

designated HPSA approved by the Secretary for LRP participants. This request for extension of OMB approval will include the NHSC LRP

Application, Loan Verification Form, Site Information Form, Request for Method of Advanced Loan Repayment

Form and Authorization to Release Information Form. The estimate of burden is as follows:

Type of respondents	Number of respondents	Responses per respondent	Total responses	Hours per responses	Total burden hours
Applicants .....	1430	*1	1430	1.5	2145
Lenders .....	70	**1	70	.25	18
Total .....	1500	.....	1500	.....	2163

\*An applicant response includes completion of one of each of the above-listed forms, and may include the completion of additional Loan Verification Forms (one for each educational loan for which he or she is seeking repayment).  
 \*\*A lender response includes completion of one Loan Verification Form for each educational loan of an applicant it holds.

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: John Kraemer, Desk Officer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: April 18, 2005.  
**Tina M. Cheatham,**  
 Director, Division of Policy Review and Coordination.  
 [FR Doc. 05-8106 Filed 4-21-05; 8:45 am]  
**BILLING CODE 4165-15-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**National Advisory Council on Migrant Health; Notice of Meeting**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), notice is hereby given of the following meeting:

*Name:* National Advisory Council on Migrant Health.  
*Dates and Times:* May 11, 2005, 9 a.m. to 5 p.m., May 12, 2005, 9 a.m. to 5 p.m.  
*Place:* Caribe Hilton Hotel, San Geronimo Grounds, Los Rosales Street, San Juan, Puerto Rico 00901, Phone: (787) 721-0303; Fax: (787) 722-2910.

*Status:* The meeting will be open to the public.  
*Agenda:* The agenda includes an overview of the Council's general business activities. The Council will also develop recommendations to the Secretary of Health and Human Services. Finally, the Council will hear presentations from experts on farmworker issues, including the status of farmworker health at the local and national level.

The Council meeting is being held in conjunction with the National Farmworker Health Conference sponsored by the National Association of Community Health Centers, Inc., the Migrant Clinicians Network, and the

National Center for Farmworker Health, which is being held in San Juan, Puerto Rico, during the same period of time.

Agenda items are subject to change as priorities indicate.

*For Further Information Contact:* Anyone requiring information regarding the Council should contact Gladys Cate, Office of Minority and Special Populations, staff support to the National Advisory Council on Migrant Health, Bureau of Primary Health Care, Health Resources and Services Administration, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 594-0367.

Dated: April 18, 2005.  
**Tina M. Cheatham,**  
 Director, Division of Policy Review and Coordination.  
 [FR Doc. 05-8104 Filed 4-21-05; 8:45 am]  
**BILLING CODE 4165-15-P**

**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 (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: Cross-Site Evaluation of the National Child Traumatic Stress Initiative (NCTSI)—NEW**

The Substance Abuse and Mental Health Services Administration's (SAMHSA), Center for Mental Health Services (CMHS) will conduct the Cross-Site Evaluation of the National Child Traumatic Stress Initiative (NCTSI). The data collected will describe the children and families served by the National Child Traumatic Stress Network (NCTSN) and their outcomes, assess the development and dissemination of effective treatments and services, evaluate intra-network collaboration, and assess the Network's impact beyond the NCTSN.

Data will be collected from caregivers, NCTSN staff (e.g., project directors, researchers, and providers), mental health providers outside of the NCTSN, and non-mental health service providers who provide services to children outside of the NCTSN. Data collection will take place in 31 Community Treatment and Services Programs (CTS), 13 Treatment and Service Adaptation Centers (TSA), and 2 National Centers for Child Traumatic Stress (NCCTS). Data collection for this evaluation will be conducted over a four-year period.

In order to describe the children served, their outcomes, and satisfaction with services, data will be collected from youth ages 7-18 who are receiving services in the NCTSN, and from caregivers for all children who are receiving NCTSN services. Data will be collected when the child/youth enters services and during subsequent follow-up sessions at three-month intervals over the course of one year.

Approximately 2,121 youth and 3,000 caregivers will participate in the evaluation.

Data will be collected for use in the development of evaluation measures that will assess the development, dissemination and adoption of trauma-informed services. These data will be collected from a total of approximately 110 NCTSN service providers, project directors and NCCTS staff. Data will be collected one time from these respondents.

Measures that collect data on development, dissemination, and adoption of trauma-informed services

and other NCTSN products will be administered to approximately 1,100 service providers, 44 project directors, and 44 researchers/evaluators. These measures will be administered once per year in each of the four years of the evaluation.

To assess collaboration across the network, data will be collected from approximately 450 NCTSI staff and 44 project directors/principal investigators. The surveys associated with this data collection will be administered at varying intervals, with either one or two data collection points per respondent over the four years of the evaluation.

Product development and dissemination will be evaluated with data that will be collected from 44 project directors/principal investigators. These data will be collected annually.

To assess the national impact of the NCTSN, data will be collected from 1,600 mental health and 1,600 non-mental health service providers from outside the NCTSN. These data will be collected every second year over the four years of the evaluation (*i.e.*, two data collection points per respondent).

The average annual respondent burden is estimated below.

Instrument	Number of respondents	Annual number of responses/respondent	Hours per response	Total annual hours
<b>Caregivers:</b>				
Child Behavior Checklist 1.5–5/6–18 .....	3,000	2	0.33	1980
Service Summary Form .....	3,000	2	0.22	1320
Baseline/Renewal Assessment .....	3,000	2	0.22	1320
Core Clinical Characteristics Form .....	3,000	2	0.22	1320
Youth Services Survey for Families .....	2,185	1	0.08	175
Case Study Interviews .....	10	1	1.50	15
<b>Youth:</b>				
Trauma Symptoms Checklist for Children-Abbreviated .....	2,121	2	0.33	1400
UCLA-PTSD short form .....	2,121	2	0.17	721
<b>Network Service Provider:</b>				
Key Informant Interviews .....	18	1	0.50	9
Focus Groups .....	54	1	1.00	54
Trauma-informed Service Provider Survey .....	1,100	1	0.50	550
General Adoption Assessment Survey .....	1,100	1	0.50	550
Adoption and Implementation Factors Interview .....	50	1	0.50	25
<b>Project Director/Principal Investigator:</b>				
Key Informant Interviews .....	18	1	0.50	9
Focus Groups .....	18	1	1.00	18
Trauma-informed Service Provider Survey .....	44	1	0.50	22
Product/Innovations Development and Dissemination Survey .....	44	1	1.50	66
General Adoption Assessment Survey .....	44	1	0.50	22
Adoption and Implementation Factors Interview .....	10	1	0.50	5
Network Survey .....	44	1	1.00	44
<b>Other Network Staff:</b>				
Key Informant Interviews .....	4	1	0.50	2
Trauma-informed Service Provider Survey .....	44	1	0.50	22
Telephone Interviews .....	35	1	1.50	53
Case study interviews .....	20	1	2.00	40
General Adoption Assessment Survey .....	44	1	0.50	22
Adoption and Implementation Factors Interview .....	30	1	0.50	15
Network Survey .....	44	1	1.00	44
Partner Participatory Assessment Tool .....	400	1	0.75	300
<b>Non-Network Mental Health Professionals:</b>				
National Impact Survey .....	1,600	1	0.50	800
<b>Non-Network Non-Mental Health Professionals:</b>				
National Impact Survey .....	1,600	1	0.50	800
<b>Non-Network product developers:</b>				
Case Study Interviews .....	20	1	1.50	30
<b>Total .....</b>	<b>8,564</b>	<b>.....</b>	<b>.....</b>	<b>11,753</b>

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 7-1044, 1 Choke Cherry Road, Rockville, MD 20850. Written comments should be received by June 21, 2005.

Dated: April 14, 2005.

**Anna Marsh,**

*Executive Officer, SAMHSA.*

[FR Doc. 05-7988 Filed 4-21-05; 8:45 am]

BILLING CODE 4162-20-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Substance Abuse and Mental Health Services Administration**

**Agency Information Collection Activities: Proposed Collection; Comment Request**

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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 and Alcohol Services Information System (DASIS)—(OMB No. 0930-0106)—Revision**

The DASIS consists of three related data systems: the Inventory of Substance Abuse Treatment Services (I-SATS); the National Survey of Substance Abuse Treatment Services (N-SSATS), and the Treatment Episode Data Set (TEDS). The I-SATS includes all substance abuse treatment facilities known to SAMHSA. The N-SSATS is an annual survey of all substance abuse treatment facilities listed in the I-SATS. The TEDS is a compilation of client-level admission data and discharge data submitted by States on clients treated in facilities that receive State funds. Together, the three DASIS components provide information on the location, scope and characteristics of all known drug and alcohol treatment facilities in the United States, the number of persons in treatment, and the characteristics of clients receiving services at publicly-funded facilities. This information is needed to assess the nature and extent of these resources, to identify gaps in services, to provide a database for treatment referrals, and to assess demographic and substance-related trends in treatment.

The request for OMB approval will include several changes to the 2006 N-SSATS questionnaire, including:

modification of the treatment categories to better reflect the practices and terminology currently used in the treatment field; modification of the detoxification question, including the addition of a follow-up question on whether the facility uses drugs in detoxification and for which substances; the addition of nicotine replacement therapy and psychiatric medications to the pharmacotherapies list; the addition of questions on treatment approaches and behavioral interventions; the addition of new services to the list of services provided; the addition of a question on quality control procedures used by the facility; and, the addition of a question on whether the facility accepts Access to Recovery (ATR) vouchers and how many annual admissions were funded by ATR vouchers. The remaining sections of the N-SSATS questionnaire will remain unchanged except for minor modifications to wording. The OMB request will also include the addition of several new data elements to the TEDS client-level record. To the extent that states already collect the elements from their treatment providers, the following elements will be included in the TEDS data collection: number of arrests, substances used at discharge, employment at discharge, and living arrangement at discharge. The additional data elements are being requested by the Center for Substance Abuse Treatment, SAMHSA, for use in estimating national treatment outcomes. No significant changes are expected in the other DASIS activities.

Estimated annual burden for the DASIS activities is shown below:

Type of respondent and activity	Number of respondents	Hours per respondent	Hours per response	Total burden hours
<b>STATES:</b>				
TEDS Admission Data .....	52	4	6	1,248
TEDS Discharge Data .....	40	4	8	1,280
TEDS Discharge Crosswalks .....	5	1	10	50
I-SATS Update <sup>1</sup> .....	56	67	.08	300
State Subtotal .....	56	.....	.....	2,878
<b>FACILITIES:</b>				
I-SATS Update <sup>2</sup> .....	100	1	.08	8
Pretest of N-SSATS revisions .....	200	1	.37	74
Augmentation Screener .....	500	1	.08	40
N-SSATS Questionnaire .....	19,000	1	.67	12,730
Mini N-SSATS .....	700	1	.4	280
Facility Subtotal .....	20,500	.....	.....	13,132
<b>TOTAL</b> .....	<b>20,556</b>	.....	.....	<b>16,010</b>

<sup>1</sup> States forward to SAMHSA information on newly licensed/approved facilities and on changes in facility name, address, status, etc. This is done electronically by nearly all States.

<sup>2</sup> Facilities forward to SAMHSA information on new facilities and on changes to existing facilities. This can be done by fax or e-mail.