

TABLE 1—Continued

Date collection instruments	Estimated No. of respondents	Responses per respondent	Annual Number of respondents*	Average burden hour per response*	Total annual burden hours
Practitioner Trainee Assessment .....	16	4	64	0.17 (10 mins).	10.9
Practitioner Trainee Interview .....	8	1	8	1.00 (60 mins).	8.0
Juvenile/Adult .....	61	1	61	0.50 (30 mins).	30.5
J/A Re-Offense .....	61	1	61	0.17 (10 mins).	10.4
Parent/Caretaker .....	122	1	122	0.50 (30 mins).	61.0
Community Key Information Questionnaire .....	24	1	24	1.50 (90 mins).	36.0
Community Key Informational Interview .....	24	1	24	1.0 (60 mins)	24.0
Medical (Treatment and Health Review) .....	61	1	61	0.75 (45 mins).	45.7
Agency Record Review .....	61	1	61	1.00 (60 mins).	61.0
Total .....	597	.....	.....	.....	367.0

\* For ease of understanding, burden hours are also provided in actual minutes.

There are no Capital Costs, Operating Costs and/or Maintenance Costs to report.

#### Request for comments

Your written comments and/or suggestions are invited on one or more of the following points: (a) Whether the information collection activity is necessary to carry out an agency function; (b) whether the agency processes the information collected in a useful and timely fashion; (c) the accuracy of public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information); (d) whether the methodology and assumptions used to determine the estimate are logical; (e) ways to enhance the quality, utility, and clarity of the information being collected; and (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

*Send Comments and Requests For Further Information:* Send your written comments or requests for more information on the proposed collection or requests to obtain a copy of the data collection instrument(s) and instructions to: Mr. Lance Hodahkwon, Sr., M.P.H., IHS Reports Clearance Officer, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852.1601: call non-toll free (301) 433-5938, send via facsimile to (301) 443-2316, or send your e-mail requests, comments, and

return address to:  
lhodahkw@hqe.ihs.gov.

*Comment Due Date:* Your comments regarding this information collection are best assured of having their full effect if received on or before March 14, 2000.

Dated: January 7, 2000.

**Michael H. Trujillo,**

*Assistant Surgeon General Director, Indian Health Service.*

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**BILLING CODE 4160-16-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

#### **Request for Public Comment: 60-Day Notice; Proposed Collection: Evaluation of Indian Health Service/ Bureau of Indian Affairs Training Practitioners Project**

**SUMMARY:** In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, to provide a 60-day advance opportunity for public comment on proposed information collection projects, the Indian Health Service is publishing for comment a summary of a proposed information collection to be submitted to the Office of Management and Budget (OMB) for review.

**PROPOSED COLLECTION: Title:** "Evaluation of Indian Health Service/ Bureau of Indian Affairs Training Practitioners Project." *Type of*

*Information Collection Request:* New collection. *Form Number:* None. *Need and Use of Information Collection:* The purpose of the proposed data collection is to evaluate and assess the overall effectiveness of the Indian Health Service (IHS) and Bureau of Indian Affairs (BIA) inter-agency sponsored national training project titled, "IHS/ BIA Training Practitioners in the Assessment and Treatment of Adolescent Sexual Perpetrators," conducted from 1993-1996 in 18 American Indian/Alaska Native (AI/AN) communities. The training project was established to provide mental health practitioners in AI/AN communities specialized training for the provision of mental health assessment and treatment services to juvenile sex offenders. The data collected is needed to assess respondent satisfaction/dissatisfaction with the training project, the clinical success/failure of the training on the juvenile sex offenders, the impact of using traditional healing treatment services with juvenile sex offenders, and to obtain recommendations for future clinical program planning. *Affected Public:* Individuals and households, State, Local or Tribal Government. *Type of Respondents:* Health care providers, juveniles, parent/caretakers, and various community members. Please see Table 1 for a listing of data collection instruments, estimated number of respondents, number of responses per respondent, annual number of responses, average burden hour per response, and total annual burden hour.

TABLE 1

Data collection instruments	Estimated no. of respondents	Responses per respondent	Annual number of responses	Average burden hour per response*	Total annual burden hours
Practitioner Trainee Questionnaire .....	159	1	159	0.50 (30 mins).	79.5
Practitioner Trainee Assessment .....	16	4	64	0.17 (10 mins).	10.9
Practitioner Trainee Interview .....	8	1	8	1.00 (60 mins).	8.0
Juvenile/Adult .....	61	1	61	0.50 (30 mins).	30.5
J/A Re-Offense .....	61	1	61	0.17 (10 mins).	10.4
Parent/Caretaker .....	122	1	122	0.50 (30 mins).	61.0
Community Key Informant Questionnaire .....	24	1	24	1.50 (90 mins).	36.0
Community Key Informant Interview .....	24	1	24	1.0 (60 mins)	24.0
Medical (Treatment and Health Review) .....	61	1	61	0.75 (45 mins).	45.7
Agency Record Review .....	61	1	61	1.00 (60 mins).	61.0
<b>Total .....</b>	<b>597</b>	<b>.....</b>	<b>.....</b>	<b>.....</b>	<b>367.0</b>

\*For ease of understanding, burden hours are also provided in actual minutes.

There are no Capital Costs, Operating Costs and/or Maintenance Costs to report.

#### Request for Comments

Your written comments and/or suggestions are invited on one or more of the following points: (a) Whether the information collection activity is necessary to carry out an agency function; (b) whether the agency processes the information collected in a useful and timely fashion; (c) the accuracy of public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information); (d) whether the methodology and assumptions used to determine the estimate are logical; (e) ways to enhance the quality, utility, and clarity of the information being collected; and (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

*Send Comments and Requests For Further Information:* Send your written comments or requests for more information on the proposed collection or requests to obtain a copy of the data collection instrument(s) and instructions to: Mr. Lance Hodahkwon, Sr., M.P.H., IHS Reports Clearance Officer, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852-1601; call non-toll free (301) 443-5938, send via facsimile to (301) 443-2316, or send your e-mail requests, comments, and

return address to:  
lhodahkw@hqe.ihs.gov.

*Comment Due Date:* Your comments regarding this information collection are best assured of having their full effect if received on or before March 14, 2000.

Dated: January 7, 2000.

**Michael H. Trujillo,**  
*Assistant Surgeon General 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: 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 (301) 443-7978.

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: Evaluation of the Effects of the Vermont Parity Act—* New— In support of its mission to support activities related to improving mental health and substance abuse treatment and prevention through demonstration projects, evaluations and service system assessments, SAMHSA is taking advantage of the implementation of the Vermont Parity Act on January 1, 1998. The Vermont Parity Act provides SAMHSA with an important opportunity to study the health insurance coverage impacts of the nation's most comprehensive parity law and to provide useful data to state and federal policy makers, employers, health care providers, advocates, and consumers.

SAMHSA will conduct a telephone survey of private employers in Vermont to assess their responses to the state law. The employer survey will gather information on the effects of the Vermont parity law on employer-sponsored health insurance coverage. As a study of the most comprehensive