

The estimated response burden is as follows:

Type of form	Number of respondents	Responses per respondent	Burden hours per response	Total burden hours
Self assessment questionnaire	56	1	10	560

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 11A-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: July 16, 2002.

Jane M. Harrison,

Director, , Division of Policy Review and Coordination.

[FR Doc. 02-18324 Filed 7-19-02; 8:45 am]

BILLING CODE 4165-15-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104-13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed

for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443-1129.

Comments are invited on: (a) Whether the proposed collection of information is 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: Emergency Medical Services for Children (EMSC) Grantee Survey—(NEW)

Because of the differences in the way emergency medical services are managed and provided in different States and the challenges faced delivering services in different parts of the country, there are many unanswered questions about the overall capability of

these systems to respond to emergencies. In order to improve the quality of EMSC, more information is needed to identify State needs and resources.

HRSA is therefore planning to conduct a needs assessment to obtain information about the characteristics of State EMS systems, and the degree to which they have been adapted to address the needs of children. The results of this assessment will be used to determine funding priorities, including development of appropriate guidelines and provision of technical assistance to States, demonstration grants, information collection and sharing among State agencies, and training programs for health professionals.

HRSA has included national performance measures for EMSC in this survey in accordance with the requirements of the "Government Performance and Results Act (GPRA) of 1993" (Public Law 103-62). This act requires the establishment of measurable goals for Federal programs that can be reported as part of the budgetary process, thus linking funding decisions with performance.

The estimated response burden is as follows:

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Self Assessment questionnaire	56	1	10	560

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 11A-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: July 16, 2002.

Jane M. Harrison,

Director, Division of Policy Review and Coordination.

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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: Drug Abuse Warning Network (OMB number 0930-0074, revision)—The Drug Abuse Warning Network (DAWN) is an ongoing data system that currently collects information on drug abuse-related medical emergencies and deaths as reported from about 466 hospitals and 137 medical examiners/coroners (ME/C) nationwide. DAWN provides national and metropolitan estimates of substances involved with drug-related ED visits; disseminates information about substances involved in deaths investigated by participating ME/Cs; provides a means for monitoring drug

abuse patterns, trends, and the emergence of new substances; assesses health hazards associated with drug use; and generates information for national and local drug abuse policy and program planning. DAWN data are used by Federal, State, and local agencies, as well as universities, pharmaceutical companies, and the press.

The current emergency department (ED) sample supports estimates for the coterminous U.S. and 21 major metropolitan areas. Beginning in 2003, the DAWN case definition will be changed to obtain more consistent and reliable data on drug abuse cases and also will capture additional cases where drug use/misuse led to ED visits or deaths for conditions such as adverse drug reactions, underage drinking and

malicious poisonings. To achieve better geographic and population coverage, the ED sample will be expanded to support estimates for the full U.S. and 48 metropolitan areas. By the end of 2005, the sample will include approximately 841 hospitals. To achieve complete coverage, approximately 66 non-participating ME/C jurisdictions in the 48 metropolitan areas targeted for the ED expansion will be added in lieu of a sample. Facilities (EDs and ME/Cs) will continue to use the current forms in early 2003 to complete reporting on events occurring through December 2002, but will use the revised forms for all events occurring from 1/1/2003 forward.

The annual burden estimates are shown below.

ANNUALIZED REPORTING BURDEN FOR DAWN: CLOSEOUT 2002¹

	Number of respondents	Estimated number of responses per respondent	Estimated time per response	Gross burden hours	IR ² Reporting Hours	Total adjusted burden (hrs)
Hospitals						
Current Forms	100	58	9 min (.15 hr)	870	435	435
Current eHERS (electronic Hospital Emergency Reporting System).	366	58	9 min (.15 hr)	3184	1592	1592
ED Logs	100	7	2 min (.03 hr)	21	11	10
Subtotal						2037
Medical Examiners						
Current Forms	20	16	15 min (.25 hr)	80	40	40
Current eMERS (electronic Medical Examiner Reporting System).	119	16	15 min (.25 hr)	476	238	238
ME Logs	20	9	2 min (.03 hr)	5	3	2
Subtotal						280
Total						2317

¹ Number of respondents and respondent burden annualized over 3 year period from 12/1/02–11/30/05, using the current reporting forms.

² There is no burden associated with reporting by Independent Reporters (IRs), so these hours are not included in Total Adjusted Burden. Half (50%) of all respondents are Independent Reporters.

ANNUALIZED REPORTING BURDEN FOR DAWN¹: 2003–2005

	Number of respondents	Estimated Number of responses per respondent	Estimated time per response	Gross burden hours	IR ² Reporting hours	Total adjusted burden (hrs)
Hospitals						
Case Forms	100	97	12 min (.20 hr)	1940	970	970
Transmittal Forms	100	11	2 min (.03 hr)	33	17	16

ANNUALIZED REPORTING BURDEN FOR DAWN¹: 2003–2005—Continued

	Number of respondents	Estimated Number of responses per respondent	Estimated time per response	Gross burden hours	IR ² Reporting hours	Total adjusted burden (hrs)
Revised eHERS (electronic Hospital Emergency Reporting System).	654	678	12 min (.20 hr)	88,682	44,341	44,341
Subtotal						45,327
Medical Examiners						
Case Forms	20	20	15 min (.25 hr)	100	50	50
Transmittal Forms	20	11	2 min (.03 hr)	7	4	3
Revised eMERS (electronic Medical Examiner Reporting System).	175	117	15 min (.25 hr)	5119	2560	2559
Subtotal						2612
Total						47,939

¹ Number of respondents and respondent burden annualized over 3 year period from 12/1/02–11/30/05 using the revised reporting forms. Assumes all facilities converted to electronic reporting by July 2003.

² There is no burden associated with reporting by Independent Reporters (IRs), so these hours are not included in Total Adjusted Burden. Half (50%) of all respondents are Independent Reporters.

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: July 16, 2002.

Richard Kopanda,

Executive Officer, SAMHSA.

[FR Doc. 02–18357 Filed 7–19–02; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

The President's New Freedom Commission on Mental Health; Notice of Meeting

Pursuant to Executive Order 13263, notice is hereby given of a meeting of the President's New Freedom Commission on Mental Health in August 2002.

The meeting will be open and will consider how to accomplish the Commission's mandate to conduct a comprehensive study of the United States mental health service delivery system and to make recommendations on improving the delivery of public and private mental health services for adults and children. Among other things, it will hear presentations from experts in several issue areas, define issue

priorities in greater detail and develop an outline for the interim report.

Attendance by the public will be limited to space available. Public comments are welcome. Please communicate with the individual listed as contact below to make arrangements to comment or to request special accommodations for persons with disabilities.

Additional information and a roster of Commission members may be obtained from the contact whose name and telephone number is listed below.

Committee Name: The President's New Freedom Commission on Mental Health.

Meeting Date/Time: Open: August 7, 2002, 3:30 p.m. to 6:30 p.m.

Open: August 8, 2002, 8:30 a.m. to 3:30 p.m.

Place: Crystal Gateway Marriott, 1700 Jefferson Davis Highway, Arlington, VA 22202.

Contact: Claire Heffernan, Executive Secretary, 5600 Fishers Lane, Parklawn Building, Room 13C–26, Rockville, MD 20857.

Telephone: (301) 443–1545; Fax: (301) 480–1554 and e-mail:

Cheffern@samhsa.gov.

Dated: July 17, 2002.

Toian Vaughn,

Committee Management Officer, Substance Abuse and Mental Health Services Administration.

[FR Doc. 02–18461 Filed 7–19–02; 8:45 am]

BILLING CODE 4162–20–P

DEPARTMENT OF THE INTERIOR

Bureau of Indian Affairs

Tribal Consultation on “No Child Left Behind Act”

AGENCY: Bureau of Indian Affairs, Interior.

ACTION: Notice of tribal consultation meetings.

SUMMARY: The Department of the Interior gives notice that the Bureau of Indian Affairs (BIA) will conduct regional consultation meetings to obtain oral and written comments prior to establishing a Negotiated Rulemaking Committee under the No Child Left Behind Act of 2001 for negotiation of proposed regulations under the Act. Tribal officials, parents, teachers, administrators, educators at Bureau schools, and school board members of tribes served by Bureau-funded schools are encouraged to attend the meetings and submit written comments.

DATES: The meeting dates are August 9, 2002 through September 9, 2002, for all locations listed. All meetings will begin at 9 a.m. and end at 6 p.m. (local time) or when all meeting participants have the opportunity to make comments. Comments are due on or before September 15, 2002.

ADDRESSES: Send or hand-deliver written comments to William Mehojah, Jr., Director, Office of Indian Education Programs, Bureau of Indian Affairs, MS