

*Contact Person:* Betty Hayden, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4206, MSC 7812, Bethesda, MD 20892, 301-435-1223, [haydenb@csr.nih.gov](mailto:haydenb@csr.nih.gov).

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

*Name of Committee:* Center for Scientific Review Special Emphasis Panel Anaplasma Regulation of Granulocytes.

*Date:* November 29, 2004.

*Time:* 1 p.m. to 2 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (Telephone Conference Call).

*Contact Person:* Richard G. Kostriken, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3184, MSC 7808, Bethesda, MD 20892, 301-402-4454, [kostrikr@csr.nih.gov](mailto:kostrikr@csr.nih.gov).

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

*Name of Committee:* Center for Scientific Review Special Emphasis Panel Protein Structure and Function.

*Date:* December 1, 2004.

*Time:* 1:30 p.m. to 3:30 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (Telephone Conference Call).

*Contact Person:* Richard Panniers, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 2212, MSC 7890, Bethesda, MD 20892, (301) 435-1741, [pannierr@csr.nih.gov](mailto:pannierr@csr.nih.gov).

*Name of Committee:* Center for Scientific Review Special Emphasis Panel Immunobiology of Human Basophils.

*Date:* December 8, 2004.

*Time:* 1 p.m. to 2 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (Telephone Conference Call).

*Contact Person:* Samuel C. Edwards, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4200, MSC 7812, Bethesda, MD 20892, 301-435-1152, [edwardss@csr.nih.gov](mailto:edwardss@csr.nih.gov).

*Name of Committee:* Center for Scientific Review Special Emphasis Panel, Inactivation of Prions.

*Date:* December 8, 2004.

*Time:* 2 p.m. to 3 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (Telephone Conference Call).

*Contact Person:* Richard G. Kostriken, PhD, Scientific Review Administrator, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3184, MSC 7808, Bethesda, MD 20892, 301-402-4454, [kostrikr@csr.nih.gov](mailto:kostrikr@csr.nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393-93.396, 93.837-93.844, 93.846-93.878, 93.892, 93.893, National Institutes of Health, HHS)

*Dated:* November 10, 2004.

**LaVerne Y. Stringfield,**

*Director, Office of Federal Advisory Committee Policy.*

[FR Doc. 04-25572 Filed 11-17-04; 8:45 am]

**BILLING CODE 4140-01-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Agency Information Collection Activities: Submission for OMB Review; 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: Access to Recovery (ATR) Program—New

In preparation for implementing Performance Partnership Grants, SAMHSA has developed a set of performance outcome measures for substance abuse treatment that cover seven domains. The domains are: Abstinence from drug use and alcohol abuse, or decreased mental illness symptomatology; increased or retained employment and school enrollment; decreased involvement with the criminal justice system; increased stability in family and living conditions; increased access to services; increased retention in services for substance abuse treatment or decreased utilization of psychiatric inpatient beds for mental health treatment; and increased social connectedness to family, friends, co-workers and classmates.

SAMHSA's Center for Substance Abuse Treatment (CSAT), is responsible for implementing the new Access to Recovery (ATR) grant program. States funded in the ATR program will use these outcome measures to meet the reporting requirements of the Government Performance and Results Act (GPRA) by quantifying the effects and accomplishments of the funded programs. The ATR Program is part of a Presidential initiative to: (1) Provide client choice among substance abuse clinical treatment and recovery support service providers, (2) expand access to a comprehensive array of clinical treatment and recovery support options (including faith-based programmatic options), and (3) increase substance abuse treatment capacity. Monitoring outcomes, tracking costs, and preventing waste, fraud and abuse to ensure accountability and effectiveness in the use of Federal funds are also important elements of the ATR program. Grantees, as a contingency of their award, are responsible for collecting data from their clients at intake, discharge, at 30 days after intake, and every two months during an episode of care. An episode of care is defined as a client's entry to and exit from the ATR.

The following tables summarize the annual response burden for the ATR activities using the performance outcome measures.

## ATR PROGRAM

| Data collection point                                          | Number of respondents | Responses per respondent | Hours per response | Annual burden hours |
|----------------------------------------------------------------|-----------------------|--------------------------|--------------------|---------------------|
| Client Interviews:                                             |                       |                          |                    |                     |
| ATR Intake .....                                               | 42,095                | 1                        | 0.33               | 13,891              |
| Those still in treatment at:                                   |                       |                          |                    |                     |
| Discharge/30 day interview* .....                              | 42,095                | 1                        | 0.33               | 13,891              |
| 3 months .....                                                 | 28,625                | 1                        | 0.33               | 9,446               |
| 5 months .....                                                 | 22,732                | 1                        | 0.33               | 7,502               |
| 7 months .....                                                 | 18,101                | 1                        | 0.33               | 5,973               |
| 9 months .....                                                 | 15,155                | 1                        | 0.33               | 5,001               |
| 11 months .....                                                | 11,787                | 1                        | 0.33               | 3,890               |
| 12+ months .....                                               | 7,999                 | 1                        | 0.33               | 2,640               |
| Client Total .....                                             | 42,095                |                          |                    | 62,234              |
| Record Management by Provider Staff:                           |                       |                          |                    |                     |
| Sections A & G at 30 days, 3, 5, 7, 9, 11 and 12+ months ..... | † 146,494             | 1                        | .1                 | 14,649              |
| Voucher Information .....                                      | 42,095                | 1.5                      | .03                | 1,894               |
| States—15:                                                     |                       |                          |                    |                     |
| State extract & upload .....                                   | 15                    | 4                        | .03                | 2                   |
| Total .....                                                    | 42,095                |                          |                    | 78,779              |

\* The ATR interview will be administered every 2 months beginning at 30 days. It is assumed that those who are discharged at 30 days or less will receive an intake and discharge interview only and are included in the number in the first two rows. The number of respondents who are still in treatment by month is based on experience with CSAT's GPRA services data.

† Clients.

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 7–1045, 1 Choke Cherry Road, Rockville, MD 20850. Written comments should be received by January 18, 2005.

**Patricia S. Bransford,**

*Acting Executive Officer, SAMHSA.*

[FR Doc. 04–25539 Filed 11–17–04; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Statement of Organization, Functions, and Delegations of Authority

Part M of the Substance Abuse and Mental Health Services Administration (SAMHSA) Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services at 69 FR 60891, is amended to reflect the new functional statement for the Office of Program Services (OPS) and the Division of Operational Support (DOS). This amendment reflects the decision that the Most Efficient Organization (MEO) that is being established as a result of SAMHSA's FY 2004 competitive sourcing study will be located within DOS/OPS. In addition, this amendment reflects the Office of the Secretary's decision to consolidate responsibility for administration of the Small and Disadvantaged Business Utilization (SADBU) program within a single office

at the Department level. Hence, reference to the SADB function has been deleted from the DOS functional statement. The changes are as follows:

*Section M.20, Functions* is amended as follows:

(A) The functional statements for the Office of Program Services (OPS) and the Division of Operational Support (DOS) within OPS is replaced with the following:

#### Office of Program Services (MB)

(1) Works in partnership with other SAMHSA and HHS components in managing, providing leadership, and ensuring SAMHSA's needs are met in the following service areas: Grant and contract application review, grants and contracts management, administrative services, human resources management, equal employment opportunity, organizational development and analysis, and information technology; (2) provides leadership in the development of policies for and the analysis, performance measurement, and improvement of SAMHSA administrative and management systems; (3) provides leadership, guidance, and technical expertise for the Agency's information technology program; (4) provides centralized administrative services for the Agency; (5) provides centralized staff assistance and office automation services for designated components of the Agency, and (6) conducts all aspects of the SAMHSA grants and contracts management process.

#### Division of Operational Support (MBH)

(1) Provides centralized administrative services for the Agency, including processing and coordinating requests for and providing advice on procurement actions, travel, property, facilities, and other activities; (2) coordinates actions as necessary with other HHS components such as the Program Support Center (PSC) procurement staff and the contract travel agency; (3) processes and coordinates requests for SAMHSA administrative actions; (4) provides advice and guidance to staff on administrative procedures for processing actions such as travel orders, acquisition requests, and training documents; (5) ensures administrative actions are consistent with regulations and other requirements, and implements general management policies as prescribed by SAMHSA and higher authorities; (6) coordinates the provision of support in the areas of real and personal property, building management, facility management, health and safety, security, transportation, parking, and telecommunications; (7) in collaboration with the Division of Financial Management in the Office of Policy, Planning, and Budget, performs budget execution tasks such as certifying funds, maintaining the commitment database, and reconciling accounts for program management for SAMHSA; (8) coordinates and complies with policies and procedures set forth by the Division of Financial Management for budget execution, and (9) provides centralized