

Petition No.	Drug	Petitioner
98P-0068/CP1	Clobetasol Propionate 0.05%, RLD = Temovate E	Richard Hamer Associates, Inc.
98P-0146/CP1	Ifosfamide 50 mg/mL, 20 mL, and 60 mL	Mitchall G. Clark
98P-0199/CP1	Captopril 25 mg/5 mL	Miran Consulting, Inc.
98P-0745/CP1	Econazole Nitrate 1%	Do.

This action is being taken without prejudice. Any of these petitions may be resubmitted for action by the agency in accordance with current law.

Dated: February 13, 2007.

Jeffrey Shuren,

Assistant Commissioner for Policy.

[FR Doc. E7-3043 Filed 2-22-07; 8:45 am]

BILLING CODE 4160-01-S

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: Protection and Advocacy for Individuals with Mental Illness (PAIMI) Annual Program Performance Report (OMB No. 0930-0169)—Revision

The Protection and Advocacy for Individuals with Mental Illness (PAIMI)

Act, [42 U.S.C. 10801 *et seq.*] authorized funds to support protection and advocacy services on behalf of individuals with severe mental illness and severe emotional impairment who are at risk for abuse (including incidents of seclusion, restraint, and serious injuries or fatalities related to such incidents, neglect, residing in a public or private care or treatment facility). The PAIMI Program is managed by the Center for Mental Health Services (CMHS) within the Substance Abuse and Mental Health Services Administration (SAMHSA).

Under the PAIMI Act, formula grant awards are made to governor-designated protection and advocacy (P&A) systems in each of the 50 states, the District of Columbia (Mayor), the American Indian Consortium [the Dine (Navajo) and Hopi Peoples in Northern Arizona and New Mexico], and five (5) territories—American Samoa, Guam, the Northern Mariana Islands, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands. The awards are used to provide legal-based advocacy services which ensure protection against violation of the constitutional and federal rights of individuals with significant (severe) mental illness (adults) and significant (severe) emotional impairment.

In 2000, the PAIMI Act amendments, created a 57th P&A system—the American Indian Consortium and authorized P&A systems to serve PAIMI-eligible individuals, as defined under the Act [42 U.S.C. at 10802 (4)], who reside in the community including their own homes. However, P&A services to PAIMI-eligible clients residing in the community is permissible only when the annual PAIMI appropriation met or exceeded \$30 million, and that residents in public and private residential care or treatment facilities had service priority over community residents. The Children's Health Act of 2000 (42 U.S.C. 290aa *et seq.*), also referenced State P&A authority to obtain information on incidents of seclusion, restraint, and related deaths in certain facilities.

The PAIMI Act requires each of the 57 P & A systems to file an annual report, no later than January 1st, of its activities and accomplishments and to provide

information on such topics as, the numbers of individuals served, types of complaints addressed, and the number of intervention strategies used to resolve the presenting issues. Under the Act, the PAIMI Advisory Council (PAC) of each P&A system is also required to submit its independent assessment of the effectiveness of the services provided to, and the activities conducted by, the P&A systems on behalf of PAIMI-eligible individuals and their family members, in a separate section of the PPR.

The Developmental Disabilities Assistance and Bill of Rights Act of 1975, referred to as the DD Act [42 U.S.C. 6042 *et seq.*], created the State P&A systems. The Administration on Developmental Disabilities, within the Administration for Children and Families, has administrative oversight of the Protection and Advocacy for Developmental Disabilities (PADD) Program. Since 1986, the Department has provided formula grant funds to the same governor-designated P&A systems to protect and advocate for individuals with significant mental illness. SAMHSA is currently waiting for the ADD to issue a Notice of Proposed Rulemaking (NPR) for the DD Act of 2000 amendments. These amendments will also govern activities fulfilled by the State P&A systems under the PAIMI Act. Therefore, to ensure to the greatest extent possible that all facets of the P&A system administered by the Department are subject to the same requirements, SAMHSA will wait until the DD Act NPR is published before revising the PAIMI Rules. [The Final PAIMI Rules were issued in 1997 and were extended in 2000 and 2004. An FRN was published May 2006 to extend the current PAIMI Rules, which will expire in 2007, until 2010].

The Substance Abuse Mental Health Services Administration (SAMHSA) is revising the PAIMI Annual Program Performance Report for the following reasons: (1) To make it consistent with the requirements of the annual reporting requirements under the PAIMI Act and the PAIMI Rules (42 CFR Part 51), as 2), and the CHA of 2000 Parts H and I; (2) to conform with the Office of Management and Budget's (OMB)

findings and recommendations from the FY 2005 PART of the PAIMI Program; (3) to broaden the category of deaths investigated by the State P&A systems; (4) to reduce the reporting burdens for the State P&A systems and the PAIMI Advisory Council (PAC) in certain areas; and, (5) to enhance the PAC section by providing better information on its role, responsibility, and authority on P&A system PAIMI activities and services.

Planned revisions to the PAIMI Annual Program Performance Report (PPR) and the PAC include the following items:

- (1) Changing the fonts to improve readability;
- (2) Adding Tables of Contents and Glossaries to the PPR and ACR sections;
- (3) Reducing the reporting burden in Section 2. PAIMI Program Priorities and Objectives by requesting only one case example per priority (goal) rather than per objective;
- (4) Revising Sections: 2. PAIMI Program Priorities (Goals) and Objectives; 4. Case Complaints/Problems of Individuals; and, 5. Intervention Strategies on Behalf of

Groups of PAIMI-eligible Individuals, for consistency with the findings and recommendations from the Office of Management and Budget (OMB), 2005 PART evaluation/assessment of the PAIMI Program and to clarify and/or enhance the instructional guidance for determining activity/intervention outcomes and estimating the number of individuals or groups impacted by P&A system activities/interventions in sections 4 and 5;

(5) Expanding Section 4. E. 2. by adding an item c. for the number of death investigation activities not related in incidents of seclusion and restraint;

(6) Providing the applicable PAIMI citations to the guidance in Section 8. Other Services & Activities.

(7) Modifying the Advisory Council Report (ACR), Sections B. PAIMI Advisory Council (PAC) Membership and C. PAC Ethnicity/Racial Diversity for consistency with the format used in the PAIMI Application for FY 2007–2009;

(8) Enhancing Section F. PAC Activities to include the applicable citations that will provide each PAC

with better information on its authority, role, and responsibilities as the P&A governing authority.

(9) Revising Section G. PAIMI Assessment of PAIMI Program Operations, by eliminating the previous requirement that the PAC comment on each P&A system annual and objective. The PAC will only submit a summary of its assessment of the P&A system's annual PAIMI Program priorities, objectives, activities and program operations;

(10) Adding an additional item to Section G. to identify the training and technical assistance needs of each PAC; and,

(11) Adding the applicable citations to Section H. Grievance Procedures to include the applicable citations that will provide the PAC with better information on its authority, role, and responsibilities.

The revised report formats will be effective for the report due on January 1, 2008.

The annual burden estimate is as follows:

	Number of respondents	Number of responses per respondent	Hours per response	Total hour burden
Annual Program Performance Report	57	1	26	1,482
Activities & Accomplishments .....	.....	.....	(20)	(1,140)
Performance outcomes .....	.....	.....	(3)	(171)
Expenses .....	.....	.....	(1)	(57)
Budget .....	.....	.....	(1)	(57)
Priority statements & objectives .....	.....	.....	(1)	(57)
Advisory Council Report	57	1	10	570
Total	114	.....	.....	2,052

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 7–1045, 1 Choke Cherry Road, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: February 11, 2007.

Elaine Parry,

Acting Director, Office of Program Services, SAMHSA.

[FR Doc. E7–3107 Filed 2–22–07; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Notice of a Meeting

Pursuant to Public Law 92–463, notice is hereby given of a meeting of the Substance Abuse and Mental Health

Services Administration (SAMHSA) National Advisory Council on March 7–8, 2007.

The meeting is open to the public and will include a report from the newly appointed SAMHSA Administrator, Dr. Terry L. Cline; a presentation on the National Registry of Evidence-Based Programs and Practices; an update on recent epidemiological data on methamphetamine use; and a presentation on SAMHSA's Workforce Development activities.

Attendance by the public will be limited to the space available. Public comments are welcome. Please communicate with the Council's Executive Secretary, Ms. Toian Vaughn (see contact information below), to make arrangements to comment or to request special accommodations for persons with disabilities.

Substantive program information, a summary of the meeting, and a roster of Council members may be obtained

either by accessing the SAMHSA Committee's Web site at <https://www.nac.samhsa.gov/nac.aspx> as soon as possible after the meeting, or by contacting Ms. Vaughn. The transcript for the meeting will also be available on the SAMHSA Committee's Web site within three weeks after the meeting.

Committee Name: SAMHSA National Advisory Council.

Date/Time/Type: Wednesday, March 7, 2007, from 9 a.m. to 5 p.m.: Open. Thursday, March 8, 2007, from 9 a.m. to 12 p.m.: Open.

Place: 1 Choke Cherry Road, Sugarloaf and Seneca Conference Rooms, Rockville, Maryland 20857.

Contact: Toian Vaughn, Executive Secretary, SAMHSA National Advisory Council and SAMHSA Committee Management Officer, 1 Choke Cherry Road, Room 8–1089, Rockville, Maryland 20857, Telephone: (240) 276–2307; FAX: (240) 276–2220 and E-mail: toian.vaughn@samhsa.hhs.gov.