

condition eligibility criteria for the program, and documenting eligibility as part of the national performance assessment. Each site will identify a limited number of portals of entry into the program in a relatively small geographic area, so that the evaluator

can practically and systematically contact clients about participating in the evaluation. VA evaluation staff, clinical program staff, and NEPEC will work together to establish systematic procedures for assessing eligibility, enrolling clients into the Housing/

Treatment Activity of the Initiative, obtaining written informed consent to participate in the national performance assessment, and other evaluation activities.

The estimated response burden to collect this information is as follows:

Respondents form name	No. of respondents	Responses per respondent	Hours per response	Total hour burden
Clients:				
Baseline assessment	1,500	1	1.50	2,250
Follow-up assessment	1,500	8 ¹	1.25	15,000
Sub-total				17,250
Clinicians:				
Screening	30 ²	100	0.25	750
Discharge	30 ³	13	0.40	156
Sub-total				906
Administrators:				
Network definition	60	1	0.25	15
Network participation	105	4	0.75	315
Sub-total				330
Total				18,486
3-yr. Annual Avg.				6,162

¹ Assumes average follow-up period of 2 yrs. due to delayed recruitment at some sites & 20% attrition overall.

² Assumes an average of 2 screening clinicians per site, and twice the number of persons screened as enrolled.

³ Assumes an average of 2 discharge clinicians per site, and discharge rate of 25%.

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Allison Herron Eydt, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503; due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, respondents are encouraged to submit comments by fax to: 202-395-6974.

Dated: June 24, 2003.

Anna Marsh,

Executive Officer, Substance Abuse and Mental Health Services Administration.

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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 summary 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.

*Evaluation of Program Rehabilitation and Restitution—New—*The Rehabilitation and Restitution initiative of SAMHSA's Center for Substance Abuse Treatment seeks to reduce recidivism and increase psychosocial functioning and pro-social lifestyle among substance abusing state correctional prisoners. Hypotheses of the study are that providing intensive, long-term case management services will facilitate a pro-social lifestyle leading to higher rates of sealing or expunging of criminal records and that the prospect of stigma reduction provided by a sealed criminal record will motivate offenders to remain crime and drug free for a least three years after completing judicial supervision.

The project consists of (1) providing technical assistance to develop and implement intensive case management services, and (2) an evaluation of the effectiveness of the intensive case management services in increasing the number of people eligible to have their records sealed. The study is confined to jurisdictions with statutes permitting

records to be sealed. Two counties in Ohio involving an urban setting (Cuyahoga county which includes the city of Cleveland) and a rural setting (Clermont county adjacent to Kentucky) were selected based on responses to an RFA. Subjects in each county will be drawn from referrals by parole and probation to Treatment Accountability for Safer Communities (TASC) case management programs in the two counties.

The target population consists of individuals entering parole or probation who are first time nonviolent felons with a history of substance abuse and are eligible to have their records sealed. Technical assistance to participating counties will be provided to (1) develop, an intensive case management treatment model designed to increase the proportion of offenders eligible to have records sealed, and (2) involve the various stake holders, such as case managers, parole officers, district attorney's office, public defender, and judges in the implementation of the case management model. A formative evaluation will provide feedback on the implementation of the program. A systems evaluation will examine the number of services offered to the felons, and changes in attitudes towards sealing records on the part of critical

stakeholders, such as district attorney offices, judges and service providers. An outcomes evaluation will examine the effect of the intensive case management model on the eligibility to have records sealed, social, psychological and health status, HIV risk behavior, and the actual proportion of subjects who have their records sealed.

The experimental study in Cuyahoga County consists of two groups of randomly assigned subjects. An *intent-to-treat group* is scheduled to receive intensive case management consisting of an intensive TASC case management model during the one-year period of supervision followed by an additional three years of less intensive case management services. A *control group* will receive treatment as usual, consisting of the TASC case management model now in place. In Clermont County there will be only an

experimental group. The evaluation procedures in both locations will consist of a baseline interview and follow-up interviews over a 4-year period that tracks outcomes to the point at which subjects are eligible for sealing of records. Follow-up interviews and file studies will test for a wide array of possible effects, including recidivism, employment, education, drug use, family relationships, support of children, mental and physical health, HIV/AIDS risk factors, assumption of personal responsibility and life adjustment factors.

The evaluation will involve 900 projected participants over a five-year period. Evaluation interviews will take place at baseline, 6 months, 12 months, and 42-months. Each interview will last 1½ to 2 hours depending of the memory and speed of the respondents. The interview goal is a minimum 80%

completion rate. Interview data will be supplemented by a file study of arrest records and the number of criminal records expunged. Additionally, two focus groups of clients in the intent to treat group will be conducted in each county at 3, 6, 12, 18, 24, and 30 months to provide feedback on client perceptions of the case management programs. One group at each site will consist of clients in compliance with the program and one group will consist of clients not in compliance. Groups will consist of 8 to 10 participants chosen at random from the compliant and noncompliant clients. Additional file study data will be gathered on the number of case management sessions and the number and frequency of other interventions in the intent-to-treat and control groups.

Data collection	Number of respondents	Responses/ respondent	Hours per response	Total hr. burden
Baseline Interview	900	1	1.33	1,197
Follow-up Battery: 6-, 12-, & 42-month	900	3	1.50	4,050
Client Focus Groups: 3-, 6-,12-,18-, 24-months (Cuyahoga) ..	50	1	1.50	75
Client Focus Groups: 3-, 6-, 9-, 12-, 18-, 24-, 36-& 42-months (Clermont)	80	1	1.50	120
File Data Collection (Staff Time) MCSIS, Ohio DRC, TASC ..	3	7	2.00	42
Multimodality Quality Assurance (MQA)—(Treatment Program Staff)	84	1	.75	63
Stakeholders: Attitudes Towards Sealing Records	12	3	.167	6
Stakeholder Focus Groups: 6-,12-, 24-months	36	1	1.50	54
Key Officials Attitudinal Survey	12	3	.167	6
Total Burden	1,047			5,613
5-Year Annual Average	1,047			1,123

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Allison Herron Eydt, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503; due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, respondents are encouraged to submit comments by fax to: 202-395-6974.

Dated: June 24, 2003.

Anna Marsh,

Acting Executive Officer, Substance Abuse and Mental Health Services Administration.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Fiscal Year (FY) 2003 Funding Opportunity

AGENCY: Substance Abuse and Mental Health Services Administration, HHS.

ACTION: Notice of funding availability for SAMHSA Cooperative Agreements to Expand the National Child Traumatic Stress Initiative Intervention Development and Evaluation Centers.

SUMMARY: The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) announces the availability of FY 2003 funds for the cooperative agreement described below. A synopsis of this funding opportunity, as well as many other Federal Government funding opportunities, is also available at the Internet site: www.fedgrants.gov.

This notice is not a complete description of the cooperative agreement; potential applicants must obtain a copy of the Request for Applications (RFA), including Part I, Cooperative Agreements to Expand the National Child Traumatic Stress Initiative Intervention Development and Evaluation Centers, Part II, General Policies and Procedures Applicable to all SAMHSA applications for Discretionary Grants and Cooperative Agreements, and the PHS 5161-1 (Rev. 7/00) application form before preparing and submitting an application.

Funding Opportunity Title: Cooperative Agreements to Expand the National Child Traumatic Stress Initiative—Short Title: Child Traumatic Stress Initiative Intervention Development and Evaluation Centers.
Funding Opportunity Number: SM 03-011.

Catalog of Federal Domestic Assistance (CFDA) Number: 93.243.

Authority: Section 582 of the Public Health Service Act, as amended and subject to the availability of funds.