,881

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 71-1044, One Choke Cherry Road, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: April 12, 2005.

Anna Marsh,

Executive Officer, SAMHSA.

[FR Doc. 05-7678 Filed 4-17-05; 8:45 am]

BILLING CODE 4162-20-P

DEPARTMENT OF HOMELAND SECURITY

Office of the Secretary

[Docket No. DHS-2005-0032]

Office of Research and Development; Proposed Federally Funded Research and Development Center

AGENCY: Office of National Laboratories, Directorate of Science and Technology, Department of Homeland Security.

ACTION: Notice.

SUMMARY: The Department of Homeland Security (DHS) expects to sponsor a

Federally Funded Research and Development Center (FFRDC) to address the need for scientific research to better anticipate, prevent, and mitigate the consequences of biological attacks. The proposed FFRDC will be the National Biodefense Analysis and Countermeasures Center (NBACC) which is a critical component in the overarching Homeland Security national biodefense complex. The NBACC will both coordinate biodefense research activities among various federal agencies and to execute its own research plan. Also required will be technical and program management capabilities to