

this notice will be considered for these panels and for inclusion in the CERHR Expert Registry. Nominations, including contact information and a current curriculum vitae (if possible) should be forwarded to the CERHR at the address given above.

Background Information About the CERHR

The NTP established the CERHR in June 1998 [Federal Register, December 14, 1998; Volume 63, Number 239, page 68782]. The CERHR is a publicly accessible resource for information about adverse reproductive and/or developmental health effects associated with exposure to environmental and/or occupational exposures. Expert panels conduct scientific evaluations of agents selected by the CERHR in public forums.

Information about CERHR and its process for nominating agents for review or scientists for its expert registry can be obtained from its homepage (<http://cerhr.niehs.nih.gov>) or by contacting Dr. Shelby (contact information provided above). The CERHR selects chemicals for evaluation based upon several factors, including production volume, extent of human exposure, public concern, and published evidence of reproductive or developmental toxicity.

CERHR follows a formal, multi-step process for review and evaluation of selected chemicals. The formal evaluation process was published in the Federal Register (July 16, 2001; Volume 66, Number 136, pages 37047–37048) and is available on the CERHR Web site under “About CERHR” or in printed copy from the CERHR.

Dated: April 1, 2004.

Kenneth Olden,

Director, National Institute of Environmental Health Sciences.

[FR Doc. 04–8269 Filed 4–12–04; 8:45 am]

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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: National Outcomes Performance Assessment of the Collaborative Initiative to Help End Chronic Homelessness—(OMB No. 0930–0247; Extension, no change)—This Initiative is coordinated by the U.S. Interagency Council on the Homeless and involves the participation of three Council members: the Department of Housing and Urban Development (HUD), the Department of Health and Human Services (HHS), and the Department of Veterans Affairs (VA). Within HHS, SAMHSA's Center for Mental Health Services is the lead agency.

This project will monitor the implementation and effectiveness of the Initiative. A national assessment of client outcomes is needed to assure a high level of accountability and to identify which models work best for which people, using the same methods for all sites. To this end, this project will provide a site-by-site description of program implementation, as well as descriptive information on clients served; services received; housing quality, stability, and satisfaction; and client outcomes in health and functional domains. The VA Northeast Program Evaluation Center (NEPEC), based at the VA Connecticut Healthcare System in West Haven, Connecticut, is responsible for conducting this project.

Data collection will be conducted over a 36-month period. At each site, a series of measures will be used to assess (1) program implementation (e.g., number and types of housing units produced and intensity and types of treatment and supportive services provided), (2) client descriptive information (e.g., demographic and clinical characteristics, and housing and treatment services received) and, (3) client outcomes.

Client outcomes will be measured using a series of structured instruments administered by evaluation personnel employed and funded by the local VA medical center or outpatient clinic involved at each Initiative site who will work closely with central NEPEC staff. Assessments will be conducted through face-to-face interviews and, when needed, telephone interviews. Interviews (approximately one hour in length) will be conducted at baseline, defined as the date of entry into the clinical treatment program leading to placement into permanent housing, and quarterly (every 3 months) thereafter for up to three years. Discharge data will be collected from program staff at the time of official discharge from the program, or when the client has not had any clinical contact from members of the program staff for at least 6 months. In addition to client interviews, key informant interviews with program managers at each site will be conducted annually.

At most Initiative sites, it is expected that more people will be screened and or evaluated for participation in the program than receive the full range of core housing and treatment services. Entry into the Initiative is conceptualized as a two-phase process involving an Outreach/Screening/Assessment Phase (Phase I), and an Active Housing Placement/Treatment Phase (Phase II) that is expected to lead to exit from homelessness; in some programs these two phases may be described as the Outreach and Case Management Phases. It will be important to have at least some minimal information on all clients so as to be able to compare those who enter Housing/Treatment with those who do not.

Client-level data at the time of first contact with the program (i.e., before the client receives more intensive treatment or housing services) will be collected using a screener form. The screener form will be completed by a member of the clinical staff when prospective clients are first told about the program, and express interest in participating in the program (i.e. when they enter Phase I). The purpose of this form is to identify the sampling frame of the evaluation at each site, or the pool of potential clients from which clients are then selected. Program implementation will be measured using a series of progress summaries.

Initiative sites will be responsible for screening potential participants, assessing homeless and disabling 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%.

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 by June 14, 2004.

Dated: April 6, 2004.

Anna Marsh,

Executive Officer, SAMHSA.

[FR Doc. 04-8294 Filed 4-12-04; 8:45 am]

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DEPARTMENT OF HOMELAND SECURITY

Federal Law Enforcement Training Center

Charter Renewal, Notice

AGENCY: Federal Law Enforcement Training Center, Department of Homeland Security.

ACTION: Notice.

SUMMARY: The Charter for the Advisory Committee to the National Center for State and Local Law Enforcement Training at the Federal Law Enforcement Training Center was renewed for a 2-year period beginning January 14, 2004.

FOR FURTHER INFORMATION CONTACT: Reba Fischer, Designated Federal Officer, National Center for State and

Local Law Enforcement Training, Federal Law Enforcement Training Center, Glynco, GA 31524, 912-267-2343.

SUPPLEMENTARY INFORMATION: Pursuant to the Federal Advisory Committee Act of October 6, 1972, (Pub. L. 92-463, as amended), and with the approval of the Secretary of the Department of Homeland Security and the concurrence of the Office of Management and Budget, the Federal Law Enforcement Training Center announces the renewal of the Advisory Committee to the National Center for State and Local Law Enforcement Training (the Federal Law Enforcement Training Center was transferred from the Department of the Treasury to the Department of Homeland Security pursuant to section 403 of Public Law 107-296). The primary purpose of the Advisory Committee is to provide a forum for discussion and interchange between a broad cross-section of representatives for the law enforcement community and related training institutions on training issues and needs. Although FLETC representatives participate in the training committee activities of the major police membership associations, no forum exists which provides the broad representation required to meet the needs of the National Center. The uniqueness of the program requires an appropriately selected and specifically

dedicated group. The Committee does not duplicate functions being performed within Department of Homeland Security or elsewhere in the Federal Government.

Dated: March 29, 2004.

Stanley Moran,

Director, National Center for State and Local Law Enforcement Training.

[FR Doc. 04-8043 Filed 4-12-04; 8:45 am]

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DEPARTMENT OF HOMELAND SECURITY

Coast Guard

[USCG-2004-17511]

Collection of Information Under Review by Office of Management and Budget (OMB): OMB Control Numbers: 1625-0025 [Formerly 2115-0100], 1625-0030 [Formerly 2115-0120], 1625-0072 [Formerly 2115-0613], 1625-0078 [Formerly 2115-0623] and 1625-0082 [Formerly 2115-0628].

AGENCY: Coast Guard, DHS.

ACTION: Request for comments.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, the Coast Guard intends to seek the approval of OMB for the renewal of five Information Collection Requests (ICRs).