

under the purview of HUD. HHS, as the nation's public health agency, does not operate low-income housing programs, and does not possess the experience or expertise to complement HUD's mission. The policy revision is intended to reaffirm HHS' 1992 determination that the provision of low-income housing does not constitute an appropriate public health use of surplus real property under Title V. In contrast, we are proposing a permanent supportive housing program that is long-term, affordable, community-based, and linked to supportive services for homeless persons with disabilities.

IV. Policy Revision

HHS has historically been involved in the provision of permanent supportive housing, such as through the Projects for Assistance in Transition from Homelessness (PATH) program that is operated in the Substance Abuse and Mental Health Services Administration (SAMHSA). Given HHS' history of involvement in the health service component of supportive housing programs, there is precedent to suggest that this would be an appropriate public health use of surplus real property under Title V.

Permanent supportive housing is a service model that links housing and services together, without the 24-month time limit traditionally imposed by a transitional housing program. Initial research thus far suggests the effectiveness of permanent supportive housing for individuals with disabilities and those who are chronically homeless. In several studies, this model has been successful at achieving housing stability. For example, placement of homeless people with severe mental illness in permanent supportive housing is associated with reductions in subsequent use of shelters, hospitalizations, and incarcerations (Culhane *et al.*, 2001). Early outcomes in a study of supportive housing with integrated services suggest that these services reduced the use of emergency health care rooms, psychiatric and detoxification programs as well as inpatient care (Corporation for Supportive Housing, 2000). Experimental studies comparing the relative impact of case management and housing resources suggest that long-term housing resources are distinctively effective in reducing homelessness (Rosenheck, 2003).

The policy revision will allow property acquired through the Title V process to be utilized for the development of permanent supportive housing programs that provide permanent housing along with

supportive services to homeless people in need of public health assistance and/or services (e.g., substance abuse, mental health, case management, medical care services, and disabled and frail elderly homeless services). This revision would not preclude communities from using surplus property to develop transitional housing programs, emergency shelter programs, or any other homeless assistance program currently approvable by HHS, but simply expands the options available under Title V.

For the purpose of the Title V program, permanent supportive housing means long-term, affordable, community-based housing that is linked to appropriate supportive health and social services (e.g., substance abuse, mental health, case management, medical care services, and disabled and frail elderly services) that enable homeless individuals and homeless families with disabilities to maintain housing. Permanent means there is no time limit to residency, provided a tenant meets conditions of occupancy as established by the program. Affordable means that generally households or tenants pay no more than 30 percent of the occupant's annual income on rent. Eligible populations for this program include homeless individuals with a disability, homeless families with a disabled family member (either parent or child), and homeless frail elderly populations. For the purposes of this program, a disability is defined as a diagnosable substance use disorder, serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions. A disabling condition limits an individual's ability to work or perform one or more activities of daily living. This definition of disability was developed collaboratively by HHS, HUD, and the Department of Veterans Affairs for the Chronic Homelessness Initiative.

The same evaluation criteria outlined in the joint regulation will continue to apply to all applications received for consideration under Title V, including those requesting property to be used for permanent supportive housing. Applicants must fully describe the proposed program, demonstrate how the services to be provided will address the needs of the homeless population to be served, and otherwise comply with the requirements of Title V and the joint regulation.

Existing grantees or lessees interested in changing current programs to include permanent supportive housing are requested to provide a written

expression of interest to the Division of Property Management, Administrative Operations Service, Program Support Center, Room 5B-17, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857. Grantees and lessees will be required to submit an amended application.

This policy revision will be instituted on the effective date of this final notice.

Dated: June 7, 2006.

J. Philip VanLandingham,

Deputy Assistant Secretary for Program Support.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the National Coordinator; American Health Information Community Biosurveillance Data Steering Group Meeting

ACTION: Announcement of meeting.

SUMMARY: This notice announces the first meeting of the American Health Information Community Biosurveillance Data Steering Group in accordance with the Federal Advisory Committee Act (Pub. L. 92-463, 5 U.S.C., App.)

DATES: July 7, 2006 from 10 a.m. to 2 p.m.

ADDRESSES: Mary C. Switzer Building (330 C Street, SW., Washington, DC 20201), Conference Room 4090.

FOR FURTHER INFORMATION CONTACT: <http://www.hhs.gov/healthit/ahic/html>.

SUPPLEMENTARY INFORMATION: The Biosurveillance Data Steering Group must convene in early July 2006 in advance of the final deliverable from the Health Information Technology Standards Panel related to the Biosurveillance Use Case.

The meeting will be available via Internet access. Go to <http://www.hhs.gov/healthit/ahic.html> for additional information on the meeting.

Judith Sparrow,

Director, American Health Information Community, Office of Programs and Coordination, Office of the National Coordinator.

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