

have the potential to achieve positive improvements in the health of American Indian and Alaska Native people. These three initiatives are Health Promotion/ Disease Prevention, Management of Chronic Disease, and Behavioral Health. Further information is available at the Health Initiatives Web site: <http://www.ihs.gov/NonMedicalPrograms/DirInitiatives/index.cfm>.

Dated: April 10, 2006.

**Robert G. McSwain,**  
Deputy Director, Indian Health Service.  
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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.

**Proposed Project: Projects for Assistance in Transition From Homelessness (PATH) Program Annual Report (OMB No. 0930-0205)—Revision**

The Center for Mental Health Services awards grants each fiscal year to each of the States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands from allotments authorized under the PATH program established by Public Law 101-645, 42 U.S.C. 290cc-21 *et seq.*, the Stewart B. McKinney Homeless Assistance Amendments Act of 1990 (section 521 *et seq.* of the Public Health Service (PHS) Act). Section 522 of the PHS Act requires that the grantee States and Territories must expend their payments under the Act solely for making grants

to political subdivisions of the State, and to non-profit private entities (including community-based veterans organizations and other community organizations) for the purpose of providing services specified in the Act. Available funding is allotted in accordance with the formula provision of section 524 of the PHS Act.

This submission is for a revision of the current approval of the annual grantee reporting requirements. Section 528 of the PHS Act specifies that not later than January 31 of each fiscal year, a funded entity will prepare and submit a report in such form and containing such information as is determined necessary for securing a record and description of the purposes for which amounts received under section 521 were expended during the preceding fiscal year and of the recipients of such amounts and determining whether such amounts were expended in accordance with statutory provisions.

The estimated annual burden for these reporting requirements is summarized in the table below.

| Respondents                   | Number of respondents | Responses per respondent | Burden per response (Hrs.) | Total burden |
|-------------------------------|-----------------------|--------------------------|----------------------------|--------------|
| States .....                  | 56                    | 1                        | 8                          | 448          |
| Local provider agencies ..... | 450                   | 1                        | 31                         | 13,950       |
| Totals .....                  | 506                   | .....                    | .....                      | 14,398       |

Written comments and recommendations concerning the proposed information collection should be sent by May 17, 2006 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 10, 2006.

**Anna Marsh,**  
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 (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: Opioid Drugs in Maintenance and Detoxification Treatment of Opioid Dependence—42 CFR part 8 (OMB No. 0930-0206)—Extension**

This regulation establishes a certification program managed by SAMHSA's Center for Substance Abuse Treatment (CSAT). The regulation requires that Opioid Treatment Programs (OTPs) be certified. "Certification" is the process by which SAMHSA determines that an OTP is qualified to provide opioid treatment under the Federal opioid treatment standards established by the Secretary of Health and Human Services. To become certified, an OTP must be

accredited by a SAMHSA-approved accreditation body. The regulation also provides standards for such services as individualized treatment planning, increased medical supervision, and assessment of patient outcomes. This submission seeks continued approval of the information collection requirements in the regulation and of the forms used in implementing the regulation.

SAMHSA currently has approval for the Application for Certification to Use Opioid Drugs in a Treatment Program Under 42 CFR 8.11 (Form SMA-162); the Application for Approval as Accreditation Body Under 42 CFR 8.3(b) (Form SMA-163); and the Exception Request and Record of Justification Under 42 CFR 8.12 (Form SMA-168), which may be used on a voluntary basis

by physicians when there is a patient care situation in which the physician must make a treatment decision that differs from the treatment regimen required by the regulation. Form SMA-162 is used as the initial application to request certification of an OTP, to request renewal of certification and to change existing information regarding the program's location, sponsor and medical director. This form collects information such as address, program name, contact information, sponsor name and address and medical director name and address. Attachments are required to complete this form regarding the OTPs accrediting status, organizational structure, and operating procedures. Form SMA-163 is used as an application to become a SAMHSA

approved accrediting body. This form collects accrediting body name, address and contact information. Attachments are required to complete this form regarding the accrediting body's operating procedures and standards and their staff's education and experience. Form SMA-168 is a simplified, standardized form to facilitate the documentation, request, and approval process for exceptions. This form collects patient admission date, dosage amount, patient status, attendance schedule per week, dates of exception and justification.

The tables that follow summarize the annual reporting burden associated with the regulation, including burden associated with the forms.

ESTIMATED ANNUAL REPORTING REQUIREMENT BURDEN FOR ACCREDITATION BODIES

| 42 CFR citation       | Purpose   | Number of respondents | Responses/respondent | Hours/response | Total hours |
|-----------------------|---|-----------------------|----------------------|----------------|-------------|
| 8.3(b)(1-11) .....    | Initial approval (SMA-163) .....                          | 1                     | 1                    | 6.0            | 6           |
| 8.3(c) .....          | Renewal of approval (SMA-163) .....                       | 2                     | 1                    | 1.0            | 2           |
| 8.3(e) .....          | Relinquishment notification .....                         | 1                     | 1                    | 0.5            | 0.5         |
| 8.3(f)(2) .....       | Non-renewal notification to accredited OTPs .....         | 1                     | 90                   | 0.1            | 9           |
| 8.4(b)(1)(ii) .....   | Notification to SAMHSA for seriously noncompliant OTPs.   | 2                     | 2                    | 1.0            | 4           |
| 8.4(b)(1)(iii) .....  | Notification to OTP for serious noncompliance .....       | 2                     | 10                   | 1.0            | 20          |
| 8.4(d)(1) .....       | General documents and information to SAMHSA upon request. | 6                     | 5                    | 0.5            | 15          |
| 8.4(d)(2) .....       | Accreditation survey to SAMHSA upon request .....         | 6                     | 75                   | 0.02           | 9           |
| 8.4(d)(3) .....       | List of surveys, surveyors to SAMHSA upon request ...     | 6                     | 6                    | 0.2            | 7.2         |
| 8.4(d)(4) .....       | Report of less than full accreditation to SAMHSA .....    | 6                     | 5                    | 0.5            | 15          |
| 8.4(d)(5) .....       | Summaries of Inspections .....                            | 6                     | 50                   | 0.5            | 150         |
| 8.4(e) .....          | Notifications of Complaints .....                         | 6                     | 6                    | 0.5            | 18          |
| 8.6(a)(2) and (b)(3). | Revocation notification to Accredited OTPs .....          | 1                     | 185                  | 0.3            | 55.5        |
| 8.6(b) .....          | Submission of 90-day corrective plan to SAMHSA .....      | 1                     | 1                    | 10             | 10.0        |
| 8.6(b)(1) .....       | Notification to accredited OTPs of Probationary Status    | 1                     | 185                  | 0.3            | 55.0        |
| Total .....           | .....   | 6                     | .....                | .....          | 376.2       |

ESTIMATED ANNUAL REPORTING REQUIREMENT BURDEN FOR OPIOID TREATMENT PROGRAMS

| 42 CFR citation  | Purpose   | Number of respondents | Responses/respondent | Hours/response | Total hours |
|------------------|---|-----------------------|----------------------|----------------|-------------|
| 8.11(b) .....    | Renewal of approval (SMA-162) .....   | 370                   | 1                    | 0.30           | 111.00      |
| 8.11(b) .....    | Relocation of Program (SMA-162) .....   | 35                    | 1                    | 1.17           | 40.95       |
| 8.11(e)(1) ..... | Application for provisional certification .....                               | 40                    | 1                    | 1              | 40.00       |
| 8.11(e)(2) ..... | Application for extension of provisional certification .....                  | 30                    | 1                    | 0.25           | 7.50        |
| 8.11(f)(5) ..... | Notification of sponsor or medical director change (SMA-162).                 | 60                    | 1                    | 0.1            | 6.00        |
| 8.11(g)(2) ..... | Documentation to SAMHSA for interim maintenance ...                           | 1                     | 1                    | 1              | 1.00        |
| 8.11(h) .....    | Request to SAMHSA for Exception from 8.11 and 8.12 (including SMA-168).       | 1150                  | 30                   | 0.07           | 2415.00     |
| 8.11(i)(1) ..... | Notification to SAMHSA Before Establishing Medication Units (SMA-162).        | 10                    | 1                    | 0.25           | 2.5         |
| 8.12(j)(2) ..... | Notification to State Health Officer When Patient Begins Interim Maintenance. | 1                     | 20                   | 0.33           | 6.6         |
| 8.24 .....       | Contents of Appellant Request for Review of Suspension.                       | 2                     | 1                    | 0.25           | .50         |
| 8.25(a) .....    | Informal Review Request .....   | 2                     | 1                    | 1.00           | 2.00        |
| 8.26(a) .....    | Appellant's Review File and Written Statement .....                           | 2                     | 1                    | 5.00           | 10.00       |
| 8.28(a) .....    | Appellant's Request for Expedited Review .....                                | 2                     | 1                    | 1.00           | 2.00        |
| 8.28(c) .....    | Appellant Review File and Written Statement .....                             | 2                     | 1                    | 5.00           | 10.00       |
| Total .....      | .....   | 1,150                 | .....                | .....          | 2655.05     |

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 7-1044, One Choke Cherry Road, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: April 10, 2006.

**Anna Marsh,**

*Director, Office of Program Services.*

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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 70 FR 30961-30962, May 31, 2005, is amended to reflect changes of the functional statements for the Center for Substance Abuse Prevention (CSAP). This amendment is necessary to reflect the restructuring of CSAP, including the abolishment of three current CSAP divisions, (Division of State and Community Assistance (DSCA), Division of Knowledge Application and Systems Improvement (DKASI), and Division of Prevention Education (DPE)), and replacing them with three new divisions, Division of State Programs, Division of Community Programs, and Division of Systems Development, and replacing the functional statement for the Division of Workplace Programs (MPE). The proposed restructuring will have a significant and positive impact on organizational effectiveness. These changes will enhance program accountability; provide more clarity and direction for CSAP staff, and promote achievement of crosscutting prevention objectives and flexibility. The changes are as follows:

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

(A) The functional statements for the Center of Substance Abuse Prevention (MP), Office of the Director (MP-1), Office of Program Analysis and Coordination (MPA), Division of State and Community Assistance (DSCA), Division of Knowledge Application and Systems Improvement (DKASI), Division of Prevention Education (DPE) and the Division of Workplace are replaced with the following:

#### **Center for Substance Abuse Prevention (MP)**

The mission of the Center for Substance Abuse Prevention (CSAP) is to build resiliency and facilitate recovery. CSAP provides national leadership in the development of policies, programs and services to prevent the onset of illegal drug, underage alcohol, and tobacco use. CSAP disseminates effective substance abuse prevention practices and builds the capacity of States, communities and other organizations to apply prevention knowledge effectively. An integrated systems approach is used to coordinate these activities and collaborate with other Federal, State, public and private organizations.

##### **Office of the Director (MP1)**

(1) Provides leadership, coordination, and direction in the development and implementation of CSAP goals and priorities, and serves as the focal point for the Department's efforts on substance abuse and HIV/AIDS prevention; (2) plans, directs, and provides overall administration of the programs and activities of CSAP; (3) provides leadership in the identification of new and emerging issues, and the integration of primary prevention, early intervention, re-entry and relapse prevention, knowledge and information in the major CSAP programs; (4) manages special projects and external liaison activities; and (5) directs CSAP's overall human resource activities and monitors the conduct of equal employment opportunity activities for CSAP.

##### **Office of Program Analysis and Coordination (MPA)**

(1) Supports the Center's implementation of programs and policies by providing guidance in the administration, analysis, planning, and coordination of the Center's programs, consistent with agency priorities; (2) manages the Center's participation in the agency's policy, planning, budget formulation and execution, program development and clearance, and internal and external requests, including strategic planning, identification of program priorities, development of Healthy People 2010, and other agency-wide and departmental planning activities; (3) provides support for the Center Director; coordinates staff development activities, analyzes the impact of proposed legislation and rule-making; supports administrative functions, including human resource actions; conducts special studies; serves as liaison for special populations/

initiatives including White House Executive Orders for specific minority populations; (4) manages CSAP's National Advisory Council activities; and (5) coordinates CSAP's evaluation program.

##### **Division of State Programs (MPJ)**

The Division of State Programs is responsible for carrying out the Center's agenda to increase capacity and improve accessibility of effective substance abuse prevention across States, American Indian/Alaska Native Tribes, and tribal organizations. The Division provides most program services through two regional teams. The Division (1) plans, develops and administers programs to implement comprehensive and effective State substance abuse prevention systems and other related health promotion systems; (2) promotes and establishes comprehensive, long-term State and tribal substance abuse prevention/intervention policies, programs, practices, and support activities to address substance abuse and related emerging issues; (3) administers the prevention set-aside of the Substance Abuse Prevention and Treatment (SAPT) Block Grant; (4) collaborates with other units in the application of SAMHSA's Strategic Prevention Framework with States and Tribes; (5) develops funding announcements, ensures coordination with grant management systems, and administers national discretionary grant programs, such as the Strategic Prevention Framework State Incentive grant (SPF SIG) program; (6) administers the Synar regulations governing youth access to tobacco products; (7) works across CSAP and SAMHSA to promote inter/intra-agency collaboration at the Federal, State and tribal levels; serves as the liaison for CSAP interactions with State agency and National Prevention Network officials on State issues; monitors State progress in achieving National Outcome Measures and plans for associated technical assistance; monitors compliance with Block Grant and other Federal requirements.

##### **Division of Community Programs (MPH)**

The Division of Community Programs is responsible for carrying out the Center's agenda to increase capacity and improve accessibility of effective substance abuse prevention services across communities. This includes management of all CSAP grants targeted to communities and non-profit organizations, such as Drug Free Communities, HIV/AIDS, methamphetamine, and conference grants. The Division is organized into