

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Institute of Allergy and Infectious Diseases, Special Emphasis Panel, "Review of Clinical Trial Planning Grants".

*Date:* May 29, 2008.

*Time:* 10 a.m. to 2:30 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, 10401 Fernwood Road, Bethesda, MD 20817 (Telephone Conference Call).

*Contact Person:* Kenneth E. Santora, PhD, Scientific Review Officer, Scientific Review Program, NIH/NIAID/DHHS, Room 3146, 6700B Rockledge Drive, MSC 7616, Bethesda, MD 20892, 301-451-2605, [ks216i@nih.gov](mailto:ks216i@nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.855, Allergy, Immunology, and Transplantation Research; 93.856, Microbiology and Infectious Diseases Research, National Institutes of Health, HHS)

*Dated:* April 28, 2008.

**Jennifer Spaeth,**

*Director, Office of Federal Advisory Committee Policy.*

[FR Doc. E8-9757 Filed 5-2-08; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Heart, Lung, and Blood Institute; Notice of Meeting

Pursuant to section 10(a) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of a meeting of the Sickle Cell Disease Advisory Committee.

The meeting will be open to the public, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

*Name of Committee:* Sickle Cell Disease Advisory Committee.

*Date:* June 2, 2008.

*Time:* 8:30 a.m. to 4 p.m.

*Agenda:* Discussion of Programs and Issues.

*Place:* National Institutes of Health, 6701 Rockledge Drive, Conference Room 9112/9116, Bethesda, MD 20892.

*Contact Person:* Robert B Moore, PhD, Health Scientist Administrator, Blood Diseases Program, Division of Blood Disease and Resources, National Heart, Lung, and Blood Institute, NIH, 6701 Rockledge Drive, Room 10162, Bethesda, MD 20892, 301/435-0050.

Information is also available on the Institute's/Center's home page: <http://www.nhlbi.nih.gov/meetings/index.htm>, where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.233, National Center for Sleep Disorders Research; 93.837, Heart and Vascular Diseases Research; 93.838, Lung Diseases Research; 93.839, Blood Diseases and Resources Research, National Institutes of Health, HHS)

*Dated:* April 25, 2008.

**Jennifer Spaeth,**

*Director, Office of Federal Advisory Committee Policy.*

[FR Doc. E8-9638 Filed 5-2-08; 8:45 am]

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## 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.

#### Project: Community Mental Health Services Block Grant Application Guidance and Instructions, FY 2009-2011 (OMB No. 0930-0168)—Revision

Sections 1911 through 1920 of the Public Health Service Act (42 U.S.C. 300x through 300x-9) provide for annual allotments to assist States to establish or expand an organized, community-based system of care for adults with serious mental illnesses and children with serious emotional disturbances. Under these provisions of the law, States may receive allotments only after an application is submitted and approved by the Secretary of the Department of Health and Human Services.

On January 28, 2008, SAMHSA published a request for public comment

on its proposed guidance and instructions to the States to guide development of comprehensive State applications/plans and implementation reports for FY 2009-2011. Proposed revisions to the guidance included:

(1) Streamlining the process for reporting States' use of the block grant to support mental health transformation, including narrowing from 20 to 6 the number of transformation categories for which States are asked to provide the amount of funding that will be used to support specific transformation activities and limiting reporting to block grant funds only.

(2) Reorganizing and consolidating sections of the guidance to improve readability and clarity and to reduce redundancy.

(3) Eliminating Table 18 from the Uniform Reporting System (URS) tables that States must submit.

(4) Eliminating the requirement that States complete a State-Level Reporting Capacity Checklist for submission to the State Data Infrastructure Coordinating Center.

SAMHSA received formal comments from seven commenters. Most of the comments supported the changes described below, and several commended SAMHSA for appointing a Federal-State working group to address concerns raised by the States regarding the FY 2008 guidance and instructions. A summary of the comments and SAMHSA's response is provided below.

*Request for clarification regarding reporting transformation expenditures under Table C.* Two commenters noted that, while they supported the proposed revisions to streamline the reporting of transformation expenditures, their State fiscal processes did not support tracking and reporting expenditures in this manner. One commenter requested clarification that a State would "not be held" to expenditure estimates provided in the application.

The transformation expenditures requested under Table C are an essential component of the application guidance, as they provide important information to SAMHSA regarding States' use of the block grant to support mental health transformation. SAMHSA clarifies that the transformation expenditures requested to be reported under Table C of the application may be reported as estimates if the State cannot provide actual expenditures and that States are not obligated to expend funds in the categories indicated or to track and justify their expenditures consistent with these estimates. No change to the guidance is needed to provide this clarification.

*Request for clarification regarding allowable uses of the block grant for research and evaluation.* As published in the January 28, 2008 **Federal Register**, Table C requested that States estimate their expenditures to support the transformation goal "Research is Accelerated." One commenter accurately noted that research is not an allowable expenditure under the block grant statute, and requested that this goal be revised to read "Program Evaluation is Accelerated." SAMHSA incorporated this revision in the guidance submitted for OMB review.

*Request for clarification regarding the difference between the State Transformation Outcome Measure and other Outcome Measures requested in the application guidance.* As stated in the proposed guidance, each State is required to submit a Transformation Outcome Measure in addition to all required National Outcome Measures

(NOMS). The Transformation Outcome Measure is selected by the State to reflect its own priorities. However, the Transformation Outcome Measure may be the same measure as one of the NOMS. No change to the guidance is needed to provide this clarification.

*Request that the submission date for the application be changed from September 1 to December 1 to coincide with submission of the State Implementation Report.* As the commenter acknowledged, the submission dates for the application and Implementation Report are established in statute, and cannot be changed through the administrative process of revising the application guidance and instructions. Thus, no changes to the guidance are incorporated to address this concern.

*Request for clarification regarding whether States should report the number of clients or the percent of*

*clients receiving Evidence Based Practices (EBPs).* One commenter notes a discrepancy in the application regarding whether the number or percent of clients receiving EBPs should be reported. Appendix I was revised to clarify that the percent of clients receiving EBPs should be reported. Additional clarifying revisions were made to Appendix I regarding the specific numerators and denominators that States should use to calculate NOMS.

With the streamlining of information regarding State mental health transformation activities, elimination of URS Table 18 as a requirement for reporting, and other improvements to the MHBG guidance, it was determined that the annual burden for the revised application was reduced by 15 hours per State. The following table summarizes the annual burden for the revised application.

Application	Number of respondents	Responses/ respondent	Burden response (hrs)	Total burden hours
1 Yr. Plan .....	44	1	175	7,700
2 Yr. Plan .....	6	1	145	870
3 Yr. Plan .....	9	1	105	945
Implementation Report .....	59	1	70	4,130
URS Tables .....	59	1	35	2,065
Total .....	59	.....	.....	15,710

Written comments and recommendations concerning the proposed information collection should be sent by June 4, 2008 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: April 28, 2008.

**Elaine Parry,**

*Acting Director, Office of Program Services.*

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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 (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: Drug Abuse Warning Network (OMB No. 0930-0078)—Revision

The Drug Abuse Warning Network (DAWN) is an ongoing data system that collects information on drug-related medical emergencies as reported from about 350 hospitals nationwide, and drug-related deaths as reported from 11 states with centralized Medical Examiner offices and 125 medical examiners/coroner jurisdictions (ME/C) in 32 metropolitan areas. DAWN provides national and metropolitan estimates of substances involved with drug-related emergency department (ED) visits; disseminates information about substances involved in deaths investigated by participating medical examiners and coroners (ME/Cs); tracks drug abuse patterns, trends, and the emergence of new substances; monitors post-market adverse drug incidents; assesses health hazards associated with the use of illicit, prescription, and over-the-counter drugs; and generates information for national and local drug abuse policy and program planning. DAWN data are used by Federal, State, and local agencies, as well as