

consultative, and integrated models of care;

- Increase the number of persons with co-occurring disorders served.

The proposed measures will enable SAMHSA to benchmark and track progress toward these goals within COSIG states.

Information will be collected annually about the number and percentage of programs that offer screening, assessment, and treatment services for co-occurring disorders; and the number of clients actually screened, assessed,

and treated through these programs. Information will also be collected annually about providers' policies regarding screening, assessment, and treatment services for persons with co-occurring disorders.

A questionnaire, to be completed by providers, contains 47 items, answered either by checking a box or entering a number in a blank. The questionnaire is available both in printed form and electronically. Obtaining the information to enter on the questionnaire will require respondent

providers to track screening, assessment, and treatment services for clients.

COSIG States will be required to report aggregated information to SAMHSA for all providers directly participating in their COSIG projects. Samhsa will consider sampling strategies for states with large numbers of participating providers and for providers serving large numbers of clients.

Annual burden for the activities is shown below:

Data collection	Number of respondents	Responses per respondent	Hours per response	Total burden hours
Capacity to Screen, Assess, and Treat	242	1	4.5	1,089
Policy on Screening, Assessment, Referral, and Treatment	242	1	3 minutes	12
Total	242	.....	.....	1,101

Written comments and recommendations concerning the proposed information collection should be sent by October 16, 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: September 6, 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: GPRA Client Outcomes for the Substance Abuse and Mental Health Services Administration (SAMHSA)—(OMB No. 0930-0208)—Revision

The mission of the Substance Abuse and Mental Health Services Administration (SAMHSA) is to improve the effectiveness and efficiency of substance abuse and mental health treatment and prevention services across the United States. All of SAMHSA's activities are designed to ultimately reduce the gap in the availability of substance abuse and mental health services and to improve their effectiveness and efficiency.

Data are collected from all SAMHSA discretionary services grants and contracts where client/participant outcomes are to be assessed at three points (for the Center for Substance Abuse Treatment (CSAT): Intake, discharge, and post-intake and for the Center for Substance Abuse Prevention

(CSAP): Pre-intervention, post-intervention, and follow-up). SAMHSA-funded projects are required to submit these data as a contingency of their award. The analysis of the data also will help determine whether the goal of reducing health and social costs of drug use to the public is being achieved.

The primary purpose of this data collection activity is to meet the reporting requirements of the Government Performance and Results Act (GPRA) by allowing SAMHSA to quantify the effects and accomplishments of SAMHSA programs.

The burden for the Center for Mental Health Services (CMHS) will be transferred from this data collection to its own separate Office of Management and Budget (OMB) clearance. The 60-day **Federal Register** Notice for National Outcome Measures (NOMS) for Consumers Receiving Mental Health Services was published on Friday, June 9, 2006 (Vol. 71, No. 111, p. 33476).

The burden for the CSAP gradually reduces due to the fact that this clearance request only pertains to a continuation of data collection for those grantees initially funded prior to FY2006. The new grantees (FY2006 and beyond) are approved under the NOMS for CSAP (OMB No. 0930-0230).

CSAT has no revisions to the instrument and the data collection time will remain the same but there is an increase in the number of respondents due to identifying the seven Screening, Brief Intervention, and Referral to Treatment program grantees that provide data uploads. The estimated annual response burden for this effort is provided in the table below:

ESTIMATES OF ANNUALIZED HOUR BURDEN^{1 3}

Center/form/ respondent type	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden	Added burden proportion	Total annual burden hours
CSAP GPRA Participant Outcome Measures for Discretionary Programs							
Participants							
FY2007	7,000	3	21,000	.33	6,930	.....	6,930
FY2008	3,000	3	9,000	.33	2,970	.....	2,970
CSAP Subtotal	10,000	3	30,000	.33	9,900	.....	9,900
CSAP Annualized Subtotal.	5,000 .....	.....	15,000	.....	.....	.....	4,950
CSAT GPRA Client Outcome Measures for Discretionary Programs							
Clients							
Adults	28,000	3	84,000	.33	27,720	.33	9,148
Adolescents	3,900	4	15,600	.33	5,148	.33	1,699
Screening, Brief Intervention and Referral to Treatment (SBIRT) ⁴							
Screening Only	150,618	1	150,618	.10	15,062	0	0
Brief Intervention ...	27,679	3	83,037	.16	13,286	0	0
Brief Tx & Referral to Tx.	9,200	3	27,600	.33	9,108	.33	3,006
SBIRT Client Subtotal.	187,497 .....	.....	261,255	.....	37,456	.....	3,006
Client Subtotal	254,497 .....	.....	360,855	.....	.....	.....	13,853
Data Extract by Grants ⁵							
Adult Records	400 grants ...	70 × 3	210	.16	34	.....	34
Adolescent Records.	73 grants	53 × 4	212	.16	34	.....	34
Screening, Brief Intervention and Referral to Tx (SBIRT) Records							
Screening Only	7 grants	21,517 × 1	21,517	.05	1,076	.....	1,076
Brief Intervention ...	7 grants	3,954 × 3	11,862	.08	949	.....	949
Brief Tx & Referral to Tx.	7 grants	1,314 × 3	3,942	.16	631	.....	631
Data Extract Subtotal.	480 .....	.....	37,743	.....	.....	.....	2,724
Upload ⁶	5 grants .....	.....	171,639	(1)	29	.....	29
Upload Subtotal ⁶ .	5 grants .....	.....	171,639	.....	.....	.....	29
CSAT Subtotal	219,896 .....	.....	570,237	.....	.....	.....	16,606
Total	224,896 .....	.....	585,237	.....	.....	.....	21,556

1. This table represents the maximum additional burden if adult respondents provide three sets of responses/data collections. CSAT adolescent respondents are expected to provide four sets of responses/data collections.

2. Added burden proportion is an adjustment reflecting customary and usual business practices programs engage in (e.g., they already collect the data items).

3. The minimum wage was used for calculating burden to respondents because employment status and level is variable for respondents normally served by these programs. A higher wage was used to calculate the burden for grants whose staff are employed at a higher rate.

4. Screening, Brief Intervention, Treatment and Referral (SBIRT) grant program:

*150,618 Screening Only (SO) respondents complete section A of the GPRA instrument, all of these items are asked during a customary and usual intake process resulting in zero burden; and

*27,679 Brief Intervention (BI) respondents complete sections A & B of the GPRA instrument, all of these items are asked during a customary and usual intake process resulting in zero burden; and

*9,200 Brief Treatment (BT) & Referral to Treatment (RT) respondents complete all sections of the GPRA instrument.

5. Data Extract by Grants: Grant burden for capturing customary and usual data.

6. Upload: 5 of the 7 SBIRT grants upload data; the other 2 grants conduct direct data entry.

7. 1 hr. per 6,000 records.

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: September 5, 2006.

Anna Marsh,

Director, Office of Program Services.

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DEPARTMENT OF HOMELAND SECURITY

U.S. Citizenship and Immigration Services

[CIS No. 2392-06; DHS Docket No. USCIS-2006-0045; RIN 1615-ZA38]

Extension of the Designation of Burundi for Temporary Protected Status; Automatic Extension of Employment Authorization Documentation for Burundi TPS Beneficiaries

AGENCY: U.S. Citizenship and Immigration Services, Department of Homeland Security.

ACTION: Notice of extension of temporary protected status for Burundi.

SUMMARY: This Notice informs the public that the designation of Burundi for Temporary Protected Status (TPS) has been extended for 12 months, from its current expiration date of November 2, 2006, to November 2, 2007. This Notice also sets forth procedures necessary for nationals of Burundi (or aliens having no nationality who last habitually resided in Burundi) with TPS to re-register and to apply for an extension of their Employment Authorization Documents (EADs) for the additional 12-month period. Re-registration is limited to persons who have previously registered for TPS under the designation of Burundi and whose application has been granted or remains pending. Certain nationals of Burundi (or aliens having no nationality who last habitually resided in Burundi) who have not previously applied for TPS may be eligible to apply under the late initial registration provisions.

Given the timeframes involved with processing TPS re-registrants, the Department of Homeland Security (DHS) recognizes that re-registrants may not receive a new EAD until after their current EAD expires on November 2, 2006. Accordingly, this Notice automatically extends the validity of EADs issued under the TPS designation of Burundi for 6 months through May 2,

2007, and explains how TPS beneficiaries and their employers may determine which EADs are automatically extended. New EADs with the November 2, 2007, expiration date will be issued to eligible TPS beneficiaries who timely re-register and apply for an EAD.

Effective Dates: The extension of Burundi's TPS designation is effective November 2, 2006, and will remain in effect until November 2, 2007. The 60-day re-registration period begins September 14, 2006 and will remain in effect until November 13, 2006.

FOR FURTHER INFORMATION CONTACT:

Matthew Horner, Status and Family Branch, Service Center Operations, U.S. Citizenship and Immigration Services, Department of Homeland Security, 20 Massachusetts Avenue, NW., 2nd Floor, Washington, DC 20529, telephone (202) 272-1505. This is not a toll free number.

SUPPLEMENTARY INFORMATION:

Abbreviations and Terms Used in This Document

Act—Immigration and Nationality Act.
ASC—USCIS Application Support Center.
DHS—Department of Homeland Security.
DOS—Department of State.
EAD—Employment Authorization Document.
Secretary—Secretary of Homeland Security.
TPS—Temporary Protected Status.
USCIS—U.S. Citizenship and Immigration Services.

What authority does the Secretary of Homeland Security have to extend the designation of Burundi for TPS?

Section 244(b)(1) of the Immigration and Nationality Act (Act), 8 U.S.C. 1254a(b)(1) authorizes the Secretary of Homeland Security (Secretary), after consultation with appropriate agencies of the Government, to designate a foreign state (or part thereof) for TPS. The Secretary may then grant TPS to eligible nationals of that foreign state (or aliens having no nationality who last habitually resided in that state). 8 U.S.C. 1254a(a)(1)(A).

At least 60 days before the expiration of the TPS designation, or any extension thereof, the Secretary, after consultation with appropriate agencies of the Government, must review the conditions in a foreign state designated for TPS to determine whether the conditions for the TPS designation continue to be met and, if so, the length of an extension of the TPS designation. 8 U.S.C. 1254a(b)(3)(A), (C). If the Secretary determines that the foreign state no longer meets the conditions for the TPS designation, he must terminate the designation. 8 U.S.C. 1254a(b)(3)(B).

Why did the Secretary decide to extend the designation of Burundi for TPS?

On November 4, 1997, the Attorney General published a Notice in the **Federal Register** designating Burundi for TPS. 62 FR 59735. In November 1999, the Attorney General extended and re-designated Burundi for TPS by publishing a Notice in the **Federal Register** at 64 FR 61123, based upon the ongoing armed conflict and extraordinary and temporary conditions in Burundi. Since 1999, the Attorney General or Secretary has extended Burundi's TPS designation six times, determining in each instance that the conditions warranting such designation continued to be met. 65 FR 67404 (Nov. 9, 2000), 66 FR 46027 (Aug. 31, 2001), 67 FR 55875 (Aug. 30, 2002), 68 FR 52405 (Sept. 3, 2003), 69 FR 60165 (Oct. 7, 2004), 70 FR 52425 (Sept. 2, 2005). The most recent extension took effect on November 2, 2005, and is due to expire on November 2, 2006.

Since November 2005, DHS and the Department of State (DOS) have continued to review conditions in Burundi. Based on this review, DHS has concluded that a 12-month extension of the TPS designation is warranted because, although there has been progress in the peace process, the armed conflict and extraordinary and temporary conditions that prompted designation persist. Further, DHS has determined that it is not contrary to the national interest of the United States to permit aliens who are eligible for TPS under this designation to remain temporarily in the United States. 8 U.S.C. 1254a(b)(1)(C).

Despite the signing of an "Agreement of Principles towards Lasting Peace, Security and Stability in Burundi" on June 19, 2006, the political situation remains volatile between the Government of Burundi and the rebel Forces Nationales de Liberation (FNL-Rwasa faction). One of the main obstacles in the ongoing negotiations between the Government of Burundi and the FNL-Rwasa faction is the composition of the national security forces. FNL-Rwasa is demanding the disbandment of the national security forces and their replacement with a force in which the FNL has a major stake. The Government of Burundi has agreed to incorporate the FNL into a reformed army that will be evenly staffed between members of the Hutu and Tutsi ethnic groups. The FNL, however, is attacking civilians even as it continues ceasefire negotiations with the Government of Burundi. Those attacks by the FNL are resulting in