

status while respecting human dignity. If necessary, Disaster case management helps transition the client with pre-existing needs to existing case management providers after disaster-related needs are addressed. This is facilitated through the provision of a single point of contact for disaster assistance applicants who need a wide variety of services that may be provided by many different organizations.

The purpose of Disaster case management is to rapidly return individuals and families who have survived a disaster to a state of self-sufficiency. This is accomplished by ensuring that each individual has access to a Case Manager who will capture information about the individual's situation and then serve as his/her advocate and help him/her organize and access disaster-related resources, human services, health care and mental health care that will help him/her achieve pre-disaster levels of functioning and equilibrium. The service is particularly critical in situations where large-scale mortality, injuries, or personal property damage have occurred. Disaster case management is based on the principles of self-determination, self-sufficiency, federalism, flexibility and speed, and support to States.

Comments are particularly invited on: the program guidelines of the ACF Disaster Case Management Pilot Program; and recommendations on program improvements based on valid evidence and methodology.

For a copy of the ACF Disaster Case Management Implementation Guide, please visit <http://www.acf.hhs.gov/ohsepr/dcm/dcm.guide.html>, or contact James Davis at 202-744-0091 or james.davis@acf.hhs.gov.

DATES: Comments must be received on or before May 7, 2010.

ADDRESSES: Send or deliver comments to James Davis, National Case Management Analyst, Office of Human Services Emergency Preparedness and Response, Administration for Children and Families, 370 L'Enfant Promenade, SW., 6th Floor West, Washington, DC 20447 or via e-mail to james.davis@acf.hhs.gov.

FOR FURTHER INFORMATION CONTACT: CAPT Roberta P. Lavin, Director, Office of Human Services Emergency Preparedness and Response (OHSEPR), at roberta.lavin@acf.hhs.gov or 202-401-9306; Sylvia R. Menifee, Deputy Director (Operations), OHSEPR, at sylvia.menifee@acf.hhs.gov or 202-401-1448; James Davis, National Case Management Analyst, OHSEPR, at james.davis@acf.hhs.gov or 202-744-0091.

SUPPLEMENTARY INFORMATION: The Administration for Children and Families, within the Department of Health and Human Services is responsible for Federal programs that promote the economic and social well-being of families, children, individuals, and communities. ACF programs aim to achieve the following:

- Families and individuals empowered to increase their own economic independence and productivity;
- Strong, healthy, supportive communities that have a positive impact on the quality of life and the development of children;
- Partnerships with individuals, front-line service providers, communities, American Indian tribes, Native communities, States, and Congress that enable solutions which transcend traditional agency boundaries;
- Services planned, reformed, and integrated to improve needed access; and
- A strong commitment to working with people with developmental disabilities, refugees, and migrants to address their needs, strengths, and abilities.

Dated: March 26, 2010.

Carmen R. Nazario,

Assistant Secretary for Children and Families.

[FR Doc. 2010-7330 Filed 3-31-10; 8:45 am]

BILLING CODE 4184-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Treatment; Notice of Meeting

Pursuant to Public Law 92-463, notice is hereby given of the meeting of the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (CSAT) National Advisory Council on April 21, 2010.

A portion of the meeting is open and will include discussion of the Center's policy issues, and current administrative, legislative, and program developments.

Attendance by the public will be limited to space available. Public comments are welcome. To make arrangements to attend on-site, or to request special accommodations for persons with disabilities, please register at the SAMHSA Committees' Web site at <https://nac.samhhsa.gov/Registration/meetingsRegistration.aspx>, or communicate with the CSAT Council's Designated Federal Official, Ms. Cynthia Graham (*see* contact information below).

The meeting will also include the review, discussion, and evaluation of grant applications. Therefore, this portion of the meeting will be closed to the public as determined by the Administrator, SAMHSA, in accordance with Title 5 U.S.C. 552b(c)(6) and 5 U.S.C. App.2, Section 10(d).

Substantive program information, a summary of the meeting, and a roster of Council members may be obtained as soon as possible after the meeting, either by accessing the SAMHSA Committee Web site, <http://www.nac.samhhsa.gov/CSAT/csatnac.aspx>, or by contacting Ms. Graham. The transcript for the open session of the meeting will also be available on the SAMHSA Committee Web site within three weeks after the meeting.

Committee Name: Substance Abuse and Mental Health Services Administration's CSAT National Advisory Council.

Date/Time/Type: April 21, 2010.

From 8:30 a.m.-9 a.m.: Closed.

From 9 a.m.-5 p.m.: Open.

Place: 1 Choke Cherry Road, Sugarloaf and Seneca Conference Rooms, Rockville, Maryland 20857.

Contact: Cynthia Graham, Designated Federal Official, SAMHSA/CSAT National Advisory Council, 1 Choke Cherry Road, Room 5-1035, Rockville, MD 20857, *Telephone:* (240) 276-1692, *FAX:* (240) 276-1690, *E-mail:* cynthia.graham@samhhsa.hhs.gov.

Toian Vaughn,

Committee Management Officer, Substance Abuse and Mental Health Services Administration.

[FR Doc. 2010-7230 Filed 3-31-10; 8:45 am]

BILLING CODE 4162-20-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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