

Research, National Institutes of Health, Bethesda, MD 20892-6402, 301-594-5006, lynn.king@nih.gov.

Name of Committee: National Institute of Dental and Craniofacial Research Special Emphasis Panel, 07-41, Review RFA DE-07-006/007, Models Trigeminal Pain.

Date: March 30, 2007.

Time: 8 a.m. to 7 p.m.

Agenda: To review and evaluate grant applications.

Place: Bethesda Marriott, 5151 Pooks Hill Road, Bethesda, MD 20814.

Contact Person: Yujing Liu, MD, PhD, Scientific Review Administrator, National Institute of Dental and Craniofacial Research, 45 Center Dr., Natcher Building, Rm. 4AN38E, Bethesda, MD 20892, 301-594-3169, yujing_liu@nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.121, Oral Diseases and Disorders Research, National Institutes of Health, HHS)

Dated: December 11, 2006.

Anna Snouffer,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 06-9731 Filed 12-14-06; 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

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 (240) 276-1243.

Proposed Project: National Outcome Measures (NOMs) for Consumers Receiving Mental Health Services—NEW

The mission of SAMHSA's Center for Mental Health Services (CMHS) is to treat mental illnesses by promoting mental health and by preventing the development or worsening of mental illness when possible. Congress created CMHS to bring new hope to adults who have serious mental illnesses and to children with serious emotional disorders.

The purpose of this proposed data activity is to promote the use of consistent measures among CMHS grantees and contractors funded through the Program of Regional and National Significance (PRNS) and Children's Mental Health Initiative (CMHI) budget

lines. The common National Outcome Measures recommended by CMHS are a result of extensive examination and recommendations, using consistent criteria, by panels of staff, experts, and grantees. Wherever feasible, the proposed measures are consistent with or build upon previous data development efforts within CMHS. This activity will be organized to reflect and support the domains specified for SAMHSA's NOMs. The use of consistent measurement for specified outcomes across CMHS-funded projects will improve the ability of SAMHSA and CMHS to respond to the Government Performance and Results Act (GPRA) and the Office of Management and Budget Program Assessment Rating Tool (PART) evaluations.

A separate data collection form will be used for adults and children but will be parallel in design. NOMs data will be collected at baseline with a periodic reassessment being conducted at either three or six months for as long as the client remains in treatment. Programs have selected either a three or six month reassessment interval based on their treatment protocol. The proposed data collection will cover eight of the ten domains in NOMs. The Cost-Effectiveness and Evidence-Based Practices domains are under development. Completion of these domains will require input from other sources and is anticipated for Summer 2007.

Domain	Adult		Child	
	Source	Number of items	Source	Number of items
Access/Capacity Functioning	SAMSHA Standardized Question	4	SAMSHA Standardized Question 4	4
	Mental Health Statistics Improvement Program (MHSIP)	8	Youth Services Survey for Families (YSS-F)	6
Stability in Housing	SAMSHA Standardized Question	1	SAMSHA Standardized Question 2	2
Education and Employment	SAMSHA Standardized Question	3	SAMSHA Standardized Question 2	2
Crime and Criminal Justice	SAMSHA Standardized Question	1	SAMSHA Standardized Question 1	1
Perception of Care	MHSIP	14	YSS-F	13
Social Connectedness	MHSIP	4	YSS-F	4
Retention ¹	SAMSHA Standardized Question	1	SAMSHA Standardized Question	1
Total Number		36		33

¹ Retention is measured at the first interview for a continuing consumer (baseline), follow-up interview, and discharge interview. The survey was modified to include an item in Section K (Services Received) where the provider will indicate whether the consumer received Inpatient Psychiatric Care within the past 6 months; specifically, item 3 under Treatment Services.

In addition to questions asked of clients related to the NOMs domains, programs will be required to abstract

information from client records on the services received.

Following is the estimated annual response burden for this effort.

Type of response	Number of respondents	Data collection per respondents	Hours per data collection	Total hour burden
Client Baseline Assessment	17,555	1	0.333	5,852
Periodic Client Reassessment	7,015 (3-month)	1	0.333	2,338
	6,532 (6-month)	1	0.333	2,178
Discharge Interviews	4,409	1	0.333	1,470
Chart Abstraction	7,015 (3-month)	1	0.1	702
	6,532 (6-month)	1	0.1	653
	11,023 (Discharge)	1	0.1	1,102
Total	17,555	14,294

Written comments and recommendations concerning the proposed information collection should be sent by January 16, 2007 to: SAMHSA Desk Officer, 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: December 7, 2006.

Elaine Parry,

Acting Director, Office of Program Services.
[FR Doc. E6-21349 Filed 12-14-06; 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

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 (SAMHSA) 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: National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program: Phase IV—(OMB No. 0930-0257)—Revision

SAMHSA's Center for Mental Health Services is responsible for the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program that will collect data on child mental health outcomes, family life, and service system development and performance.

The national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program will collect data on child mental health outcomes, family life, and service system development and performance. Data will be collected on 27 service systems, and roughly 5,922 children and families. Data collection for this evaluation is conducted over a 5-year period. The core of service system data will be collected every 18 months throughout the 5-year evaluation period, with a sustainability survey conducted in selected years. Service delivery and system variables of interest include the following: Maturity of system of care development, adherence to the system of care program model, and client service experience. The length of time that individual families will participate in the study ranges from 18 to 36 months depending on when they enter the evaluation. Child and family outcomes of interest will be collected at intake and during subsequent follow-up

sessions at 6-month intervals. The outcome measures include the following: Child symptomatology and functioning, family functioning, material resources, and caregiver strain. Time-limited studies addressing the cultural competence of services and the role of primary care providers in systems of care will be conducted at selected points during the evaluation period. Internet-based technology will be used for collecting data via Web-based surveys and for data entry and management. The average annual respondent burden is estimated below for the final 3 years of data collection. The estimate reflects the average number of respondents in each respondent category, the average number of responses per respondent per year, the average length of time it will take for each response, and the total average annual burden for each category of respondent, and for all categories of respondents combined.

This revision to the currently approved information collection activities includes: (1) The addition of a Primary Care Study, and (2) the addition of a Treatment Effectiveness Study. The Primary Care Study seeks to investigate the role of primary health care practitioners (PCPs) in systems of care and to further understand the impact of services provided within primary care on child and family outcomes. One goal of this study is to identify strategies that help primary care and mental health care providers to work together effectively. Another is to identify ways to integrate PCPs into systems of care. The treatment effectiveness study will examine the relative impact of community-based treatments focused within system of care sites. This study will focus on a community-based practice that has not accumulated research evidence, but rather through community-based implementation that has accumulated practice-based evidence.