20. Section 61.157 is added to subpart M to read as follows:

§ 61.157 Delegation of authority.

(a) In delegating implementation and enforcement authority to a State under section 112(d) of the Act, the authorities contained in paragraph (b) of this section shall be retained by the Administrator and not transferred to a State.

(b) Authorities that will not be delegated to States:

(1) Section 61.149(c)(2)

(2) Section 61.150(a)(4)

(3) Section 61.151(c)

(4) Section 61.152(b)(3)

(5) Section 61.154(d)

(6) Section 61.155(a).

[FR Doc. 90-26835 Filed 11-19-90; 8:45 am]

BILLING CODE 6560-50-M

TABLE 1.—CROSS-REFERENCE TO OTHER ASBESTOS REGULATIONS

Agency	CFR citation	Comment
EPA	40 CFR 763, Subpart E, F	Requires schools to inspect for asbestos and implement response actions and submit asbestos management plans to States. Specifies use of accredited inspectors, air sampling methods, and waste disposal procedures.
	40 CFR 427	Effluent standards for asbestos manufacturing source categories.
	40 CFR 763, Subpart G	Protects public employees performing asbestos abatement work in States not covered by OSHA asbestos standard.
OSHA	29 CFR 1910.1001	Worker protection measures—engineering controls, worker training, labeling, respiratory protection, bagging of waste, 0.2 f/cc permissible exposure level.
	29 CFR 1926.58	Worker protection measures for all construction work involving asbestos, including demolition and renovation—work practices, worker training, bagging of waste, 0.2 f/cc permissible exposure level.
MSHA	30 CFR 56, Subpart D	Specifies exposures limits, engineering controls, and respiratory protection measures for workers in surface mines.
	30 CFR 57, Subpart D	Specifies exposure limits, engineering controls, and respiratory protection measures for workers in underground mines.
DOT	49 CFR 171 and 172	Regulates the transportation of asbestos-containing waste material. Requires waste containment and shipping papers.

federal register

Tuesday
November 20, 1990

Part IV

Department of Health and Human Services

Food and Drug Administration

21 CFR Part 872 et al.

Medical Devices; Classification of 70 Electromedical Devices; Final Rule

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

21 CFR Parts 872, 874, 878, 884, 886, 888, and 892

[Docket No. 78N-2847 et al.]

Medical Devices; Classification of 70 Electromedical Devices

AGENCY: Food and Drug Administration, HHS.

ACTION: Final rule.

SUMMARY: The Food and Drug Administration (FDA) is classifying 70 electromedical devices of a type on the market before enactment of the Medical Device Amendments (the amendments) of 1976. In the preamble, FDA is responding to comments on the proposed regulations classifying these devices.

EFFECTIVE DATE: December 20, 1990.

FOR FURTHER INFORMATION CONTACT: Joseph M. Sheehan, Center for Devices and Radiological Health (HFZ-84), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301-443-4874.

SUPPLEMENTARY INFORMATION:

I. Background

Classification of medical devices in commercial distribution is required by section 513 of the Medical Device Amendments of 1976 (Pub. L. 94-295) (the amendments) to the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 360c). The effect of classifying a device into class I is to require that the device continues to meet only the general controls applicable to all devices. The effect of classifying a device into class II is to provide for the future development of one or more performance standards to assure the safety and effectiveness of the device. The effect of classifying a device into class III is to require each manufacturer of the device to submit to FDA a premarket approval application that includes information concerning safety and effectiveness tests for the device.

Pursuant to section 513, FDA has published a series of proposed and final rules classifying devices of a type which were in commercial distribution when the amendments were enacted (i.e., classifying preamendments devices and devices determined by FDA to be substantially equivalent to such devices). For purposes of classification, FDA categorized such devices into 16 medical specialty groups. See 21 CFR parts 862 through 892.

On November 15, 1988 (53 FR 46040), FDA published a reproposed rule to classify 70 electromedical devices into class I. The devices subject to the reproposal represented 6 of the 16 medical specialty groups. When FDA published this reproposed rule, the agency believed that essentially the only risk to health presented by these devices was the risk from electrical leakage current that the agency believed could be controlled through the general controls of class I, without any exemptions authorized under section 513(d)(2)(A) of the act (21 U.S.C. 360c(d)(2)(A)).

In the preamble to the reproposed rule, FDA provided a thorough discussion of the background of the action. Some of the regulations included both the AC-powered generic type of device and its already-classified non-AC-powered counterpart.

II. Comments

Letters of comment were received from two manufacturers, a trade association, and a professional society. All of the comments generally supported classifying the 70 devices into class I but the comments also submitted two requests. A summary of the requests and FDA's responses follow:

1. A comment requested that FDA exempt all of the dental devices subject to the proposed rule from the requirements of sections 510 (registration and premarket notification procedures), 519 (records and reports), and 520(f) (current good manufacturing practice (CGMP)) of the act (21 U.S.C. 360, 360i, and 360j(f)). The comment said that all of these dental devices had a long, established record of safe usage for specific purposes, that the characteristics necessary for safe and effective performance are well established, and that any changes whatsoever would undoubtedly have an insignificant effect on the safety and effectiveness of the devices.

FDA has determined that protection of the public health requires that all manufacturers of medical devices, other than those already exempt under 21 CFR 807.65, register and list their products with FDA to ensure that the agency can identify these manufacturers and their products to conduct necessary inspections. FDA has already described this policy in its classification regulations several times, as in the preamble to the proposed rule classifying general and plastic surgery devices (January 19, 1982; 47 FR 2810 at 2813).

The agency has determined, however, that it is not necessary for the protection of the public health that FDA receive premarket notification submissions for certain devices. The agency has published a series of proposed and final rules granting certain class I devices exemptions from the premarket notification procedures. The preambles to these regulations clearly describe the agency's exemption policy regarding premarket notification. For an example, see the **Federal Register** of April 5, 1989 (54 FR 13828), where FDA provided 22 class I dental devices exemptions from the premarket notification requirements and promulgated new section 21 CFR 872.9 regarding limitations on such exemptions.

Based on these established exemption criteria, FDA believes that manufacturers of all of the dental devices and all of the other devices subjects of this rulemaking should comply with the premarket notification procedures to protect the public health. Exemptions from premarket notification procedures granted to certain devices in earlier rulemakings continue in effect and are shown in the codified portion of this rule for the convenience of the reader.

Section 519 of the act authorizes FDA to issue regulations requiring device manufacturers, importers, and distributors to establish and maintain records that the agency may reasonably require to assure the safety and effectiveness of devices. Section 520(f) of the act authorizes FDA to issue CGMP regulations. As explained in the preambles to the series of proposed and final regulations classifying devices, the only type of exemption from records and reports requirements that the agency has granted is an exemption of certain manufacturers from most of the CGMP requirements at 21 CFR part 820, in accordance with specified criteria. See, for example, the proposed rule classifying general and plastic surgery devices, published in the **Federal Register** of January 19, 1982 (47 FR 2810, 2813).

As stated in the preamble to the proposed rule of November 15, 1988 (53 FR 46040), in accordance with the recommendations of the device Panels (the device advisory committees listed at 21 CFR 14.100(d)), FDA did not propose any exemptions from the CGMP requirements for any of these 70 electromedical devices. The agency continues to believe that all of the requirements of 21 CFR Part 820 are necessary to provide reasonable assurance of the safety and effectiveness of these AC-powered devices. Thus, no exemptions from CGMP requirements are provided in this final rule. However, CGMP exemptions

granted to certain devices in earlier rulemakings continue in effect and are shown in the codified portion of this rule for the convenience of the reader.

2. A comment requested that FDA exempt from the premarket notification procedures the manufacturers of the radiographic film marking system and the automatic radiographic film processor. The comment said that these devices and their manufacturers had no history of problems or noncompliance and that the operators of these devices would be able to detect and resolve any performance problems with the devices.

In accordance with the agency's criteria for granting exemptions from the premarket notification procedures (discussed above) and in partial agreement with the comment's suggestion, in the near future the agency will publish a proposed rule to grant an exemption from the premarket notification procedures for the radiographic film marking system (§ 892.1640).

Regarding the automatic radiographic film processor (§ 892.1900), FDA agrees that the device presents minimal electrical hazards. However, FDA studies indicate that poor radiograph processing can result in two adverse effects. First, if the radiograph image is sufficiently degraded, patients will need to repeat the radiographic examination, thereby increasing their radiation exposure and potential radiation risk. Second, a poor radiograph could result in a missed or incorrect diagnosis, with potential adverse results for the patient. The agency believes that this device should be subject to the premarket notification procedures to assure the safety and effectiveness of the device. Further, FDA now believes that the radiographic film processor should be classified into class II instead of class I as proposed, as explained below.

III. Classification of Eight Devices into Class II Instead of Class I as Proposed on November 15, 1988

When the agency proposed to classify the 70 electromedical devices into class I, FDA believed that essentially the only risk to health presented by these devices was the minimal risk from electrical leakage current that could be controlled by the general controls of class I. Now FDA has determined that six of the AC-powered ophthalmic devices intended to examine the eyes of patients emit a level of light intensity that could harm the patients' eyes if used for extended periods. Light sources currently available, such as incandescent tungsten filaments as used in conventional hand held ophthalmoscopes, as well as other light sources, such as halogen lamps, may expose patients to hazardous levels of optical radiation emission (Ref. 1). Thus for the following six devices FDA believes that performance standards are necessary to control the risk of damage to the eyes of patients from the intensity of the light source and that the general controls of class I alone are insufficient to provide reasonable assurance of their safety and effectiveness: ophthalmic camera (§ 886.1120), euthyscope (§ 886.1250), afterimage flasher (§ 886.1300), retinoscope (§ 886.1780), transilluminator (§ 886.1945), and the operating headlamp (§ 886.4335). Accordingly, in this final rule, FDA is classifying these six devices into class II.

FDA is also concerned that a lower than class II classification for ophthalmic electrolysis unit (§ 886.4250) will not be consistent with the electrolysis units (Epilators are currently classified in class III as well as class II.) classified for dermatologic use which have similar design in some respects, and which are identical in intended use. Thus, FDA believes that a performance standard is necessary for the ophthalmic electrolysis unit to assure regulatory consistency and to control performance characteristics to assure that it is safe and effective. FDA believes that the controls of class I alone are insufficient to provide reasonable assurance of the safety and effectiveness of this device.

FDA now believes that the automatic radiographic film processor (§ 892.1900) should be classified into class II instead of class I as proposed. Data from FDA's Nationwide Evaluation of X-Ray Trends (NEXT) program from 1984 to 1987 show that radiograph processing quality varies greatly and that significant numbers of users of the device are underprocessing film (Refs. 2 to 6). For example, for chest examinations, 20 percent of all hospitals underprocessed film in 1986. These data suggest that processor performance, operator performance, and/or processor design need to be improved to minimize radiation exposure of patients. Thus, FDA is classifying the automatic radiographic film processor into class II. FDA believes that a performance standard is necessary for this device to control its accuracy, reliability, and other performance characteristics. FDA also believes that the general controls of class I alone are insufficient to provide reasonable assurance of the safety and effectiveness of the device.

FDA believes that it is unnecessary to issue new proposed regulations concerning these decisions. The purpose of publishing a proposed regulation and soliciting comments is to enable the agency to determine whether its proposed classification of a device was correct. After reviewing the comments submitted on a proposal or upon reconsideration, the agency may determine that its proposed classification is incorrect. Persons interested in the classification process should anticipate that in a final regulation a device may be placed in a class different from the one originally proposed. Persons who disagree with a final classification for a device may petition for reclassification of the device under subpart C of 21 CFR part 860.

IV. List of Classifications

Section	Device	Docket No.	Class
	Part 872—Dental Devices		
872.3100	Dental amalgamator	78N-2847	I
872.3530	Mechanical denture cleaner	78N-2879	I
872.4200	Dental handpiece and accessories	78N-2918	I
872.4620	Fiber optic dental light	78N-2934	I
872.6250	Dental chair and accessories	78N-2980	I
872.6475	Heat source for bleaching teeth	78N-2994	I
872.6510	Oral irrigation unit	78N-2996	I
872.6640	Dental operative unit and accessories	78N-3002	I
872.6710	Boiling water sterilizer	78N-3009	I
872.6865	Powered toothbrush	78N-3020	I
	Part 874—Ear, Nose, and Throat Devices		
874.1070	Short increment sensitivity index (SISI) adapter	78N-1552	I

IV. LIST OF CLASSIFICATIONS—Continued

Section	Device	Docket No.	Class
874.1800	Air or water caloric stimulator	78N-1565	I
874.4750	Laryngostroboscope	78N-1622	I
874.4770	Otoscope	78N-1624	I
874.5300	Ear, nose, and throat examination and treatment unit	78N-1630	I
874.5550	Powered nasal irrigator	78N-1631	I
	Part 878—General and Plastic Surgery Devices		
878.4635	Ultraviolet lamp for tanning	78N-2687	I
878.4700	Surgical microscope and accessories	78N-2691	I
878.4820	Surgical instrument motors and accessories/attachments	78N-2698	I
878.4960	Operating tables and accessories and operating chairs and accessories	78N-2705	I
	Part 884—Obstetrical and Gynecological Devices		
884.2980	Telethermographic system	78N-2762	I
884.2982	Liquid crystal thermographic system	78N-2763	I
	Part 886—Ophthalmic Devices		
886.1050	Adaptometer (biophotometer)	78N-3130	I
886.1070	Anomaloscope	78N-3132	I
886.1090	Haidlinger brush	78N-3133	I
886.1120	Ophthalmic camera	78N-3135	II
886.1140	Ophthalmic chair	78N-3137	I
886.1160	Color vision plate illuminator	78N-3140	I
886.1250	Euthyscope	78N-3145	II
886.1290	Fixation device	78N-3148	I
886.1300	Afterimage flasher	78N-3149	II
886.1340	Haploscope	78N-3295	I
886.1350	Keratoscope	78N-3153	I
886.1425	Lens measuring instrument	78N-3166	I
886.1430	Ophthalmic contact lens radius measuring device	78N-3167	I
886.1435	Maxwell spot	78N-3168	I
886.1450	Corneal radius measuring device	78N-3169	I
886.1605	Perimeter	78N-3178	I
886.1680	Ophthalmic projector	78N-3189	I
886.1690	Pupillograph	78N-3190	I
886.1700	Pupillometer	78N-3191	I
886.1780	Retinoscope	78N-3196	II
886.1810	Tangent screen (campimeter)	78N-3200	I
886.1860	Ophthalmic instrument stand	78N-3208	I
886.1870	Stereoscope	78N-3210	I
886.1910	Spectacle dissociation test system	78N-3214	I
886.1940	Tonometer sterilizer	78N-3220	I
886.1945	Transilluminator	78N-3221	II
886.4070	Powered corneal burr	78N-3233	I
886.4250	Ophthalmic electrolysis unit	78N-3244	II
886.4335	Operating headlamp	78N-3252	II
886.4370	Keratome	78N-3255	I
886.4855	Ophthalmic instrument table	78N-3272	I
886.5820	Closed-circuit television reading system	78N-3285	I
886.5900	Electronic vision aid	78N-3290	I
886.5915	Optical vision aid	78N-3293	I
	Part 888—Orthopedic Devices		
888.1500	Goniometer	78N-3043	I
888.5960	Cast removal instrument	78N-3124	I
	Part 892—Radiology Devices		
892.1100	Scintillation (gamma) camera	78N-2743	I
892.1110	Positron camera	78N-2744	I
892.1130	Nuclear whole body counter	78N-2745	I
892.1300	Nuclear rectilinear scanner	78N-2750	I
892.1320	Nuclear uptake probe	78N-2752	I
892.1330	Nuclear whole body scanner	78N-2753	I
892.1350	Nuclear scanning bed	78N-2754	I
892.1410	Nuclear electrocardiograph synchronizer	78N-2760	I
892.1640	Radiographic film marking system	78N-2773	I
892.1890	Radiographic film illuminator	78N-2795	I
892.1900	Automatic radiographic film processor	78N-2796	II
892.1970	Radiographic ECG/respirator synchronizer	78N-2803	I

V. References

The following information has been placed on file in the Dockets Management Branch (HFA-305), Food and Drugs Administration, Rm. 4-62, 5600 Fishers Lane, Rockville, MD 20857, and may be seen by interested persons from 9 a.m. to 4 p.m., Monday through Friday.

1. James, R.H., Bostrom, R.G., Remark, D., and D.H. Sliney, "Handheld Ophthalmoscopes for Hazard Analysis: an Evaluation," *Applied Optics*, December 15, 1988, pp. 5072-5076.

2. FDA, "Sensitometric Technique for the Evaluation of Processing (STEP)."

3. Goldman, L., Vuchich, J.J., Beech, S., and W.L. Murphy, "Automatic Processing Quality Assurance Program: Impact on a Radiology Department," *Radiology*, December 1977, pp. 591-595.

4. FDA, "A Sensitometric Evaluation of Film Chemistry-Processor Systems in the State of New Jersey."

5. Hall, C.L., "Economic Analysis of a Quality Control Program," "SPIE, Application of Optical Instrumentation in Medicine VI," 1977.

6. FDA, "A Study of Retakes in Radiology Departments of Two Large Hospitals," July 1975.

VI. Environmental Impact

FDA has determined under 21 CFR 25.24(e)(2) that this action is of a type that does not individually or cumulatively have a significant effect on the human environment. Therefore, neither an environmental assessment nor an environmental impact statement is required.

VII. Economic Impact

FDA has carefully analyzed the economic effects of this final rule and has determined that the rule will not have a significant economic impact on a substantial number of small entities as defined by the Regulatory Flexibility Act. In accordance with section 3(g)(1) of Executive Order 12291, the impact of this final rule has been carefully analyzed, and FDA has determined that the rule does not constitute a major rule as defined in section 1(b) of the Executive Order. Rules classifying devices into class I generally maintain the status quo. These devices are now subject only to the general control provisions of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351, 352, 360, 360f, 360h, 360i, and 360j). Devices classified into class II also remain subject only to the general control provisions unless and until an applicable performance standard is established. In sum, device classification rules do not have a significant impact on a substantial number of small entities and are not major rules.

List of Subjects 21 CFR

Part 872

Medical devices.

Part 874

Medical devices.

Part 878

Medical devices.

Part 884

Medical devices.

Part 886

Medical devices, Ophthalmic goods and services.

Part 888

Medical devices.

Part 892

Medical devices, Radiation protection, X-rays.

Therefore, under the Federal Food, Drug, and Cosmetic Act and under the authority delegated to the Commissioner of Food and Drugs, chapter I of title 21 of the Code of Federal Regulations, 21 CFR parts 872, 874, 878, 884, 886, 888, and 892 are amended as follows:

PART 872—DENTAL DEVICES

1. The authority citation for 21 CFR part 872 continues to read as follows:

Authority: Secs. 501, 510, 513, 515, 520, 701 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351, 360, 360c, 360e, 360j, 371).

2. New § 872.3100 is added to subpart D to read as follows:

§ 872.3100 Dental amalgamator.

(a) *Identification.* A dental amalgamator is a device, usually AC-powered, intended to mix, by shaking, amalgam capsules containing mercury and dental alloy particles, such as silver, tin, zinc, and copper. The mixed dental amalgam material is intended for filling dental caries.

(b) *Classification.* Class I.

3. New § 872.3530 is added to subpart D to read as follows:

§ 872.3530 Mechanical denture cleaner.

(a) *Identification.* A mechanical denture cleaner is a device, usually AC-powered, that consists of a container for mechanically agitating a denture cleansing solution. The device is intended to clean a denture by submersion in the agitating cleansing solution in the container.

(b) *Classification.* Class I.

4. New § 872.4200 is added to subpart E to read as follows:

§ 872.4200 Dental handpiece and accessories.

(a) *Identification.* A dental handpiece and accessories is an AC-powered, water-powered, air-powered, or belt-driven, hand-held device that may include a foot controller for regulation of speed and direction of rotation or a contra-angle attachment for difficult to reach areas intended to prepare dental cavities for restorations, such as fillings, and for cleaning teeth.

(b) *Classification.* Class I.

5. New § 872.4620 is added to subpart E to read as follows:

§ 872.4620 Fiber optic dental light.

(a) *Identification.* A fiber optic dental light is a device that is a light, usually AC-powered, that consists of glass or plastic fibers which have special optical properties. The device is usually attached to a dental handpiece and is intended to illuminate a patient's oral structures.

(b) *Classification.* Class I.

6. New § 872.6250 is added to subpart G to read as follows:

§ 872.6250 Dental chair and accessories.

(a) *Identification.* A dental chair and accessories is a device, usually AC-powered, in which a patient sits. The device is intended to properly position a patient to perform dental procedures. A dental operative unit may be attached.

(b) *Classification.* Class I.

7. New § 872.6475 is added to subpart G to read as follows:

§ 872.6475 Heat source for bleaching teeth.

(a) *Identification.* A heat source for bleaching teeth is an AC-powered device that consists of a light or an electric heater intended to apply heat to a tooth after it is treated with a bleaching agent.

(b) *Classification.* Class I.

8. New § 872.6510 is added to subpart G to read as follows:

§ 872.6510 Oral irrigation unit.

(a) *Identification.* An oral irrigation unit is an AC-powered device intended to provide a pressurized stream of water to remove food particles from between the teeth and promote good periodontal (gum) condition.

(b) *Classification.* Class I.

9. New § 872.6640 is added to subpart G to read as follows:

§ 872.6640 Dental operative unit and accessories.

(a) *Identification.* A dental operative unit and accessories is an AC-powered device that is intended to supply power to and serve as a base for other dental devices, such as a dental handpiece, a dental operating light, an air or water syringe unit, and oral cavity evacuator, a suction operative unit, and other dental devices and accessories. The device may be attached to a dental chair.

(b) *Classification.* Class I.

10. New § 872.6710 is added to subpart G to read as follows:

§ 872.6710 Boiling water sterilizer.

(a) *Identification.* A boiling water sterilizer is an AC-powered device that consists of a container for boiling water. The device is intended to sterilize dental and surgical instruments by submersion in the boiling water in the container.

(b) *Classification.* Class I.

11. New § 872.6865 is added to subpart G to read as follows:

§ 872.6865 Powered toothbrush.

(a) *Identification.* A powered toothbrush is an AC-powered or battery-powered device that consists of a handle containing a motor that provides mechanical movement to a brush intended to be applied to the teeth. The device is intended to remove adherent plaque and food debris from the teeth to reduce tooth decay.

(b) *Classification.* Class I.

PART 874—EAR, NOSE, AND THROAT DEVICES

12. The authority citation for 21 CFR part 874 continues to read as follows:

Authority: Secs. 501, 510, 513, 515, 520, 701 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351, 360, 360c, 360e, 360j, 371).

13. Section 874.1070 is added to subpart B to read as follows:

§ 874.1070 Short increment sensitivity index (SISI) adapter.

(a) *Identification.* A short increment sensitivity index (SISI) adapter is a device used with an audiometer in diagnostic hearing evaluations. A SISI adapter provides short periodic sound pulses in specific small decibel increments that are intended to be superimposed on the audiometer's output tone frequency.

(b) *Classification.* Class I.

14. New § 874.1800 is added to subpart B to read as follows:

§ 874.1800 Air or water caloric stimulator.

(a) *Identification.* An air or water caloric stimulator is a device that delivers a stream of air or water to the ear canal at controlled rates of flow and temperature and that is intended for vestibular function testing of a patient's body balance system. The vestibular stimulation of the semicircular canals produce involuntary eye movements that are measured and recorded by a nystagmograph.

(b) *Classification.* Class I.

15. New § 874.4750 is added to subpart E to read as follows:

§ 874.4750 Laryngostroboscope.

(a) *Identification.* A laryngostroboscope is a device that is intended to allow observation of glottic action during phonation. The device operates by focusing a stroboscopic light through a lens for direct or mirror reflected viewing of glottic action. The light and microphone that amplifies acoustic signals from the glottic area may or may not contact the patient.

(b) *Classification.* Class I.

16. New § 874.4770 is added to subpart E to read as follows:

§ 874.4770 Otoscope.

(a) *Identification.* An otoscope is a device intended to allow inspection of the external ear canal and tympanic membrane under magnification. The device provides illumination of the ear canal for observation by using an AC- or battery-powered light source and an optical magnifying system.

(b) *Classification.* Class I.

17. New § 874.5300 is added to subpart F to read as follows:

§ 874.5300 Ear, nose, and throat examination and treatment unit.

(a) *Identification.* An ear, nose, and throat examination and treatment unit is an AC-powered device intended to support a patient during an otologic examination while providing specialized features for examination and treatment. The unit consists of a patient chair and table, drawers for equipment, suction and blowing apparatus, and receptacles for connection of specialized lights and examining instruments.

(b) *Classification.* Class I.

18. New § 874.5550 is added to subpart F to read as follows:

§ 874.5550 Powered nasal irrigator.

(a) *Identification.* A powered nasal irrigator is an AC-powered device intended to wash the nasal cavity by means of a pressure-controlled pulsating stream of water. The device consists of a control unit and pump connected to a spray tube and nozzle.

(b) *Classification.* Class I.

PART 878—GENERAL AND PLASTIC SURGERY DEVICES

19. The authority citation for 21 CFR part 878 continues to read as follows:

Authority: Secs. 501, 510, 513, 515, 520, 701 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351, 360, 360c, 360e, 360j, 371).

20. New § 878.4635 is added to subpart E to read as follows:

§ 878.4635 Ultraviolet lamp for tanning.

(a) *Identification.* An ultraviolet lamp for tanning is a device that is a lamp (including a fixture) intended to provide ultraviolet radiation to tan the skin. See § 1040.20 of this chapter.

(b) *Classification.* Class I.

21. New § 878.4700 is added to subpart E to read as follows:

§ 878.4700 Surgical microscope and accessories.

(a) *Identification.* A surgical microscope and accessories is an AC-powered device intended for use during surgery to provide a magnified view of the surgical field.

(b) *Classification.* Class I.

22. New § 878.4820 is added to subpart E to read as follows:

§ 878.4820 Surgical instrument motors and accessories/attachments.

(a) *Identification.* Surgical instrument motors and accessories are AC-powered, battery-powered, or air-powered devices intended for use during surgical procedures to provide power to operate various accessories or attachments to cut hard tissue or bone and soft tissue. Accessories or attachments may include a bur, chisel (osteotome), dermabrasion brush, dermatome, drill bit, hammerhead, pin driver, and saw blade.

(b) *Classification.* Class I.

23. New § 878.4960 is added to subpart E to read to follows:

§ 878.4960 Operating tables and accessories and operating chairs and accessories.

(a) *Identification.* Operating tables and accessories and operating chairs and accessories are AC-powered or air-powered devices, usually with movable components, intended for use during diagnostic examinations or surgical procedures to support and position a patient.

(b) *Classification.* Class I.

PART 884—OBSTETRICAL GYNECOLOGICAL DEVICES

24. The authority citation for 21 CFR part 884 continues to read as follows:

Authority: Secs. 501, 510, 513, 515, 520, 701 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351, 360, 360c, 360e, 360j, 371).

25. Section 884.2980 is amended by adding new paragaph (a) to read as follows:

§ 884.2980 Telethermographic system.

(a) *Telethermographic system intended for adjunctive diagnostic screening for detection of breast cancer or other uses—*

(1) *Identification.* A telethermographic system for adjunctive diagnostic screening for detection of breast cancer or other uses is an electrically powered device with a detector that is intended to measure, without touching the patient's skin, the self-emanating infrared radiation that reveals the temperature variations of the surface of the body. This generic type of device may include signal analysis and display equipment, patient and equipment supports, component parts, and accessories.

(2) *Classification.* Class I.

* * * * *

26. Section 884.2982 is amended by revising paragraph (a) to read as follows:

§ 884.2982 Liquid crystal thermographic system.

(a) *A nonelectrically powered or an AC-powered liquid crystal thermographic system intended for adjunctive use in diagnostic screening for detection of breast cancer or other uses*—(1) *Identification.* A nonelectrically powered or an AC-powered liquid crystal thermographic system intended for use as an adjunct to physical palpation or mammography in diagnostic screening for detection of breast cancer or other uses is a nonelectrically powered or an AC-powered device applied to the skin that displays the color patterns of heat sensitive cholesteric liquid crystals that respond to temperature variations of the surface of the body. This generic type of device may include patient and equipment supports, a means to ensure thermal contact between the patient's skin and the liquid crystals, component parts, and accessories.

(2) *Classification.* Class I.

* * * * *

PART 886—OPHTHALMIC DEVICES

27. The authority citation for 21 CFR part 886 continues to read as follows:

Authority: Secs. 501, 510, 513, 515, 520, 701 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351, 360, 360c, 360e, 360j, 371).

28. New § 886.1050 is added to subpart B to read as follows:

§ 886.1050 Adaptometer (biophotometer).

(a) *Identification.* An adaptometer (biophotometer) is an AC-powered device that provides a stimulating light source which has various controlled intensities intended to measure the time required for retinal adaptation (regeneration of the visual purple) and the minimum light threshold.

(b) *Classification.* Class I.

29. New § 886.1070 is added to subpart B to read as follows:

§ 886.1070 Anomaloscope.

(a) *Identification.* An anomaloscope is an AC-powered device intended to test for anomalies of color vision by displaying mixed spectral lines to be matched by the patient.

(b) *Classification.* Class I.

30. New § 886.1090 is added to subpart B to read as follows:

§ 886.1090 Haidlinger brush.

(a) *Identification.* A Haidlinger brush is an AC-powered device that provides two conical brushlike images with apexes touching which are viewed by the patient through a Nicol prism and intended to evaluate visual function. It may include a component for measuring macular integrity.

(b) *Classification.* Class I.

31. New § 886.1120 is added to subpart B to read as follows:

§ 886.1120 Opthalmic camera.

(a) *Identification.* An ophthalmic camera is an AC-powered device intended to take photographs of the eye and the surrounding area.

(b) *Classification.* Class II.

32. Section 886.1140 is revised to read as follows:

§ 886.1140 Ophthalmic chair.

(a) *Identification.* An ophthalmic chair is an AC-powered or manual device with adjustable positioning in which a patient is to sit or recline during ophthalmological examination or treatment.

(b) *Classification.* Class I. The manual device is exempt from the premarket notification procedures in part 807, subpart E of this chapter and it is also exempt from the current good manufacturing practice regulations in part 820 of this chapter, with the exception of § 820.180, with respect to general requirements concerning records, and § 820.198, with respect to complaint files.

33. New § 886.1160 is added to Subpart B to read as follows:

§ 886.1160 Color vision plate illuminator.

(a) *Identification.* A color vision plate illuminator is an AC-powered device that is a lamp intended to properly illuminate color vision testing plates. It may include a filter.

(b) *Classification.* Class I.

34. Section 86.1250 is revised to read as follows:

§ 886.1250 Euthyscope.

(a) *Identification.* A euthyscope is a device that is a modified AC-powered or battery-powered ophthalmoscope (a perforated mirror device intended to inspect the interior of the eye) that projects a bright light encompassing an arc of about 30 degrees onto the fundus of the eye. The center of the light bundle is blocked by a black disk covering the fovea (the central depression of the macular retinae where only cones are present and blood vessels are lacking). The device is intended for use in the treatment of amblyopia (dimness of vision without apparent disease of the eye).

(b) *Classification.* Class I for the battery-powered device. Class II for the AC-powered device.

35. New § 886.1290 is added to subpart B to read as follows:

§ 886.1290 Fixation device.

(a) *Identification.* A fixation device is an AC-powered device intended for use as a fixation target for the patient during ophthalmological examination. The patient directs his or her gaze so that the visual image of the object falls on the fovea centralis (the center of the macular retina of the eye.)

(b) *Classification.* Class I.

36. New § 886.1300 is added to subpart B to read as follows:

§ 886.1300 Afterimage flasher.

(a) *Identification.* An afterimage flasher is an AC-powered light that automatically switches on and off to allow performance of an afterimage test in which the patient indicates the positions of afterimages after the light is off. The device is intended to determine harmonious/anomalous retinal correspondence (the condition in which corresponding points on the retina have the same directional value).

(b) *Classification.* Class II.

37. New § 886.1340 is added to subpart B to read as follows:

§ 886.1340 Haploscope.

(a) *Identification.* A haploscope is an AC-powered device that consists of two movable viewing tubes, each containing a slide carrier, a low-intensity light source for the illumination of the slides, and a high-intensity light source for creating afterimages. The device is intended to measure strabismus (eye muscle imbalance), to assess binocular vision (use of both eyes to see), and to treat suppression and amblyopia (dimness of vision without any apparent disease of the eye).

(b) *Classification.* Class I.

38. Section 886.1350 is revised to read as follows:

§ 886.1350 Keratoscope.

(a) *Identification.* A keratoscope is an AC-powered or battery-powered device intended to measure and evaluate the corneal curvature of the eye. Lines and circles within the keratoscope are used to observe the corneal reflex. This generic type of device includes the photokeratoscope which records corneal curvature by taking photographs of the cornea.

(b) *Classification.* Class I. The battery-powered device is exempt from the current good manufacturing practice regulations in part 820 of this chapter, with the exception of § 820.180, with respect to general requirements

concerning records, and § 820.198, with respect to complaint files.

39. New § 886.1425 is added to subpart B to read as follows:

§ 886.1425 Lens measuring instrument.

(a) *Identification.* A lens measuring instrument is an AC-powered device intended to measure the power of lenses, prisms, and their centers (e.g., lensometer).

(b) *Classification.* Class I.

40. New § 886.1430 is added to subpart B to read as follows:

§ 886.1430 Ophthalmic contact lens radius measuring device.

(a) *Identification.* An ophthalmic contact lens radius measuring device is an AC-powered device that is a microscope and dial gauge intended to measure the radius of a contact lens.

(b) *Classification.* Class I.

41. New § 886.1435 is added to subpart B to read as follows:

§ 886.1435 Maxwell spot.

(a) *Identification.* A Maxwell spot is an AC-powered device that is a light source with a red and blue filter intended to test macular function.

(b) *Classification.* Class I.

42. New § 886.1450 is added to subpart B to read as follows:

§ 886.1450 Corneal radius measuring device.

(a) *Identification.* A corneal radius measuring device is an AC-powered device intended to measure corneal size by superimposing the image of the cornea on a scale at the focal length of the lens of a small, hand held, single tube penscope or eye gauge magnifier.

(b) *Classification.* Class I.

43. Section 886.1605 is revised to read as follows:

§ 886.1605 Perimeter.

(a) *Identification.* A perimeter is an AC-powered or manual device intended to determine the extent of the peripheral visual field of a patient. The device projects light on various points of a curved surface, and the patient indicates whether he or she sees the light.

(b) *Classification.* Class I. The manual device is exempt from the premarket notification procedures in part 807, subpart E of this chapter, and it is also exempt from the current good manufacturing practice regulations in part 820 of this chapter, with the exception of § 820.180, with respect to general requirements concerning records, and § 820.198 with respect to the complaint files.

44. New § 886.1680 is added to subpart B to read as follows:

§ 886.1680 Ophthalmic projector.

(a) *Identification.* An ophthalmic projector is an AC-powered device intended to project an image on a screen for vision testing.

(b) *Classification.* Class I.

45. New § 886.1690 is added to subpart B to read as follows:

§ 886.1690 Pupillograph.

(a) *Identification.* A pupillograph is an AC-powered device intended to measure the pupil of the eye by reflected light and record the responses of the pupil.

(b) *Classification.* Class I.

46. Section 886.1700 is revised to read as follows:

§ 886.1700 Pupillometer.

(a) *Identification.* A pupillometer is an AC-powered or manual device intended to measure by reflected light the width or diameter of the pupil of the eye.

(b) *Classification.* Class I. The manual device is exempt from the premarket notification procedures in part 807, subpart E of this chapter and it is also exempt from the current good manufacturing practice regulations in part 820 of this chapter, with the exception of § 820.180, with respect to general requirements concerning records, and § 820.198, with respect to complaint files.

47. Section 886.1780 is revised to read as follows:

§ 886.1780 Retinoscope.

(a) *Identification.* A retinoscope is an AC-powered or battery-powered device intended to measure the refraction of the eye by illuminating the retina and noting the direction of movement of the light on the retinal surface and of the refraction by the eye of the emergency rays.

(b) *Classification.* Class I for the battery-powered device. Class II for the AC-powered device. The battery-powered device is exempt from the current good manufacturing practice regulations in Part 820 of this chapter, with the exception of § 820.180, with respect to general requirements concerning records, and § 820.198, with respect to complaint files.

48. Section 886.1810 is revised to read as follows:

§ 886.1810 Tangent screen (campimeter).

(a) *Identification.* A tangent screen (campimeter) is an AC-powered or battery-powered device that is a large square cloth chart with a central mark of fixation intended to map on a flat surface the central 30 degrees of a patient's visual field. This generic type of device includes projection tangent screens, target tangent screens and targets, felt tangent screens, and stereo campimeters.

(b) *Classification.* Class I. The battery-powered device is exempt from the premarket notification procedures in part 807, subpart E of this chapter and it is also exempt from the current good manufacturing practice regulations in part 820 of this chapter, with the exception of § 820.180, with respect to general requirements concerning records, and § 820.198, with respect to complaint files.

49. Section 886.1860 is revised to read as follows:

§ 886.1860 Ophthalmic instrument stand.

(a) *Identification.* An ophthalmic instrument stand is an AC-powered or nonpowered device intended to store ophthalmic instruments in a readily accessible position.

(b) *Classification.* Class I. The nonpowered device is exempt from the premarket notification procedures in part 807, subpart E of this chapter and it is also exempt from the current good manufacturing practice regulations in part 820 of this chapter, with the exception of § 820.180, with respect to general requirements concerning records, and § 820.198, with respect to complaint files.

50. Section 886.1870 is revised to read as follows:

§ 886.1870 Stereoscope.

(a) *Identification.* A stereoscope is an AC-powered or battery-powered device that combines the images of two similar objects to produce a three-dimensional appearance of solidity and relief. It is intended to measure the angle of strabismus (eye muscle deviation), evaluate binocular vision (usage of both eyes to see), and guide a patient's corrective exercises of eye muscles.

(b) *Classification.* Class I. The battery-powered device is exempt from the premarket notification procedures in part 807, subpart E of this chapter and it is also exempt from the current good manufacturing practice regulations in part 820 of this chapter, with the exception of § 820.180, with respect to general requirements concerning records, and § 820.198, with respect to complaint files.

51. Section 886.1910 is revised to read as follows:

§ 886.1910 Spectacle dissociation test system.

(a) *Identification.* A spectable dissociation test system is an AC-powered or battery-powered device, such as a Lancaster test system, that consists of a light source and various

filters, usually red or green filters, intended to subjectively measure imbalance of ocular muscles.

(b) *Classification.* Class I. The battery-powered device is exempt from the premarket notification procedures in part 807, subpart E of this chapter and it is also exempt from the current good manufacturing practice regulations in part 820 of this chapter, with the exception of § 820.180, with respect to general requirements concerning records, and § 820.198, with respect to complaint files.

52. New § 886.1940 is added to subpart B to read as follows:

§ 886.1940 Tonometer sterilizer.

(a) *Identification.* A tonometer sterilizer is an AC-powered device intended to heat sterilize a tonometer (a device used to measure intraocular pressure).

(b) *Classification.* Class I.

53. Section 886.1945 is revised to read as follows:

§ 886.1945 Transilluminator.

(a) *Identification.* A transilluminator is an AC-powered or battery-powered device that is a light source intended to transmit light through tissues to aid examination of patients.

(b) *Classification.* Class I for the battery-powered device. Class II for the AC-powered device.

54. Section 886.4070 is revised to read as follows:

§ 886.4070 Powered corneal burr.

(a) *Identification.* A powered corneal burr is an AC-powered or battery-powered device that is a motor drilling tool intended to remove rust rings from the cornea of the eye.

(b) *Classification.* Class I.

55. Section 886.4250 is revised to read as follows:

§ 886.4250 Ophthalmic electrolysis unit.

(a) *Identification.* An ophthalmic electrolysis unit is an AC-powered or battery-powered device intended to destroy ocular hair follicles by applying a galvanic electrical current.

(b) *Classification.* Class I for the battery-powered device. Class II for the AC-powered device.

56. Section 886.4335 is revised to read as follows:

§ 886.4335 Operating headlamp.

(a) *Identification.* An operating headlamp is an AC-powered or battery-powered device intended to be worn on the user's head to provide a light source to aid visualization during surgical, diagnostic, or therapeutic procedures.

(b) *Classification.* Class I for the battery-powered device. Class II for the AC-powered device. The battery powered-device is exempt from the premarket notification procedures in part 807, subpart E of this chapter.

57. Section 886.4370 is revised to read as follows:

§ 886.4370 Keratome.

(a) *Identification.* A keratome is an AC-powered or battery-powered device intended to shave tissue from sections of the cornea for a lamellar (partial thickness) transplant.

(b) *Classification.* Class I.

58. Section 886.4855 is revised to read as follows:

§ 886.4855 Ophthalmic instrument table.

(a) *Identification.* An ophthalmic instrument table is an AC-powered or manual device on which ophthalmic instruments are intended to be placed.

(b) *Classification.* Class I. The manual device is exempt from the premarket notification procedures in part 807, subpart E of this chapter and it is also exempt from the current good manufacturing practice regulations in part 820 of this chapter, with the exception of § 820.180, with respect to general requirements concerning records, and § 820.198, with respect to complaint files.

59. New § 886.5820 is added to subpart F to read as follows:

§ 886.5820 Closed-circuit television reading system.

(a) *Identification.* A closed-circuit television reading system is a device that consists of a lens, video camera, and video monitor that is intended for use by a patient who has subnormal vision to magnify reading material.

(b) *Classification.* Class I.

60. Section 886.5900 is revised to read as follows:

§ 886.5900 Electronic vision aid.

(a) *Identification.* An electronic vision aid is an AC-powered or battery-powered device that consists of an electronic sensor/transducer intended for use by a patient who has impaired vision or blindness to translate visual images of objects into tactile or auditory signals.

(b) *Classification.* Class I.

61. Section 886.5915 is revised to read as follows:

§ 886.5915 Optical vision aid.

(a) *Identification.* An optical vision aid is a device that consists of a magnifying lens with an accompanying AC-powered or battery-powered light source intended for use by a patient who has impaired vision to increase the apparent size of object detail.

(b) *Classification.* Class I. The battery-powered device is exempt from the premarket notification procedures in part 807, subpart E of this chapter and it is also exempt from the current good manufacturing practice regulations in part 820 of this chapter, with the exception of § 820.180, with respect to general requirements concerning records, and § 820.198, with respect to complaint files.

PART 888—ORTHOPEDIC DEVICES

62. The authority citation for 21 CFR part 888 continues to read as follows:

Authority: Secs. 501, 510, 513, 515, 520, 701 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351, 360, 360c, 360e, 360j, 371).

63. New § 888.1500 is added to subpart B to read as follows:

§ 888.1500 Goniometer.

(a) *Identification.* A goniometer is an AC-powered device intended to evaluate joint function by measuring and recording ranges of motion, acceleration, or forces exerted by a joint.

(b) *Classification.* Class I.

64. New § 888.5960 is added to subpart E to read as follows:

§ 888.5960 Cast removal instrument.

(a) *Identification.* A cast removal instrument is an AC-powered, hand-held device intended to remove a cast from a patient. This generic type of device includes the electric cast cutter and cast vacuum.

(b) *Classification.* Class I.

PART 892 —RADIOLOGY DEVICES

65. The authority citation for 21 CFR part 892 continues to read as follows:

Authority: Sections 501, 510, 513, 515, 520, 701 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351, 360, 360c, 360e, 360j, 371).

66. New § 892.1100 is added to subpart B to read as follows:

§ 892.1100 Scintillation (gamma) camera.

(a) *Identification.* A scintillation (gamma) camera is a device intended to image the distribution of radionuclides in the body by means of a photon radiation detector. This generic type of device may include signal analysis and display equipment, patient and equipment supports, radionuclide anatomical markers, component parts, and accessories.

(b) *Classification.* Class I.

67. New § 892.1110 is added to subpart B to read as follows:

§ 892.1110 Positron camera.

(a) *Identification.* A positron camera is a device intended to image the distribution of positron-emitting radionuclides in the body. This generic type of device may include signal analysis and display equipment, patient and equipment supports, radionuclide anatomical markers, component parts, and accessories.

(b) *Classification.* Class I.

68. New § 892.1130 is added to subpart B to read as follows:

§ 892.1130 Nuclear whole body counter.

(a) *Identification.* A nuclear whole body counter is a device intended to measure the amount of radionuclides in the entire body. This generic type of device may include signal analysis and display equipment, patient and equipment supports, component parts, and accessories.

(b) *Classification.* Class I.

69. New § 892.1300 is added to subpart B to read as follows:

§ 892.1300 Nuclear rectilinear scanner.

(a) *Identification.* A nuclear rectilinear scanner is a device intended to image the distribution of radionuclides in the body by means of a detector (or detectors) whose position moves in two directions with respect to the patient. This generic type of device may include signal analysis and display equipment, patient and equipment supports, radionuclide anatomical markers, component parts, and accessories.

(b) *Classification.* Class I.

70. New § 892.1320 is added to subpart B to read as follows:

§ 892.1320 Nuclear uptake probe.

(a) *Identification.* A nuclear uptake probe is a device intended to measure the amount of radionuclide taken up by a particular organ or body region. This generic type of device may include a single or multiple detector probe, signal analysis and display equipment, patient and equipment supports, component parts, and accessories.

(b) *Classification.* Class I.

71. New § 892.1330 is added to subpart B to read as follows:

§ 892.1330 Nuclear whole body scanner.

(a) *Identification.* A nuclear whole body scanner is a device intended to measure and image the distribution of radionuclides in the body by means of a wide-aperture detector whose position moves in one direction with respect to the patient. This generic type of device may include signal analysis and display equipment, patient and equipment supports, radionuclide anatomical markers, component parts, and accessories.

(b) *Classification.* Class I.

72. New § 892.1350 is added to subpart B to read as follows:

§ 892.1350 Nuclear scanning bed.

(a) *Identification.* A nuclear scanning bed is an adjustable bed intended to support a patient during a nuclear medicine procedure.

(b) *Classification.* Class I.

73. New § 892.1410 is added to subpart B to read as follows:

§ 892.1410 Nuclear electrocardiograph synchronizer.

(a) *Identification.* A nuclear electrocardiograph synchronizer is a device intended for use in nuclear radiology to relate the time of image formation to the cardiac cycle during the production of dynamic cardiac images.

(b) *Classification.* Class I.

74. New § 892.1640 is added to subpart B to read as follows:

§ 892.1640 Radiographic film marking system.

(a) *Identification.* A radiographic film marking system is a device intended for medical purposes to add identification and other information onto radiographic film by means of exposure to visible light.

(b) *Classification.* Class I.

75. New § 892.1890 is added to subpart B to read as follows:

§ 892.1890 Radiographic film illuminator.

(a) *Identification.* A radiographic film illuminator is a device containing a visible light source covered with a translucent front that is intended to be used to view medical radiographs.

(b) *Classification.* Class I.

76. New § 892.1900 is added to subpart B to read as follows:

§ 892.1900 Automatic radiographic film processor.

(a) *Identification.* An automatic radiographic film processor is a device intended to be used to develop, fix, wash, and dry automatically and continuously film exposed for medical purposes.

(b) *Classification.* Class II.

77. New § 892.1970 is added to subpart B to read as follows:

§ 892.1970 Radiographic ECG/respirator synchronizer.

(a) *Identification.* A radiographic ECG/respirator synchronizer is a device intended to be used to coordinate an X-ray film exposure with the signal from an electrocardiograph (ECG) or respirator at a predetermined phase of the cardiac or respiratory cycle.

(b) *Classification.* Class I.

Dated: October 12, 1990.

Ronald G. Chesemore,

Associate Commissioner for Regulatory Affairs.

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Tuesday
November 20, 1990

Part V

Department of Commerce

Foreign-Trade Zones Board

15 CFR Part 400

Foreign-Trade Zones in the United States; Proposed Rule

DEPARTMENT OF COMMERCE

Foreign-Trade Zones Board

15 CFR Part 400

[Docket No. 21222-0262]

RIN 0625-AA04

Foreign-Trade Zones in the United States

AGENCY: Foreign-Trade Zones Board, International Trade Administration, Commerce.

ACTION: Notice of proposed rulemaking; further amendments.

SUMMARY: The Foreign-Trade Zones Board (the Board) invites public comment on amending the notice of proposed rulemaking published in the **Federal Register** on January 26, 1990 (55 FR 2760–2770). It is proposed that 15 CFR part 400 be further amended by revising certain sections of the January 26 proposed rule and by adding certain new provisions, including a new section providing for the collection of user fees to cover the costs of processing zone applications. The Board is asking for additional public comments on these proposed amendments to the proposed rule because the changes cover the sections that received most of the comments or that are of primary interest to the public.

DATES: Comments must be received on or before January 9, 1991.

ADDRESSES: Comments (original and 6 copies) are to be addressed to John J. Da Ponte, Jr., Executive Secretary, Foreign-Trade Zones Board, International Trade Administration, U.S. Department of Commerce, Pennsylvania Avenue and 14th Street, NW., room 4213, Washington, DC 20230. (202) 377–2862.

FOR FURTHER INFORMATION CONTACT: Stephen J. Powell, Chief Counsel for Import Administration, room 3622, U.S. Department of Commerce, Pennsylvania Avenue and 14th Street, NW., Washington, DC 20230. (202) 377–8916.

SUPPLEMENTARY INFORMATION:

Background

The following discussion includes a brief summary of the comments received pursuant to the January 26, 1990, notice of proposed rulemaking and an explanatory note regarding the sections proposed to be added or further revised:

1. *Section 400.1(c).* Several comments were received. Commenters objected to the requirement that domestic goods would have to be placed in "zone restricted" status and be in a zone for *"bona fide"* Customs reasons in order to obtain the statutory exemption from state and local *ad valorem* taxes.

Revised § 400.1(c). It is proposed that reference to the foregoing requirements be eliminated. In the case of domestic merchandise, the statute authorizing the exemption (Pub. L. 98–573, 10/30/84) limits the *ad valorem* tax exemption to such items placed in zones for export. The requirement that "zone restricted" status be elected in such cases would have facilitated enforcement, but it is not necessary. The legislative history makes it clear that the use of zones must be for *bona fide* Customs reasons both with regard to foreign or domestic merchandise, so it is not necessary to restate this requirement in the regulations.

Also, it is proposed that the first two sentences of this paragraph be rewritten to further clarify the interrelationship of zone sites and Customs territory.

2. *Section 400.21(b).* Numerous comments were received in opposition to the proposed restriction that would limit subzones to 35 statute miles from the outer limits of a Customs port of entry or one hour's driving time from the nearest Customs office. The opposition was strongest from parties in states with many communities long distances from ports of entry.

Revised § 400.21(b). It is proposed that the subzone locational restriction be eliminated in terms of geographic distances from ports of entry. The revised provision takes into account the fact that subzones are single-user facilities for which Customs supervisory procedures can be tailored to provide reasonable Customs access (thus, "adjacency") irrespective of distance from ports of entry.

3. [New] *Section 400.26(d).* It is proposed that a new paragraph (d) be added to § 400.26 to extend its coverage of applications to formal requests made to the Board for revisions to grants of authority. Because many grants now contain special restrictions, the Board has been receiving more requests for revisions based on changed circumstances.

4. *Section 400.27.* A few comments were received calling for time tables for processing cases. Many additional comments generally expressed concern about the length of the processing time for applications.

Revised § 400.27. It is proposed that this section be revised extensively to provide a time schedule based on the time allocated to various stages of the application process. The objective is to complete all cases within one year of formal filing, and to reach decisions on those cases not involving manufacturing within 10 months. The guidelines are not based on statutory requirements and therefore are directive, not mandatory, insofar as they apply to the Board.

The revision also provides more detail as to procedures at the various stages of processing. The period for public comment will normally close followed by a 15-day period limited to rebuttal comments. Unfavorable examiners reports would be considered "preliminary" reports, and applicants would be given an opportunity to submit further evidence similar to practice under the current regulations. If new material is submitted, the record would be reopened for further public comment.

5. [New] *Section 400.30.* It is proposed to add a new section which adopts a uniform system of fees to cover the Department of Commerce's Foreign-Trade Zones staff costs for processing applications pursuant to 31 U.S.C. 9701, which provides that federal agencies should recover, to the extent possible, direct and indirect costs for activities which convey special benefits to recipients above and beyond those accruing to the public at large. Concurrence for such user fees was received by the Department of Commerce from OMB in connection with the FY 1991 budget package of the Department of Commerce.

The fees are based on the average staff cost attributable to the types of applications listed. Applications account for some 80 percent of FTZ staff time. It is anticipated that applicants will pass on the costs of these fees to the parties involved in using zones and subzones. The question of collecting user fees to cover expenses incurred in regard to ongoing zone activity remains under consideration.

Checks for payment of the fees must be included with applications. Refunds will be made on those applications which do not pass the prefiling review and are not formally filed. The outcome of the case does not affect the requirement for payment.

6. *Section 400.31.* Numerous comments were received expressing concern that this section creates stricter standards for approval of manufacturing activity than are statutorily required. Most commenters supported the delineation of criteria, but many considered the provision on policy too vague. The provision's threshold test was opposed by many, who contended that all manufacturing proposals should have the benefit of an economic evaluation, even where there are policy issues. Some commenters argued that the provisions referring to inverted tariff situations do not allow for consideration of the positive net economic effect that

stems from production moves from overseas to the United States and import shifts from finished products to components that are encouraged under zone procedures.

Concern was also expressed that provisions relating to transplant operations and inverted tariffs might be inconsistent with U.S. GATT obligations and with U.S. policy relating to foreign direct investment.

The provision on burden of proof was opposed by many as creating too great a burden by requiring applicants to establish both the positive side of their cases and the absence of negative factors.

Concern was expressed about the effect of monitoring existing operations without cause.

Revised § 400.31. It is proposed that the threshold provision (§ 400.31(b)) be revised to clarify the provisions on policy considerations, and to expand the scope of paragraph (iii) to include items subject to quantitative controls, and clarify the latter subsection to indicate that import displacement of components for finished products would be considered in evaluating whether the use of zone procedures will create imports, the purpose of paragraph (iii) as a threshold provision being to cover only situations where zone procedures are or would likely be the direct cause of new imports that would not otherwise occur.

Under § 400.31(c) on methodology and evidence, it is proposed that paragraph (c) be revised to delete the separate headings (c)(2) "inverted tariffs" and (c)(3) "transplant manufacturing" because the paragraphs are subject to a construction that conflicts with the section's substantive coverage of inverted tariff situations and activity involving foreign investment. The clarification of the substantive provisions makes the two paragraphs unnecessary.

The provision on burden of proof (§ 400.31(c)(5)) is proposed to be revised to acknowledge that an applicant's evidentiary burden of proof should be to prove its side of the case, *i.e.*, the public benefits that would result from approval. A distinction is made that reflects the current practice that subzone applicants must present evidence of a significant public benefit. All applicants are expected to submit evidence in response to evidence of possible adverse effects.

The provision on monitoring and post-approval reviews is proposed to be revised to eliminate the indication that the review would occur as a public interest determination under § 400.31. Reviews of ongoing operations are conducted under the Board's broad "public interest" mandate, though the factors enumerated in § 400.31 would still apply.

7. *Section 400.33.* Several commenters expressed opposition because the section precludes Board consideration of special circumstances where items subject to AD/CVD duties could otherwise escape such duties because they were transformed in third countries. There were also expressions of support for the provision, and a question was raised as to whether the provision covers items subject to affirmative preliminary determinations.

Revised § 400.33. Paragraphs (b)(2) and (b)(3) have been consolidated into a revised paragraph (b)(2) to clarify the fact that the new requirement applies to items that would be subject both to AD/CVD orders and affirmative preliminary determinations if entered for consumption.

8. *Section 400.51.* There were a few comments on this section on the need for more public hearings, particularly when U.S. industries might be affected by zone proposals.

Revised § 400.51. A new paragraph (b) has been proposed to provide for requests from interested parties for hearings.

Comments

The period for the submission of comments will close January 9, 1991. All comments received during this period will be considered by the Board together with the comments submitted in response to the January 26, 1990, notice in developing the final regulations. Submissions (original and six copies) shall be in writing and shall not contain information of a proprietary nature, as they will be made available for public inspection and copying, with the exception of those submitted by other Federal agencies.

The public record concerning these regulations will be maintained in the International Trade Administration Freedom of Information Records Inspection Facility, room 4104, U.S. Department of Commerce, Pennsylvania Avenue and 14th Street, NW., Washington, DC 20230. Written public comments on file at the facility may be inspected and copied in accordance with 15 CFR part 4.

Information about the inspection and copying of records at the facility may be obtained from Patricia L. Sears, International Trade Administration Freedom of Information Officer, at the above address or by calling (202) 377–3031.

Regulatory Flexibility Act

The General Counsel of the Department of Commerce has certified to the Chief Counsel for Advocacy of the Small Business Administration that an initial regulatory flexibility analysis is not required and has not been prepared because these regulations will not have a significant economic impact on a substantial number of small entities pursuant to sections 603 and 604 of title 5, United States Code, added by the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*). There are some 160 zone grantees and some 60 firms operating all or parts of zone facilities for grantees. Of some 2,100 firms using zones, about 600 use them on a full time basis. It is estimated that fewer than 100 small entities are included among the total firms using zones. The overall impact of the proposed rules should, in any case, be favorable because they will reduce the present regulatory burden on these parties by clarifying and simplifying procedures.

Executive Order 12291

This proposed rulemaking is not a major rule as defined in section 1(b) of E.O. 12291, because it involves changes to existing regulations that are not likely to result in (1) an annual effect on the economy of $100 million or more; (2) a major increase in costs or prices for consumers, individual industries, federal, state, or local government agencies, or geographic regions; or, (3) significant adverse effects on competition, employment, investment, productivity, innovation or on the ability of U.S.-based enterprises to compete with foreign-based enterprises in domestic or export markets.

Executive Order 12612

This proposed rule does not contain policies with Federalism implications sufficient to warrant preparation of a Federalism assessment under Executive Order 12612.

Paperwork Reduction Act

This rule contains information collection activities subject to the Paperwork Reduction Act of 1980 (44 U.S.C. 3501 *et seq.*). It will impose no additional reporting or recordkeeping burden on the public. Existing requirements for zone applicants, grantees, operators, and users are simplified and there is an overall reduction of the burden on these parties, which are the ones mainly affected (OMB Control Nos. 0625–0139 and 0625–0109).

List of Subjects in 15 CFR Part 400

Administrative practice and procedure, Confidential business information, Customs duties and inspection, Foreign-trade zones, Harbors, Imports, Reporting and recordkeeping requirements.

For the reasons set out in the preamble, it is proposed that the notice of proposed rulemaking revising 15 CFR part 400 that appeared on January 26, 1990 (55 FR 2760–2770) be amended as follows:

PART 400—REGULATIONS OF THE FOREIGN-TRADE ZONES BOARD

1. The authority citation continues to read as follows:

Authority: Foreign-Trade Zones Act of June 18, 1934, (Pub. L. 397, 73rd Congress; 48 Stat. 998–1003; 19 U.S.C. 81a–81u), as amended by Pub. L. 566, 81st Congress, approved June 17, 1950, (64 Stat. 246); Pub. L. 791, 85th Congress, approved August 28, 1958 (72 Stat. 945); Pub. L. 98–573, 98th Cong., Sec. 231, approved October 30, 1984 (98 Stat. 2991); and, Pub. L. 99–386, 99th Congress, approved August 22, 1986.

2. Section 400.1, as proposed January 26, 1990 (55 FR 2763) is further amended by revising paragraph (c) to read as follows:

§ 400.1 Scope.

* * * * *

(c) To the extent "activated" under Customs procedures in 19 CFR part 146, and only for the limited purposes specified in the Act (19 U.S.C. 81(c)), zones are treated for purposes of the tariff laws and Customs entry procedures as being outside the Customs territory of the United States. Articles admitted into zones for purposes not specified in the Act, including articles consumed within zones, shall be subject to the tariff laws and regular entry procedures, including the payment of applicable duties, taxes, and fees (see, *Nissan Motor Mfg. Corp.* v. *United States*, 884 F. 2d. 1375 (CAFC 1989). Under zone procedures, foreign and domestic merchandise may be admitted into zones for operations such as storage, exhibition, assembly, manufacture and processing, without being subject to formal Customs entry procedures and payment of duties, unless and until the foreign merchandise enters Customs territory for domestic consumption. At that time, the importer ordinarily has a choice of paying duties either at the rate applicable to the foreign material in its condition as admitted into a zone, or if used in manufacturing or processing, to the emerging product. Quota restrictions do not normally apply to foreign goods in zones, but the Board can limit or deny zone use in specific cases on public interest grounds. Merchandise moved into zones for export (zone-restricted status) may be considered exported for purposes such as federal excise tax rebates and Customs drawback. Foreign merchandise (tangible personal property) admitted to a zone and domestic merchandise held in a zone for exportation are exempt from state and local *ad valorem* taxes (19 U.S.C. 810(e).

3. Section 400.21, as proposed January 26, 1990 (55 FR 2764), is further amended by revising paragraphs (b) to read as follows:

§ 400.21 Number and location of zones and subzones.

* * * * *

(b) *Location of zones and subzones—port of entry adjacency requirements.* (1) The Act provides that the Board may approve "zones in or adjacent to ports of entry" (19 U.S.C. 81b).

(2) The "adjacency" requirement is satisfied if:

(i) A general-purpose zone is located within 35 statute miles from the outer limits of a port of entry.

(ii) A subzone meets the following requirements relating to Customs supervision:

(A) Proper Customs oversight can be accomplished with physical and electronic means; and,

(B) All electronically produced records are maintained in a machine-sensible format for the duration of the record period; and,

(C) The grantee/operator agrees to present merchandise for examination at a Customs site selected by Customs when requested, and further agrees to present all necessary documents directly to the Customs oversight office.

4. Section 400.26, as proposed January 26, 1990 (55 FR 2766), is further amended by adding a new paragraph (d) to read as follows:

§ 400.26 Application for expansion or other modification to zone project.

* * * * *

(d) *Applications for other revisions to grants of authority.* Applications or requests for revisions to grants of authority, such as restriction modifications, shall be submitted in letter form with information and documentation necessary for analysis, as determined by the Executive Secretary. If the change involves removal or significant modification of a restriction included by the Board in a grant of authority, the review procedures of § 400.32 shall apply. If not, the procedure set forth in § 400.27(f) shall apply.

5. Section 400.27, as proposed January 26, 1990 (55 FR 2766), is revised to read as follows:

§ 400.27 Procedure for reviewing and processing applications.

(a) *In general.* This section outlines the procedure followed in processing applications submitted under §§ 400.24–400.26. In addition, it sets forth the time schedules which will normally be applied in processing applications. The schedules will provide guidance to applicants with respect to the time frames for each of the procedural steps involved in the Board's review. Under these schedules, applications involving manufacturing would be processed within 1 year, and those not involving manufacturing, within 10 months. While the schedules will normally be adhered to, the Board may determine that special circumstances may warrant additional time, such as when the public comment period must be reopened pursuant to paragraphs (d)(2)(v)(B) and (d)(3)(vi)(B) of this section.

(b) *Prefiling review.* Applications shall be accompanied with a check in accordance with § 400.30, and will be dated upon receipt at the headquarters of the Board. The Executive Secretary will determine whether the application satisfies the requirements of §§ 400.24, 400.25, or 400.26 and other applicable provisions of this part.

(1) If the application is deficient, the Executive Secretary will notify the applicant within 20 days of receipt of the application, specifying the deficiencies. The applicant shall correct the deficiencies and submit the corrected application within 30 days of notification. Otherwise the application (original) will be returned.

(2) If the application is sufficient, the Executive Secretary will within 45 days of receipt of the application:

(i) Formally file the application, thereby initiating the proceeding or review;

(ii) Assign a case docket number in cases requiring a Board order; and

(iii) Notify the applicant.

(c) *Procedure—Executive Secretary responsibilities.* After initiating a proceeding based on an application under §§ 400.24, 400.25, or 400.26(b), the Executive Secretary within 15 days will:

(1) Designate an examiner to conduct a review and prepare a report with recommendations for the Board;

(2) Publish in the **Federal Register** a notice of the formal filing of the application and initiation of the review which includes the name of the

applicant, a description of the zone project, information as to any hearing scheduled at the outset, and an invitation for public comment, including a time period during which the public may submit evidence, factual information, and written arguments. Normally, the comment period will close 60 days after the date the notice appears, except that if a hearing is held (*see,* § 400.51) the period shall not close prior to 15 days after the date of the hearing. The closing date for general comment will ordinarily be followed by an additional 15-day period for rebuttal comments;

(3) Send copies of the filing and initiation notice and the application to:

(i) The Commissioner of Customs and the Regional Commissioner, or a designee; and

(ii) The Resident Member, Board of Engineers for Rivers and Harbors, Department of the Army, and the District Engineer;

(4) Arrange for hearings, as appropriate;

(5) Transmit the reports and recommendations of the examiner and of the officials identified in paragraph (c)(3) of this section to the Board for appropriate action; and

(6) Notify the applicant in writing and publish notice in the **Federal Register** of the Board's determination.

(d) *Case reviews—procedure and time schedule*—(1) *Customs and army engineer review.* The Regional Commissioner (Customs), or a designee, and the District Engineer (Army), in accordance with the regulations and directives of their respective agencies, will submit their technical reports to the Executive Secretary within 45 days of the conclusion of the public comment period described in paragraph (c)(2) of this section.

(2) *Examiners reviews—non-manufacturing.* Examiners assigned to cases not involving manufacturing activity shall conduct a review taking into account the factors enumerated in § 400.23 and other appropriate sections of this part, which shall include:

(i) Conducting or participating in necessary hearings scheduled by the Executive Secretary;

(ii) Reviewing case records, including public comments;

(iii) Requesting information and evidence from parties of record;

(iv) Developing information and evidence necessary for evaluation and analysis of the application in accordance with the criteria of the Act and regulations;

(v) Preparing a report with recommendations to the Board and submitting it to the Executive Secretary within 120 days of the close of the period for public comment (*see,* paragraph (c)(2) of this section).

(A) If the report is unfavorable to the applicant, it shall be considered a preliminary report and the applicant shall be notified within 5 days (in writing or by phone) and given 30 days from the date of notification in which to respond to the report and submit additional evidence.

(B) If the response contains new evidence on which there has not been an opportunity for public comment, the Executive Secretary will publish notice in the **Federal Register** within 10 days after completion of the review of the response. The new material will be made available for public inspection and the **Federal Register** notice will invite further public comment for 30 days, with an additional 15-day period for rebuttal comments.

(C) The Customs and District Engineer (Army) advisers shall be notified when necessary for their further comments, which shall be submitted within 45 days after their notification.

(D) The examiners report in situations under paragraph (d)(2)(v)(A) of this section shall be completed and submitted to the Executive Secretary within 30 days after receipt of additional evidence or notice from the applicant that there will be none; except that, if paragraph (d)(2)(v)(B) of this section applies, the report will be submitted within 30 days of the close of the period for public comment.

(3) *Examiners reviews—cases involving manufacturing.* Examiners shall conduct a review taking into account the factors enumerated in § 400.23, § 400.31, and other appropriate sections of this part, which shall include:

(i) Conducting or participating in hearings scheduled by the Executive Secretary;

(ii) Reviewing case records, including public comments;

(iii) Requesting information and evidence from parties of record;

(iv) Developing information and evidence necessary for analysis of the threshold factors and the economic factors enumerated in § 400.31;

(v) Conducting an analysis to include:

(A) An evaluation of policy considerations pursuant to §§ 400.31(b)(1)(i) and 400.31(b)(1)(ii);

(B) An evaluation of the economic factors enumerated in §§ 400.31(b)(1)(iii) and 400.31(b)(2), which shall include: An evaluation of the economic impact on domestic industry, which includes both producers of like products and producers of components/materials used in the manufacture and assembly of the products. The evaluation will take into account such factors as market conditions, price sensitivity, degree and nature of foreign competition, effect on exports and imports, and the net effect on U.S. employment;

(vi) Conducting appropriate industry surveys, using questionnaires when necessary; and

(vii) Preparing a report with recommendations to the Board and submitting it to the Executive Secretary within 150 days of the close of the period for public comment:

(A) If the report is unfavorable to the applicant, it shall be considered a preliminary report and the applicant shall be notified within 5 days (in writing or by phone) and given 45 days from the date of notification in which to respond to the report and submit additional evidence.

(B) If the response contains new evidence on which there has not been an opportunity for public comment, the Executive Secretary will publish notice in the **Federal Register** within 10 days after completion of the review of the response. The new material will be made available for public inspection and the **Federal Register** notice will invite further public comment for 30 days, with an additional 15-day period for rebuttal comments.

(e) *Procedure—Completion of review.* (1) After the examiners report with recommendations is completed and submitted to the Executive Secretary, within 15 days, the latter will circulate the report to Board members for their review and votes (by resolution).

(2) The Treasury and Army Board members will return their votes to the Executive Secretary within 30 days, unless a formal meeting is requested (*see,* § 400.11(d)).

(3) The Commerce Department will complete the decision process within 15 days of receiving the votes of both other Board members, and the Executive Secretary will publish the Board decision.

(f) *Procedure—Application for minor modification of zone project.* (1) The Executive Secretary will make a determination in cases under § 400.26(c) involving minor changes to zone projects that do not require a Board order, such as boundary modifications, including certain relocations, and will notify the applicant in writing of the decision within 30 days of the determination that the application or request can be processed under § 400.26(c).

(2) The concurrence of the District Director is required for approvals under paragraph (d)(1) of this section, and the District Director shall provide his

decision within 20 days after being notified of the request or application.

6. Subpart C, as proposed January 26, 1990 (55 FR 2764), is further amended by adding a new § 400.30 to read as follows:

Subpart C—Establishment and Modification of Zone Projects

§ 400.30 Application fees.

(a) *In general.* This section sets forth a uniform system of charges in the form of fees to cover the direct and indirect costs incurred by the Foreign-Trade Zones staff of the Department of Commerce for processing applications under this part. The legal authority for the fees is 31 U.S.C. 9701, which provides for the collection of user fees by agencies of the Federal Government.

(b) *Uniform system of user fee charges.* The following graduated fee schedule establishes fees for various types of applications and requests for authority based on their average processing time. Applications combining requests for more than one type of approval are subject to the fee for each category.

(1) New general-purpose zones:	
(i) First zone in POE area (§ 400.24; § 400.21(a)(1)(i))	$2,850
(ii) Additional zones (§ 400.24; § 400.21(a)(2))	$3,240
(2) Special-purpose subzones (§ 400.25)	$6,510
(3) Expansions (§ 400.26(b))	$1,630
(4) Manufacturing reviews:	
(i) Formal (§ 400.32)	$4,670
(ii) Administrative (§ 400.32(b)(1))	$1,230
(5) Boundary modifications (§ 400.26(c))	$330

(c) Applications submitted to the Board shall include a check drawn on a national or state bank or trust company of the United States or Puerto Rico in the amount called for in paragraph (b) of this section. Uncertified checks must be acceptable for deposit by a Federal Reserve bank or branch.

(d) Applicants shall make their checks payable to the U.S. Department of Commerce ITA. The checks will be deposited by ITA into the Treasury receipts account. If applications are found deficient under § 400.27(b)(1), or withdrawn by applicants prior to formal filing, refunds will be made.

7. Section 400.31, as proposed January 26, 1990 (55 FR 2767), is revised to read as follows:

§ 400.31 Manufacturing operations; criteria.

(a) *In general.* Pursuant to section 15(c) of the Act (19 U.S.C. 81o(c)), the Board has authority to restrict or prohibit zone activity "that in its judgment is detrimental to the public interest." In evaluating zone and subzone manufacturing activity, either as proposed in an application or as part of a review of an ongoing operation, the Board shall determine whether the activity in question is in the public interest by reviewing the evaluation criteria contained in paragraph (b) of this section. Such a review involves consideration of whether the activity is consistent with trade policy and programs, and whether its net economic effect is positive.

(b) *Evaluation criteria*—(1) *Threshold factors.* It is the policy of the Board to authorize zone activity only when it is consistent with public policy and does not encourage net imports. Thus, before authorizing proposed manufacturing activity or in its review of ongoing manufacturing, the Board shall determine that:

(i) The activity is not inconsistent with U.S. trade and tariff law, or policy which has been formally adopted by the Executive branch;

(ii) The use of zone procedures would not likely diminish the effectiveness of a U.S. international trade policy initiative or program; and

(iii) If the activity involves items subject to quantitative import controls or inverted tariffs, that the use of zone procedures would not or has not directly resulted in imports that, but for the use of zone procedures, would not likely otherwise have occurred, taking into account imports both as individual items and as components of imported products.

(2) *Economic factors.* After its review of threshold factors, if there is a basis for further consideration, the Board shall consider the following factors in determining the net economic effect of the activity or proposed activity:

(i) Overall employment impact;

(ii) Exports and reexports;

(iii) Retention or creation of manufacturing activity;

(iv) Extent of value-added activity;

(v) Overall effect on import levels of relevant products;

(vi) Extent and nature of foreign competition in relevant products;

(vii) Impact on related domestic industry, taking into account market conditions; and

(viii) Other relevant information relating to net economic impact and public interest considerations.

(c) *Methodology and evidence*—(1) The first phase (§ 400.31(b)(1)) involves consideration of threshold factors. If an examiner makes a negative finding on any of the factors in § 400.31(b)(1) in the course of a review, the applicant shall be informed and have an opportunity to amend its application within 30 days. If the Board determines any of the § 400.31(b)(1) factors in the negative, it shall deny or restrict authority for the proposed or ongoing activity.

(2) *Contributory effect.* In assessing the significance of zone operations as part of the consideration of economic factors, the Board may consider the contributory effect zone savings have as an incremental part of cost effectiveness programs adopted by companies to improve their international competitiveness.

(3) *Burden of proof.* Applicants for subzones shall have the burden of proof of establishing that the activity does or would result in a significant public benefit. Applicants for approval of manufacturing in general-purpose zones shall submit evidence regarding the positive economic effects that would result from activity within the zone. Both types of applicants are expected to submit evidence in response to evidence of adverse economic effects during the public comment period.

(d) *Monitoring and post-approval reviews*—(1) Approved manufacturing activity remains subject to review under this section at any time.

(2) Reviews may be initiated by the Board, or they may be undertaken in response to requests from interested parties showing good cause.

(3) Upon review, if the Board finds that zone activity is no longer in the public interest, it may suspend subzone status or restrict the activity in question.

8. Section 400.33, as proposed January 26, 1990 (55 FR 2768), is further amended by revising paragraph (b) to read as follows:

§ 400.33 Restrictions on manufacturing activity.

(a) * * *

(b) *Restriction on items subject to antidumping and countervailing duty actions*—(1) *Board policy.* Zone procedures shall not be used to circumvent antidumping (AD) and countervailing duty (CVD) actions under 19 CFR parts 353 and 355.

(2) *Admission of items subject to AD/CVD actions.* Items subject to AD/CVD orders or items which would be subject to suspension of liquidation under AD/CVD procedures, if they entered U.S. Customs territory, shall be placed in privileged foreign status (19 CFR 146.41) upon admission to a zone or subzone. Upon entry for consumption, such items shall be subject to duties under AD/CVD orders or to suspension of liquidation, as appropriate, under 19 CFR parts 353 and 355.

9. Section 400.51, as proposed January 26, 1990 (55 FR 2770), is revised to read as follows:

§ 400.51 Hearings.

(a) *In general.* The Board, the Secretary, or the Executive Secretary, as appropriate, may schedule and/or hold hearings during any proceedings or reviews conducted under this part whenever necessary or appropriate.

(b) *Requests for hearings*—(1) An interested party may request a hearing during a proceeding or review.

(2) The request must be made within 30 days of the beginning of the period for public comment (*see* § 400.27) and must be accompanied by information establishing the need for the hearing and the basis for the requesting party's interest in the matter.

(3) A determination as to the need for the hearing will be made by the Assistant Secretary within 15 days after the receipt of such a request.

(c) *Procedure for public hearings.* The Board will publish notice in the **Federal Register** of the date, time and location of a hearing. All participants shall have the opportunity to make a presentation. Applicants and their witnesses shall ordinarily appear first. The presiding officer may adopt time limits for individual presentations.

Dated: October 9, 1990.

Eric I. Garfinkel,

Assistant Secretary for Import Administration, Chairman, Committee of Alternates, Foreign-Trade Zones Board.

[FR Doc. 90-27210 Filed 11-19-90; 8:45 am]

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federal register

Tuesday
November 20, 1990

Part VI

Department of Health and Human Services

Public Health Service

Agency Forms Submitted to the Office of Management and Budget for Clearance; Notice

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Agency Forms Submitted to the Office of Management and Budget for Clearance

The following request has been submitted to the Office of Management and Budget (OMB) for clearance in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). Expedited review by OMB has been requested as described below.

Alcohol, Drug Abuse, and Mental Health Services (ADMS) Block Grant Reporting Requirements—0930–0080—Public Law 97–35, the Omnibus Budget Reconciliation Act of 1981, established the ADMS Block Grant funding mechanism and requires that the States make application for, and submit reports on the actual uses of, block grant funds. Previously no format was prescribed by the Department of Health and Human Services for these reporting requirements. However, the Comprehensive Alcohol Abuse, Drug Abuse, and Mental Health Amendments Act of 1988 (Pub. L. 100–690), as amended by the Drug Abuse Treatment Technical Corrections Act of 1989 (Pub. L. 101–93), extended and added new data collection requirements to be included in these reports. To respond to the higher degree of Federal and State accountability for the monies provided under the ADMS Block Grant being demanded by the Congress, additional information is needed from the application and annual report.

The ADMS Block Grant application is used by the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) to provide a standardized approach for States to use in applying for their Block Grant monies. For FY 1991 States have the option to submit an application in the format similar to previous years, providing baseline information as required within the legislation. Beginning with the FY 1992 application, States will be required to utilize the more extensive format. The more detailed information will be used to inform the Congress, the Department, the Office of National Drug Control Policy, the public health community, and the general public of the impact of the block grant on the Nation's treatment and prevention delivery system, in fulfillment of the legislative purposes for which the funds are provided.

In addition, these reporting mechanisms will be used by ADAMHA to assess the need for technical assistance to the States in the development of a comprehensive, national services delivery system. Without the requested information, the Department will not be able to respond to requests for information on how the States intend to expend these monies, how the funds were expended, types of services provided, demographics of those served, and assessments of the adequacy and effectiveness of these programs and services in meeting the needs of national and State-level priority populations.

Respondents: State and local governments; *Number of Respondents:* 57; *Average Burden per Response:* Application—400 hours per response (comprised in FY 1991 or 200 hours for minimum information required and an additional 200 hours for full complement of tables; effective FY 1992, all information is mandatory); *Annual Report*—350 hours per response. *Estimated total annual burden:* 39,900 hours.

Additional Information: ADAMHA has responded to critical information requirements levied by Congress, the Department, the General Accounting Office, and the Office of National Drug Control Policy in developing a compatible format for State use in applying for Federal ADMS Block Grant monies. This information will be used to report on State activities to enhance the management and accountability of these important funds in the delivery of alcohol, drug abuse, and mental health services. Congress has recently appropriated significant new monies for these purposes, with particular emphasis on drug abuse treatment services, especially directed to pregnant women, intravenous drug abusers, and other populations at high risk for drug use (e.g., cocaine and crack).

To ensure these funds are directed and expended throughout the Nation and for these nationally targeted subgroups, ADAMHA is seeking new information sources to meet these reporting requirements. The guidelines and formats have been developed in conjunction with the States, which are awaiting this guidance in order to apply for the funds which must be obligated within the year they are made available. It is urgent that approval for these reporting requirements be granted on an expedited basis to provide adequate time for the submission, processing, and granting of awards for these funds. Further, information from these documents will be used to support the reauthorization of the Block Grant for congressional hearings due to be held in March 1991.

OMB approval has been requested by not later than Thursday, November 29. In keeping with the requirements for expedited review, we are publishing the complete set of application and annual report instructions.

OMB Desk Officer: Allison Herron.

Because of the time frame in which OMB has been asked to act on this submission, any comments and recommendations for the proposed information collection should be provided directly to the OMB Desk Officer designated above by telephone at (202) 395–7316 or by express mail at the following address: Human Resources and Housing Branch, New Executive Office Building, room 3002, Washington, DC 20503.

Dated: November 15, 1990.

James M. Friedman,

Acting Deputy Assistant Secretary for Health (Planning and Evaluation).

BILLING CODE 4160-20-M

Dear State ADMS Block Grant Liaison:

My purpose in writing is to invite you to apply for your State's fiscal year (FY) 1991 allotment under the Alcohol, Drug Abuse, and Mental Health Services (ADMS) Block Grant program, as amended by P.L. 101-374. The specific information requested and procedures to be followed are specified in this letter and its attachments.

The application invitation for the FY 1991 ADMS Block Grant differs significantly from past requests. This year you are permitted the option of submitting the application using a new, alternative format (Attachment A) or essentially the same suggested format as for the FY 1990 ADMS Block Grant (Attachment B). Enclosed are a set of forms to be used to provide the requested information (Attachment C). An updated copy of the statutory provisions governing the ADMS Block Grant, including the recent amendments, are also enclosed (Attachments D and E).

If you choose to apply or have already applied following the old format (Attachment B), that submission will be the basis for your award; nevertheless, you should complete the forms accompanying the new format to provide information necessary to support the reauthorization of the ADMS Block Grant in the spring of 1991. These include, as described above, the face page, the table of contents/checklist, the standardized format of assurances and agreements, and data on expenditures, needs, and services. This material should be provided no later than **January 18, 1990**.

If you choose to use the new format, I am requesting that you submit the application no later than **February 1, 1990**. This time frame will allow us sufficient time to conduct the necessary reviews and develop the analyses to aid in the justification of the program as the reauthorization process goes forward next year. Awards will be made using the same review procedures and criteria as in previous years. This review will enable ADAMHA to begin its program of increased State accountability and Federal technical assistance.

The changes reflected in the new application format were made in order to adequately assess and improve the prevention and treatment services provided by ADMS Block Grant funds in response to changes in the authorizing legislation, notably sections 1916(c)(20) and 1916(c)(21) of the Public Health Service (PHS) Act, and to generate information requested by the Congress in Section 509D of the PHS Act, and by the Office of National Drug Control Policy in the National Drug Control Strategy. This first year that the additional information is requested will also serve

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as a transition period, enabling us to respond to Congressional inquiries at the ADMS Block Grant reauthorization hearings expected to take place in early 1991.

The new format provides greater guidance for the completion of the application, standardizes the order for reporting the information required, provides forms for reporting data on expenditures, needs, and services, and contains instructions for completing and submitting a State Drug Abuse Treatment Plan. Analyses of the information submitted in the combined application and plan, when coupled with the data to be submitted in the statutorily required annual report and data available through such surveys as the National Drug and Alcohol Treatment Unit Survey and the Client Minimum Data Set, will enhance our ability to conduct forward planning for improved treatment services.

The new application format for the substance abuse portion now incorporates a number of the items that were to have been part of the Substance Abuse Services Plan, which the Office for Treatment Improvement and the State alcohol and drug agencies have been developing. This plan is now being requested as a part of the application because it was suggested by a number of States, and it will avoid some duplication of data requests.

The new application format requests that you provide the same information that was provided in earlier years on the intended use of funds for the community mental health services portion of the ADMS Block Grant. As in previous years, States will be expected to submit separately to the National Institute of Mental Health their State Comprehensive Mental Health Services Plan, required under Section 1925 of the Public Health Services Act.

As a result of the review of the draft Substance Abuse Services Plan and discussions with the National Association of State Alcohol and Drug Abuse Directors and the National Association of State Mental Health Program Directors, we recognize that not all the information requested is readily available in each State.

The review of the new application submissions will include an assessment of the need for technical assistance as we work together to develop a national service delivery system that stresses locally determined priorities and services and the need for more centralized data collection and analysis. Whenever your State does not have the information necessary to respond to a specific item within the time frames given for submitting the application, we ask that you describe the process that you do use in carrying out the activity or the alternative method of data collection used.

Page 3

There is now a table of contents/checklist that, when completed, will serve to indicate where a given form or narrative response is to be found in the completed application. The table of contents/checklist will be used by the reviewers to check the completeness of the application. Applications should be submitted in the order indicated in the instructions and table of contents to avoid errors in the review process. Completed applications must contain a description of the intended use of funds as required by the statute. The new format also includes a face page, where you are asked to identify contact persons for the mental health and substance abuse functional areas as well as for overall block grant administration. The new instructions also contain a standardized format of assurances and agreements required by the authorizing legislation to be signed by the Governor, as the Chief Executive Officer of the State or Territory, or by an appropriately authorized designee (Attachment B, Form-03).

Please submit the application directly to:

Mr. Thomas M. Reynolds
Division of Grants and Contract Management
ADAMHA
Parklawn Building, Room 13C-20
5600 Fishers Lane
Rockville, Maryland 20857

If you have any questions regarding this request, you may contact Gary Palsgrove or Herman I. Diesenhaus, at 301/443-3820, on any matters of a programmatic nature, and Thomas M. Reynolds, at 301/443-3334, on any matters of a fiscal or grants management nature. States anticipating a problem in completing the application or submitting it by the suggested due dates should immediately contact Dr. Diesenhaus. States that have already submitted or are developing an application using last year's suggested format should also contact Dr. Diesenhaus to discuss how they may include additional information.

Sincerely yours,

Frederick K. Goodwin, M.D.
Administrator

Enclosures

cc: State Mental Health Contact
State Substance Abuse Contact

ATTACHMENT A

NEW FORMAT

Guidelines for Completing Applications for the Alcohol and Drug Abuse and Mental Health Services Block Grant Program

Fiscal Year 1991

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public respondent burden for this collection of information is estimated to average 400 hours per application, including time for reviewing instructions and completing the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection of information, including suggestions for reducing this burden to: Public Health Service Reports Clearance Officer, Attn: PRA, Hubert H. Humphrey Building, Room 721H, 200 Independence Avenue, S.W., Washington, D.C., 20201, and to the Office of Management and Budget, Paperwork Reduction Project, Washington, D.C. 20503.

Prepared by: State Plans and Financing Branch
Division for State Assistance
Office for Treatment Improvement
Alcohol, Drug Abuse, and Mental Health Administration

October, 1990

Guidelines for Completing Applications for the Alcohol and Drug Abuse and Mental Health Services Block Grant Program - Fiscal Year 1991

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Instructions for the

ALCOHOL AND DRUG ABUSE AND MENTAL HEALTH SERVICES BLOCK GRANT APPLICATION FOR FY 1991

INTRODUCTION

As part of its mission to assist States[1] and communities to improve services provided with Alcohol and Drug Abuse and Mental Health Services (ADMS) Block Grant Program funds, the Office for Treatment Improvement (OTI) is promoting increased State accountability for the management of these funds. This revised format for applying for the ADMS Block Grant funds is one of the mechanisms by which this increased accountability and services improvement will be achieved. Another mechanism already under way is the enhanced program of technical assistance through conferences and workshops, development of training materials and knowledge transfer manuals, and on-site consultation.

The new format for the ADMS Block Grant Application for Federal Fiscal Year (FY) 1991 differs from past application requests in that it provides greater guidance for the completion of the application and standardizes the format for reporting the information required. The FY 1991 ADMS Block Grant application requests the same basic information as that provided by the States in earlier years and uses standard formats wherever possible to gather data now collected by the States in a nonstandardized manner because of the history of the program. The revised format recognizes these differences and allows for variations in reporting the requested data. The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) and the States, working through the appropriate national associations, will consult on the standardized formats to be included in the FY 1992 Application following review of the information obtained through this initial effort.

The State is asked to provide detailed data on specific expenditures made from both the substance abuse and mental health portions of the ADMS Block Grant and State and local government funds to implement some of the requirements and certifications contained in the authorizing statute and related legislation in the manner that is required for providing the same information in the annual report. The State is not asked to describe its plan for carrying out all of the requirements to which it certifies (e.g., the requirement in Section 1916(c)(12) to protect the confidentiality of patient records). Compliance with these assurances and requirements will continue to be assessed through the on-site reviews. There is, however, an increase in the reporting requirements for the substance abuse portion of the block grant. There is no substantive change in the reporting requirements for the mental health portion.

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[1] The term State will be used to refer to all the States and Territories that are eligible to receive ADMS Block Grant funds. Refer to the Glossary of Terms for the list of eligible States and Territories.

BACKGROUND/PURPOSE

As noted above, the FY 1991 ADMS Block Grant application requests that the States provide much of the same information as that provided in earlier years, using standard formats wherever possible. The application has been reformatted and reordered to provide for consistent presentation. These revisions will ensure more rapid comprehensive review, as well as improve the retrieval of information for forward planning, budgeting, reporting, monitoring, and technical assistance purposes. These changes were deemed necessary because of Congressional and Administration concerns regarding the quantity and quality of services being delivered with ADMS Block Grant funds.[2]

In this initial revised application, we are most concerned with obtaining improved information on how the State plans to expend funds for alcohol and drug abuse activities that meet the statutory requirements of the ADMS Block Grant Program and how it will conduct its oversight of these activities. Discussions have been initiated to ensure that the application requests only data that cannot be obtained through other existing data sources. The State Comprehensive Mental Health Services Plans, required under Sections 1925 and 1926 of the PHS Act, provide similar information regarding community mental health services funded through the block grant. These plans will continue to be submitted to the National Institute of Mental Health under guidelines, submission dates, and review processes determined by the Institute. The application changes for the mental health portion of the ADMS Block Grant primarily involve standardization of the format for describing the intended use of funds and the activities to be undertaken to meet statutory requirements (e.g., the children's services set-aside). Discussions have been initiated to determine what additional linkages are needed between the application and the mental health services plan and existing national data collection efforts. These issues will be addressed in the FY 1992 Application, after consultation with the State Mental Health Authorities by OTI and NIMH.

The increase in the reporting requirements for the substance abuse portion was deemed necessary in order to adequately assess and improve the services provided with ADMS Block Grant funds in response to changes in the authorizing statute, notably Sections 1916(c) (20) and (21), as well as to the spelling out by Congress of information desired about specific need indicators and treatment characteristics in Section 509D of the Public Health Service (PHS) Act.[3] Analysis of the information submitted in the application, when coupled with information from the legislatively required annual report and information available through other sources, will enhance the planning and resource allocation activities of ADAMHA and the States. The analyses will allow the Administration and Congress to assess the impact of ADMS Block Grant funds on

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[2] The most recent expression of these concerns can be found in the Congressional Record for October 5, 1990 containing the House discussion of an amendment (Title XXII-Effective Rehabilitation) to H.R. 5269, Comprehensive Crime Control Act of 1990 (pp. H 9039-H 9042).

[3] The statutory authorities for the Alcohol and Drug Abuse and Mental Health Services Block Grant Program are contained in Part B of Title XIX, Sections 1911 through 1921, of the Public Health Service Act (42 U.S.C. 300x). The statutory authority for this application is Section 1916.

the delivery of substance abuse services in accord with the intent of the authorizing legislation as stated in Section 1915 (a)(1) of the PHS Act: ***planning, establishing, maintaining, coordinating, and evaluating projects for the development of more effective prevention, treatment, and rehabilitation programs and activities to deal with alcohol and drug abuse.***

We recognize that not all the information requested is readily available in each State. We view this first effort to obtain the added information as a needs assessment that will enable OTI and the rest of ADAMHA to learn which States will require additional technical assistance in improving their data collection and analysis, quality assurance and evaluation, management, and planning capabilities as we work together to develop a national services system that recognizes the need for locally derived priorities and services and centralized data collection and analysis. That is why we ask that you do not attempt to provide an estimate when your State does not have reliable data to permit a response to a specific item within the time frames given for submitting the application. Rather, we ask that you describe the process that you do use in carrying out the activity or the alternative method of data collection used or to indicate what the problem is in obtaining the necessary data. We also ask you to describe the type of assistance you would desire in order to be able to provide the specific data in future years.

Experience with the expanded application during the first year will be used to initiate technical assistance activities that are focused on resolving ADMS Block Grant management infrastructure problems identified by the States and to develop a revised application process and format for future submissions.

We believe that this enhanced application format and complementary data collection efforts will not only help States strengthen their management and evaluation of ADMS Block Grant activities and their planning and resource allocation activities, but also will enable ADAMHA/OTI to report accurately to the Congress on the services made possible through expenditure of these funds.

PREPARATION AND SUBMISSION OF THE APPLICATION

Completed applications should be submitted to the Alcohol, Drug Abuse and Mental Health Administration no later than February 1, 1990. Submit an original signed copy of the application and 2 copies to:

Thomas M. Reynolds
Grants Management Officer
Division of Grants and Contracts Management
Alcohol, Drug Abuse, and Mental Health Administration
Room 13C-20
5600 Fishers Lane
Rockville, MD 20857

Forwarding the application to any other addressee results in processing delays.

Please respond to all items in the application form. *Remember, wherever your State does not have reliable data to use in responding to a specific item within the time frames given for submitting the application, do not attempt to answer. Rather, we ask that you describe the process that you do use in carrying out the activity or the alternative method of data collection used if your State does not have the specific information requested or to indicate what the problem is in obtaining the necessary data and to describe the type of assistance you would desire in order to be able to provide a response in future years.*

The application format contains four sections. The first section requests information about the applicant agency and persons who will serve as contacts for specific questions about the implementation of the overall ADMS Block Grant and its substance abuse and mental health portions; it also contains the certifications that must be signed by the Chief Executive Officer of the State or Territory that is the recipient of the grant. There is a table of contents that also serves as a checklist to aid the applicant and reviewers in determining the completeness of the application.

The second section requests a description of the State's actual use of its FY 1990 ADMS Block Grant funds for both the mental health and substance abuse portions.

The third section requests a description of the State's intended use of its FY 1991 ADMS Block Grant funds. Part 1 of this section requests information on the State's intention to transfer funds among the mental health and substance abuse portions. Part 2 requests a description of the State's intended use of funds to be expended for substance abuse; this part incorporates elements of the Substance Abuse Services Plan, specifically dealing with the operational aspects of State planning and program management for the delivery of substance abuse services, including prevention and treatment services to targeted critical populations. Part 3 of this section requests a description of the State's intended use of the funds under the mental health portion of the grant. New forms are introduced to standardize the presentation of information previously submitted.

The fourth section is reserved for attachments, including four required appendices: group homes for recovering substance abusers, substance abuse prevention and early intervention, substance abuse services for women, substance abuse services for intravenous drug users and two optional appendices: substance abuse services for other critical populations and mental health services to other special populations. Numerous attachments should not be necessary, but if you wish to present additional material, each should be clearly marked with identifying information (i.e., the section of the application and the page number referenced) and paginated as a separate appendix (e.g., A-1, B-2).

The application must follow the standard format provided. The organization of the completed application must follow the order in the Table of Contents, which also serves as the checklist used by reviewers who are determining compliance with the statutorily required elements. Pages for the program narrative sections and additional copies of the forms required must be added in the order presented and the structure of the application should not be changed. Please keep your descriptions and responses brief, within the page limits indicated for narrative sections. Number the pages consecutively throughout the application at the center of the bottom of the page. Enter the page number for the beginning of a narrative section or a set of forms at the appropriate place in the Table of Contents. Please do not permanently bind the application. **As in earlier years, States whose applications do not contain the required information will be asked to submit additional documentation.**

Inquiries about programmatic issues that may arise in completing the application can be addressed to Gary Palsgrove, Senior Advisor for ADAMHA Block Grant Programs, or Herman I. Diesenhaus, Senior Advisor for State Plans Division for State Assistance, OTI, at 301/443-3820. Inquiries about fiscal or grants management issues can be directed to Thomas M. Reynolds, Grants Management Officer, Block Grant Programs, ADAMHA, at 301/443-3334.

Since this is the first year that this expanded, standardized application format is being used, we are interested in learning from the States which questions could be improved. We would also like suggestions that would make the application easier to complete. We would like to know whether responding to the questions in the application requires information which significantly exceeds your State's present capabilities. We would welcome any comments and recommendations that you may have for improving the application form and the instructions; any comments should be provided in a separate letter sent to:

Herman I. Diesenhaus, Ph.D.
Senior Advisor for State Plans
ADAMHA/OTI
Rockwall II Building -10th Floor
5600 Fisher Lane
Rockville, MD 20857

We are relying on the cooperation of State agencies to support this effort by describing their planning and management activities and programs in response to the questions in the instructions and in the forms as best they can in this first year. As noted above, when data is not available, explain the reasons for its unavailability (e.g., data not presently being collected in the form requested, staffing limitations, competing priorities such as preparation of State budget or legislatively required reports). Our mutual experience in completing and reviewing the expanded application during the first year will be used to initiate technical assistance activities that are focused on resolving any ADMS Block Grant management infrastructure problems identified by the States in the application and to develop a revised application process and format for future submissions.

Again, the original and two (2) copies of your State's completed application should be submitted to ADAMHA no later than February 1, 1990. If for any reason you anticipate not being able to meet this scheduled submission date, or if you have difficulties in providing the data requested, please contact Dr. Diesenhaus at 301/443-3620.

UNDATED

Specific Instructions for Completing the Program Narrative and Forms

SECTION I
Identifying Information and Assurances

A. **Face Page and Identifying Information (ADMS Form 01).** A form is provided for submitting information heretofore derived from the cover letter and other parts of the application. We are requesting that you clearly identify the individuals responsible for the overall grant administration as well as for the substance abuse and mental health portions so that communications can be directed appropriately.

> **NOTE:** In the future, as has been requested by the States, notifications of required actions, deficiencies, etc. will be made as appropriate to both the person responsible for overall administration and the person responsible for the affected functional area.

The name of the State should be entered at the top of the page in the space provided.

1. **Name and Address of the State Agency Grantee.** List the responsible State agency as designated by the Governor. Provide the name and address of the agency and identify the organization unit that is designated as the component to receive the grant. For example, if the Division of Alcohol, Drug Abuse, and Mental Health Services is responsible for the grant but the funds flow through the Department of Health and Human Resources, the Department should be named as grantee, not the Division. Record this information on the Face Page, which is to be the first page of the application form and is so designated.

2. **Name and Address of the State Contact Person.** List a single individual who has overview responsibility for the total grant, including both the mental health and substance abuse portions, and how he/she can be contacted.

3. **Name and Address of the State Contact Person for the Substance Abuse Portion.** List a single individual who has overview responsibility for the substance abuse portion of the block grant and how he/she can be contacted.

4. **Name and Address of the State Contact Person for the Mental Health Portion.** List a single individual who has overview responsibility for the mental health portion of the block grant and how he/she can be contacted.

5. **State Expenditure Period.** Fill in the dates of the period during which the FY 1991 ADMS Block Grant funds will be expended. In most cases, this will be the State's fiscal year. The State and Regional Spending Plans, discussed below, request that information be provided on

expenditures of ADMS Block Grant, other available Federal grants, and State and local funds anticipated to be made during this coming State Expenditure Period as well as the last State Expenditure Period.

6. Date of Submission. Enter the date on which the application is submitted to ADAMHA. Check whether this is the Original submission or a Revision.

7. Name and Address of the State Contact Person Responsible for Completing the Application. List a single individual who had overview responsibility for completing the block grant application and how he/she can be contacted.

NOTE: Any change in the State Agency Grantee or a State Contact Person should be communicated immediately in writing through an original letter signed by an appropriate official (governor in the case of an agency change) to Thomas Reynolds, ADAMHA Division of Grants and Contracts Management at the address above (see page 6), with a copy sent to the OTI Division for State Assistance.

B. Table of Contents/Review Checklist (ADMS Form 02). A table of contents is provided in the application forms (see Attachment B-2). The Table of Contents will also serve as the Fiscal Year 1991 ADMS Block Grant Application Review Checklist. The organization of the completed application must follow the order in the Table of Contents. Pages for the program narrative sections and additional copies of the forms required must be added in the order presented and the structure of the application must not be changed. The page limits indicated for narrative sections must be followed.

1. The name of the State should be entered at the top of the page in the space provided.

2. Enter the page number of the start of a narrative section or a form or the beginning of a set of forms at the appropriate heading in the Table of Contents.

3. Number the pages consecutively throughout the application at the bottom of the page in the center.

NOTE: The application will be initially reviewed to determine whether each item required by the authorizing statute is contained in the application. The table of contents/checklist will enable you, as the applicant, and the reviewers to ascertain whether each requirement has been included and where in the application it will be found. Omission of some items may render an application incomplete and therefore unfundable. Explain the reasons for any omissions at that place in the application where the narrative or data requested was to have appeared. The person identified as the State Contact for Completion of the Application will be initially contacted to obtain the missing data or an explanation. The State

will be formally notified in writing of any deficiencies through an original letter addressed to the individual identified on the Face Page as the State Contact for the Grantee Agency with copies to those persons identified as the official State Contacts for the Mental Health and Substance Abuse functions.

C. **Assurances**. As requested by the States, standard forms are provided for the assurances required by the authorizing statute and PHS regulations.

1. **Chief Executive Officer's (CEO's) Assurances (ADMS Form 03)**. The law requires that the CEO of the State or Territory personally sign many of the assurances required by statute. A form is included containing the assurances that must be signed by the CEO of the State or Territory or by an authorized designee. If the assurances form is signed by a designee, a copy of the designation must accompany the assurances form.

2. **U.S. Department of Health and Human Services Certification Regarding Drug-Free Workplace Requirements.** Grantees of the Office for Treatment Improvement are required to certify their compliance with certain Federal requirements regarding maintenance of a drug-free workplace. The form is self-explanatory. It need not be submitted if a Statewide or agency-wide assurance has already been submitted under governing regulations.

3. **Certificates Regarding Lobbying and Disclosures.** Complete and return with the application the form regarding lobbying and, if applicable, the disclosure forms. This certification must be signed and returned before any Federal grant or cooperative agreement exceeding $100,000 may be awarded. The forms are self-explanatory.

SECTION II

Description of Actual Use of Funds as Required By Section 1916(d) of the PHS Act in Accordance with Section 1742(a) of the Omnibus Reconciliation Act of 1981.

Section 1742(a) of the Omnibus Budget Reconciliation Act of 1981, requires that the State provide a description of how it has met the goals, objectives, and needs in the use of funds for the previous fiscal year (in this case, the previous year being FY 1990) as described in that previous year's application, and/or any subsequent revision of the original application.

This description should include information on the programs and activities supported and the services provided. The description of the actual use of funds should be completed in two parts. The first part should describe the actual use of the alcohol and drug abuse funds (the substance abuse portion), and the second part should similarly describe the actual use of mental health funds.

The description of the actual use of funds should address the requirements contained in the authorizing statute and listed below.

A. Goals and objectives carried out
B. Types of activities supported
C. Geographic planning areas served
D. Characteristics of individuals served
E. Criteria and methods for the distribution of allotments
F. Methodology used by State to purchase services and determine treatment capacity and quality.

As you have done in previous years, provide a brief narrative that spells out the actions taken to meet each of the requirements in accord with the goals and objectives spelled out in your FY 1990 application. A more detailed description of these actions and the activities funded is required in the Annual Report generally due no later than 6 months following completion of the last State Program Year. ***Limit your discussion to 5 pages.***

SECTION III .

Description of Intended Use of Funds as Required By Section 1916(d) of the PHS Act in Accordance with Section 1742(a) of the Omnibus Reconciliation Act of 1981.

Background/Purpose

Section 1916(d) of the authorizing statute requires that the State submit a description of its intended use of the ADMS Block Grant funds. This description is to include information on the programs and activities to be supported and the services to be provided. The description of the intended use of funds should be completed in three parts. The first part should describe the State's use of its mental health and substance abuse allotments. The second part should describe the specific intended use of alcohol and drug abuse funds (the substance abuse portion), and the third part should similarly describe the specific intended use of mental health funds. The description of the intended use of funds should address the requirements listed below which are contained in the authorizing statute.

A. Goals and objectives of activities to be carried out
B. Types of activities to be supported
C. Needs/Demand Assessment: Geographic planning areas to be served and the characteristics of individuals to be served
D. Criteria and methods for the distribution of allotments
E. Methodology used by State to purchase services and determine treatment capacity and quality.

Greater detail and specification is required for the section on the intended use of alcohol and drug abuse funds than in the section on the intended use of mental health funds because of the separate submission required for the Comprehensive Mental Health Services Plan required by Sections 1925 and 1926 of the Public Health Service Act.

Wherever possible, forms are provided to simplify and standardize the reporting process for both the substance abuse and mental health portions. Selected key terms are defined in a glossary contained in the last section of these instructions.

Note again that we are relying on the cooperation of State agencies to support this effort by describing their planning and management activities and programs in response to the questions in the instructions and in the forms as best they can in this transitional year. When data is not available, explain the reasons for its unavailability, and describe the process that you use in carrying out the activity or the alternative method of data collection used.

SECTION III
PART 1

Intended Allocation of ADMS Block Grant

Section 1916(c)(6)(B) of the PHS Act allows the State to transfer up to 10 percent of its allotment for substance abuse activities to mental health activities or 10 percent of its allotment for mental health activities to substance abuse activities. In the narrative, indicate whether your State has made such a transfer for Federal Fiscal Year 1990 ADMS Block Grant funds or plans to make such a transfer for Federal Fiscal Year 1991 ADMS Block Grant funds. If yes, please indicate the amount of the funds that were and/or will be transferred and describe the nature of the transfer (mental health to substance abuse, or vice versa) and the reasons for the transfer. *Limit your discussion to 1 page.*

SECTION III
PART 2

Intended Use of Alcohol and Drug Abuse Block Grant Funds

BACKGROUND/PURPOSE

As noted above, the FY 1991 ADMS Block Grant application requests that the States provide much of the same information as that provided in earlier years, using standard formats wherever possible. The application has been reformatted and reordered to provide for consistent presentation. These revisions will ensure more rapid comprehensive review, as well as improve the retrieval of information for budgeting, reporting, technical assistance, and monitoring purposes. In this revised application, we are most concerned with obtaining improved information on how the State plans to expend funds for alcohol and drug abuse activities that meet the statutory requirements of the ADMS Block Grant Program and how it will conduct its oversight of these activities.

The revised application incorporates elements from the recently developed guide for a voluntary State Substance Abuse Services Plan and from the various legislative proposals for a State Drug Abuse Treatment Plan. The voluntary State Substance Abuse Services Plan, developed in consultation with the National Association of State Alcohol and Drug Abuse Directors (NASADAD) over the last year, is now being requested as part of the annual ADMS Block Grant application by the Department of Health and Human Services in part to satisfy the requirement found at Section 1916(c)(21) of the PHS Act. It has been determined that there is statutory authority under Section 1916(a) of the Public Health Service Act to require that a State Drug Abuse Treatment Plan be part of the annual application.

During the pilot test and State agency review of the planning guide, a number of States had suggested that the two information requests, the application and the plan, be combined because of overlap among key items. The application includes requests for only some of the information included in the plan; other information will now be obtained through the on-site compliance reviews and a revised annual report. The revised application incorporates most of the elements of the Substance Abuse Services Plan and links them to statutory requirements. Several items were dropped because of State concerns (e.g, the questions regarding individual licensure and certification actions) and others added because of statutory requirements (e.g. independent peer review, inventory of individual programs, activities, and projects receiving ADMS Block Grant funds).

This first year that the additional information is requested will serve as a transition, and will enable us to respond to Congressional inquiries at the ADMS Block Grant reauthorization hearings expected to take place in early 1991. The revised application should also be seen as part of the comprehensive State Systems Development Program that we are now initiating. The linkage among data bases, applications, reports, and organizational development reviews can serve a number of purposes. There are three major goals for this program:

I. to strengthen the planning, evaluation, and management capability of the individual State alcohol and drug agencies;

II. to assure a high level of State accountability for the management of ADMS Block Grant funds, with special emphasis on drug abuse treatment; and

III. to help build a Federal-State partnership that can lead to further improvements in substance abuse services and systems, while maintaining appropriate latitude within the States for management policies and procedures.

We believe that ADAMHA/OTI and the State alcohol and drug agencies working together as partners can achieve these goals through five major activities:

1. collecting and sharing information on the infrastructure that exists in the State agencies responsible for administering the ADMS Block Grant with special emphasis on the key administrative functions of planning and coordination, training, quality assurance, program development, research and evaluation, and overall administration;

2. gathering uniform data on the incidence and prevalence of alcohol and drug problems, on treatment capacity, and on funding practices within the States and their subdivisions;

3. identifying barriers to providing quality services to all those in need, with special emphasis on targeted critical populations;

4. identifying State agency and local provider technical assistance needs; and

5. using a variety of knowledge transfer activities to disseminate model standards and guidelines for use by States in administering ADMS Block Grant funds, after gathering information about guidelines and standards used by the various States and other oversight bodies and refining them through consensus development activities.

As a result of the pilot test and review process, we recognize that not all the information requested is readily available in each State. We view this first effort to obtain the added information as a needs assessment that will enable OTI and the rest of ADAMHA to learn which States will require additional technical assistance in improving their management, data collection and analysis, quality assurance and evaluation, and planning capabilities as we work together to develop a national substance abuse services system that recognizes the need for locally derived priorities and services and centralized data collection and analysis. ***Wherever your State does not have reliable data to permit a response to a specific item within the time frames given for submitting the application, do not attempt to answer but indicate what the problem is in obtaining the necessary data and describe the type of assistance you would desire in order to be able to provide a valid response in future years.***

The needed information about alcohol and drug abuse programs and activities will be gathered through a variety of complementary mechanisms, of which the ADMS Block Grant Application is only one. We are trying to increase the information available without increasing the response burden unduly, so that existing data bases will be linked (e.g., NDATUS, SADAP, Annual Report, Minimum Data Set) and duplicative data gathering can be avoided, whenever possible. Other changes are being made in these data collection efforts to increase their compatibility and utility for managing the ADMS Block Grant. We believe that this enhanced application format and complementary data collection efforts will not only help States strengthen their management and evaluation of ADMS Block Grant activities and their planning and resource allocation activities, but also will enable ADAMHA/OTI to report accurately to the Congress on the improvements in substance abuse services made possible through expenditure of these funds.

A. Goals and Objectives of Alcohol and Drug Abuse Activities.

1. Goals and Objectives. In addition to the goals and objectives that the State has developed for the expenditure of ADMS Block Grant funds, the authorizing statute sets out national goals in its requirements and establishment of set-asides that should be addressed in this section. The State should describe the programs and activities that it will support with block grant and other funds to achieve each of these national goals. The State should also include a description of any State or local goals and objectives that are unique or differ from the national goals.

The overall goal for the expenditure of the substance abuse portion of the ADMS Block Grant, as stated in Section 1915 (a)(1) of the PHS Act, is: *planning, establishing, maintaining, coordinating, and evaluating projects for the development of more effective prevention, treatment, and rehabilitation programs and activities to deal with alcohol and drug abuse.* The broad national goals that funds from the alcohol and drug abuse portion of the block grant should address are:

A. identify those populations, areas, and localities in the State with greatest need for alcohol abuse and alcoholism, and drug abuse services and to target programs, services, and resources accordingly, with public input into the proposed use and distribution of block grant alcohol and drug abuse funds.

B. discourage the abuse of alcohol and drugs by providing funding for prevention and early intervention programs;

C. assess and improve the quality and appropriateness of treatment and prevention services delivered by providers that receive funds from the Alcohol and Drug Abuse component of the block grant.

D. provide treatment for persons using drugs intravenously, with priority for funding given to programs that treat individuals infected with the etiologic agent for acquired immune deficiency syndrome;

E. improve alcohol and drug abuse programs and services designed for women, especially pregnant women and women with dependent children;

F. continue to provide for and encourage the development of group homes for recovering substance abusers, through the operation of a revolving loan fund.

Provide a brief narrative that spells out the specific objectives and action steps designed to meet each of these goals (*using no more than 1 page per goal*). The narrative should describe the programs and activities directed at each of the above goals and objectives. Goals, objectives, and action steps should be clearly and succinctly stated. Where additional information pertaining to a specific goal (e.g., Goal *E: services for women*) is requested

and therefore discussed elsewhere in the application (i.e., Section II, Part 2, C.2.b. of the application), cross reference the appropriate pages in your completed narrative.

Goals are general statements of desired ends, and objectives are more specific subelements undertaken to reach a goal. Remember, that in the annual report, the State will be required to address its progress toward meeting each goal and whether or not it accomplished each objective; therefore, each objective should be realistic and measurable. Identify and number each objective.

Your discussion of Goal *F: support for group homes* should address how the State has initiated and will continue to implement the requirements spelled out in Section 1916A, Group Homes for Recovering Substance Abusers, to set up a revolving fund to make loans for the costs of establishing programs for the provision of housing for groups of not less than 4 recovering individuals. Please describe the source of funds (ADMS Block Grant, State funds, etc.), identify the non-profit entity selected to manage the fund, summarize any written agreement between the State and the non-profit entity, and describe your plan to monitor operation of the fund in the coming Expenditure Period.

In a separate attachment, Appendix A, list those entities that have received loan funds under this program, describe each project briefly, and describe how the project fits into your overall plan to provide supportive, transitional housing for substance abusers who require such assistance during recovery.

2. **Planning and Public Input.** Section 1916(c)(19) of the PHS Act requires that funding for substance abuse services will be targeted to communities with the highest prevalence of substance abuse or the greatest need for substance abuse treatment services, and Section 1916(b) of the PHS Act requires the State to hold public hearings on the intended use and distribution of funds for each fiscal year. Describe briefly how planning to meet these needs is carried out in your State and the process the State uses to obtain public and legislative participation in the development and review of the plan and the ADMS Block Grant application. Describe the composition and role in the planning process, if any, of State, regional, and local advisory council(s). ***Limit the discussion to 2 pages.***

3. **Service Coordination.** Briefly respond to the following questions (***using no more than 1 page per question***) and complete the **Services Coordination Matrix.**

a. **Coordination Mechanisms.** What mechanisms does the State use to facilitate State-level and local interagency planning, service coordination, case management, and appropriate referral among local substance abuse prevention and treatment service providers with other services (e.g., social, health, correctional, vocational, and other services) to ensure that patients receive comprehensive services? We are particularly interested in coordination among the State agencies and local programs that receive funding through the various Federal block grant mechanisms that address the problems

of substance abuse (e.g., Preventive and Health Services, Social Services, Criminal Justice, Juvenile Justice and Delinquency Prevention, Drug-free Schools and Communities, Vocational Rehabilitation, Headstart, Maternal and Child Health Services, Child Abuse and Neglect, Medicaid).

b. **Referral to Appropriate Treatment.** What efforts is the State making to improve the referral of substance abusers to facilities that offer the most appropriate, cost-effective, and high quality treatment modalities?

c. **Barriers to Coordination.** Has the State alcohol and drug abuse agency identified and prioritized any significant factors (e. g., statutes, financing policies, administrative practices, etc.) that preclude or inhibit the effective coordination of State-level or local substance abuse prevention and treatment programs with other similar or related programs (e.g., criminal justice, vocational rehabilitation, health, mental health, social services, housing, and education programs)?

d. Complete the **Services Coordination Matrix** (ADMS Form 04) identifying which mechanisms the State alcohol and drug abuse agency uses in working with other agencies involved in substance abuse services to enhance State-level interagency planning and program implementation activities, legislation and policy development, service coordination, and activities involving joint financial participation. For each agency, place a mark (X) in the column for the mechanism which you use. Since States vary in the organization and names of Departments and agencies, you may wish to redo the matrix to tailor the listing of agencies to your structure and responsibilities (e.g., in some States, institutional corrections and parole are in a different agency than community corrections and probation; in some States, the Medicaid program is administered in the Public Health agency while in other States, it is part of the Social Services agency; in some States, the Department of Education is involved in administering Headstart programs while in other States there is a statewide coordinating association of community-based providers).

e. **Agency Relationships.** Immediately following the completed matrix, provide a brief description of the relationship with each agency and discuss whether it involves activities such as interagency planning, program implementation, legislation and policy development, local agency service coordination, and joint participation in funding specific programs (***using no more than 1/4 page per agency***).

B. **Types of Activities to be Supported and State Spending Plan.**

1. **Substate Planning.** Section 1916(c)(19) of the PHS Act requires that funding for substance abuse services be targeted to communities with the highest prevalence of substance abuse or the greatest need for substance abuse treatment services. Given this requirement, we ask that you briefly describe the method used in your State to carry out substate planning and to establish priorities for funding in order to meet the requirement that the State determine which communities (substate planning areas) have the highest prevalence of substance abuse and the greatest need for treatment services, laying out the information used to help make these decisions and how it is gathered. *Limit the description to 2 pages.*

> **NOTE:** *We recognize that substate planning areas (or regions) are defined differently from State to State. Substate planning regions may be counties, regions, catchment areas, health services districts, etc. For purposes of this application, use the subareas that are defined and used for your own planning and budgeting purposes; these areas are called "regions" on the forms to provide a common label for the different geopolitical units that States plan for.*

2. **State and Substate Expenditures.** We are asking you to provide the most current data available on the block grant expenditures that will be made during the project period to support the activities targeted at achieving the above goals and objectives. We are asking that you complete the **State Spending Plan** (ADMS Form 05) included in the application for the State as a whole and a **Regional Spending Plan** (ADMS Form 06) for each of the substate planning areas that are customarily used for planning and budgeting. We ask you to complete a **Regional Activity Inventory** (ADMS Form 07), for projects that provide services only within a single substate planning area (region), and a **Statewide Project Inventory** (ADMS Form 08), for projects or providers that are to serve the State as a whole.

a. Using the **State Spending Plan** (ADMS Form 05) and **Regional Spending Plan** (ADMS Form 06) forms provided in the application, provide expenditure data on programs and activities for both the last State Expenditure Period and the coming State Expenditure Period.

> **NOTE:** These forms request information on ADMS Block Grant and associated Federal, State, and local expenditures for the types of activities identified in the first column. In completing the forms, we would have preferred that you address all alcohol and drug funds appropriated by the State legislature, as well as the ADMS Block Grant and other Federal grants and local and other funds, whether or not these funds are administered by the State alcohol and drug abuse agency. However, we realize, as a number of States indicated in their comments on the draft Substance Abuse Services Plan and the new application format, that in most States the agency that administers the Substance Abuse portion of the ADMS Block Grant does not have the legislative authority and responsibility to collect this data, which cannot be easily gathered, and that in some States the data is not available at all. Therefore we have agreed to limit the information requested on the State Spending

Plan (ADMS Form 05) to the State agency that does administer the substance abuse portion of the block grant. If possible, in the narrative following the forms, list the other agencies that provide funding for substance abuse prevention and treatment services, either with State funds or Federal funds. For State and other Federal funds not administered by the State alcohol and drug abuse agency (such as funds going directly to a Department of Corrections for treatment of incarcerated drug abusers or the block grant established by the Drug-Free Schools and Communities Act of 1986 and the Community Youth Assistance Program administered by OSAP), indicate which agency administers the funds and whether their planning and allocation processes are coordinated with those of the State alcohol and drug agency in the narrative immediately following the form.

If possible, for those States that do have data available on all the activities, we would ask you to also complete a second set of forms that include expenditures for the other agencies that provide funding for substance abuse prevention and treatment services, either with State funds or Federal funds. Place these forms in an additional, separate appendix appropriately titled and paginated.

You are to enter the total amount of dollars expended for each of the activities listed under each major funding source.

NOTE: Enter the amount of the expenditures in thousands of dollars in the appropriate cell; enter a zero [0] if there are no expenditures; and enter N/A if the data are not available.

The first set of columns should report the expenditures of programs and activities funded during the last Expenditure Period. Report only the amounts actually expended. Expenditures for the last completed State Expenditure Period should be the actual expenditures made during the period. Enter the dates of the last completed State Expenditure Period in the space provided at the top of the form.

The second set of columns should report the expenditures of programs and activities planned for the coming Expenditure Period. The projected expenditures and revenues required to carry out the action plans described in the Goals and Objectives section of your FY 1991 ADMS Block Grant application should be reported here. Report either the amounts actually obligated, if your State budgeting process has progressed that far, and/or the amounts projected in your budgeting process. Whenever possible, report obligations. Enter the dates of the coming Expenditure Period in the space provided at the top of the form; be sure that they are consistent with the dates entered on the Face Page (ADMS Form 01).

NOTE: The figures for the coming State Expenditure Period will need to be the projections that you have used to establish obligations in your State budgeting process. If the actual amounts cannot be calculated by the time of submission then the best available estimate should be submitted. Indicate the nature of the method used to generate the data (i.e., whether coming

Expenditure Period estimates are based on obligations, allocations, current estimates, or a combination) in a clearly marked footnote that immediately follows the form. All footnotes should be clearly marked and follow the **State** and **Regional Spending Plan** forms in the narrative.

The columns represent major funding sources:

The **ADMS Funds** column should be used to report only the amount of ADMS Block Grant funds. Place an asterisk [*] in column 1 to indicate whether ADMS Block Grant funds from more than one award are used to fund any one activity because of the overlap between the Federal Fiscal Year (FFY) and the State Expenditure Period. Enter the total amount of all ADMS funds during the State Expenditure period in the appropriate column for the Federal Fiscal Year in which they were awarded to the State.

For the last State Expenditure Period, in States whose fiscal years do not coincide with the Federal Fiscal Year, expenditures could have been made from both the **FFY 1989** and **FFY 1990** awards. A column is provided to report the expenditures for each year.

For the coming State Expenditure Period, in States whose fiscal years do not coincide with the Federal Fiscal Year, expenditures could be made from both the **FFY 1990** and **FFY 1991** awards. A column is provided to report the anticipated expenditures for each year.

For States whose Fiscal Year coincides with the Federal Fiscal Year, enter the expenditure in the appropriate column (i.e., **FFY 1990** for the last and **FFY 1991** for the coming State Expenditure Period.

NOTE: OTI will generate the total amount of all ADMS Funds expended during each State Expenditure Period, regardless of the Federal Fiscal Year in which they were awarded. Section 1917(b)(1) requires States to maintain fiscal records that track the expenditures from each year's award. **Any State that has difficulty in providing this information by Federal Fiscal Year should so indicate in a footnote immediately following the form and place all the entries in the FY 1990 column for the last State Expenditure Period and in the FY 1991 column for the last State Expenditure Period.**

The **Medicaid** columns should be used to report all funds received from Medicaid, including the Federal and State shares.

The **Federal Medicaid** column should be used to report the total amount of the Federal share of benefits provided under Federal regulations.

The **State Medicaid column** should be used to report the total amount of State and local government matching (when appropriate) share of benefits provided under Federal regulations and the amount of State funds (and local government match when

appropriate) provided under a supplementary State program. [4]

The **Other Federal Funds** column should be used for reporting all other Federal funds (including ADAMHA program support funds, demonstration grants/contracts, Medicare, other public welfare funds such as food stamps, other public third party funds such as CHAMPUS, the Social Services Block Grant [Title XX], the Maternal and Child Health Block Grant, etc.) in each category. Examples of demonstration grants would be the OTI Waiting List Reduction grants and the Office for Substance Abuse Prevention grants for Services to High Risk Youth; OTI will provide the States with a list of grants, if needed.

NOTE: We have agreed to limit the information requested on the **State Spending Plan** (ADMS Form 05) to the State agency that administers the substance abuse portion of the block grant. Therefore, do not include other Federal grants that are not administered by the State alcohol and drug abuse agency. However, if you are able to provide this information, we would encourage you to do so since we will than be able to identify general trends and determine whether there are to be substantial decreases or increases in services available due to the completion or initiation of demonstration project grants (e.g., OTI Waiting List Reduction grants, OSAP High-Risk Youth demonstrations, NIDA HIV-AIDS outreach grants). Similarly, any changes in State requirements on the availability of Medicaid funds, whether they are increases or restrictions, should be identified, as should any changes in State or local government appropriations. This information will be helpful in assessing the impact of such increases and decreases on the overall system and in refining plans for future financing of the expansion and improvement of the system. Discuss briefly any such changes and any anticipated problems in the narrative immediately following the **State Spending Plan** form. ***Limit the description to 1 page.***

We have learned that in some States a portion of these funds may be administered by the State alcohol and drug abuse agency (e.g., the portion of the Drug-Free Schools and Communities Block Grant to be allocated to local agency's by the Governor but not that portion designated for local school districts) and would thus be reported. Additionally, some subarea umbrella agencies and local providers may receive funds from other State and Federal sources; these expenditures should be included on the appropriate form whether it is the **Regional Spending Plan** (ADMS Form 06), the **Regional Activity Inventory** (ADMS Form 07), or the **Statewide Project Inventory** (ADMS Form 08). We recognize that this may create some discrepancies among the totals on the four forms.

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[4] OTI will calculate the State share (and local share, when appropriate) applied to the Federal program for those States that have a distinct, supplementary State Medicaid program. We will use the ratio of State to Federal Medicaid funding for the calculation of total State matching funds, allowing for a distinction between matching funds and funds provided under the supplementary State program.

The **State Funds** column should be used to report all State general fund or special appropriations (e.g., fines, fees, earmarked taxes) administered by the State alcohol and drug agency.

The **Local Funds** column should be used to report all funds derived from appropriations by any local government entity (e.g., city, other municipality, special tax district, county).

The **Other Funds** column should be used to report funds received from all other sources, including patient fees, private donations (e.g. United Way, Robert Wood Johnson Foundation), and private third party payers (e.g., Blue Cross/Blue Shield, HMOs, commercial insurers) for the specific activity.

Indicate level of funding for each activity listed. Record the amount of ADMS Block Grant, Medicaid, Other Federal grant, State and Local Government, and Other funds for the last and coming Expenditure Periods in the appropriate column.

NOTE: We are not asking you to provide a column for total funding. The total across columns will be generated by OTI in our analysis. If you cannot provide the requested breakdown for a given category, use the **Other Funds** column. Be sure, however, that you have accounted for all sources of funds, either by distributing them among all 7 columns or in the **Other Funds** column. In a footnote immediately following the form, discuss the reason that the breakdown is not available.

Rows 1 through 4 of the forms concern expenditures for those direct service activities that have immediate impact on the persons experiencing or at risk of experiencing problems with alcohol and other drugs. Treatment and Rehabilitation includes all expenditures to provide and support direct services to patients while Prevention/Early Intervention includes all expenditures to provide and support direct service activities to persons at risk. Rows 5 and 6 (including subcategories 5A through 5F) concern the **infrastructure** expenditures related to services program development, support, and monitoring.

NOTE: OTI is interested in determining the level of funding available to the State and regional alcohol and drug umbrella agencies for the management and support of ADMS Block Grant funds in the context of total funding available. We have identified seven major functional areas (or cost centers) that comprise the infrastructure needed to support prevention and treatment activities. These funds are most likely to be expended at the State agency level or at a substate administrative agency. We recognize that these categories may be different than the classification system or chart of accounts used by your State agency; we ask that you use the best information that you have available and attempt to recast your dollar expenditures using the activity definitions provided below. You should provide the data for Row 5; providing the information for rows 5A through 5F is optional.

For each activity listed in the first column, we want you to record the level of funds in the appropriate column, using the following definitions:

1. Substance Abuse Treatment and Rehabilitation includes all expenditures to provide and support direct services to patients (e.g., outreach, detoxification, outpatient counseling, therapeutic community stays, hospital care, vocational counseling, case management, central intake, program administration).

> NOTE: Use the Substance Abuse Treatment category if your agency does not distinguish between services directed at alcohol problems and drug problems, has a distinct funding category for treating persons experiencing problems with both alcohol and other drugs regardless of which problem is primary, or funds some or only combined treatment programs. Make every effort to differentiate between expenditures for treatment directed to persons with drug problems as opposed to alcohol problems and report the data in one of the next two categories.

2. Alcohol Treatment and Rehabilitation includes all expenditures to provide and support direct services to patients experiencing primary problems with alcohol (e.g., outreach, detoxification, outpatient counseling, hospital care, antabuse monitoring, vocational counseling, case management, central intake, program administration). An example of such funding would be NIAAA demonstration grants for services to the homeless that should be included in the Other Federal Funds category.

3. Drug Treatment and Rehabilitation includes all expenditures to provide and support direct services to patients experiencing primary problems with drugs (e.g., outreach, detoxification, methadone detoxification and maintenance, outpatient counseling, therapeutic community stays, hospital care, vocational counseling, case management, central intake, program administration). Examples of such funding would be the OTI Waiting List Reduction grants and the Bureau of Justice Assistance Block grant used to support treatment within a correctional facility, both of which should be included in the Other Federal Funds category.

> NOTE: Use the Alcohol Treatment or Drug Treatment categories when such a differentiation is made in funding treatment providers, either because of the ADMS Block Grant requirements, State budgeting and regulatory practices, agency practices, or local priorities.

> NOTE: We are not asking you to distinguish among prevention activities in the same manner.

4. Prevention includes expenditures for all primary prevention and early intervention activities and services directed toward persons who are non-users or who are at risk of becoming

dependent, as your State defines these activities in accord with Section 1916(c)(8) of the PHS Act, which requires the State to define these terms. The glossary contains the NDATUS definitions, which are used in identifying prevention and early intervention units for that survey.

In Appendix B, present your State's definition of "prevention" and "early intervention" and briefly describe your activities that carry out this provision, including a brief description of each project listed in the Regional or Statewide Project Spending Plan, an estimate of numbers of to be individuals served or impacted, and identification of targeted populations (e.g., youth/adolescents, women, intravenous drug abusers, blacks, Native-Americans, etc.). *Limit the description to 1/2 page per project.*

NOTE: Some States report including all Student Assistance Programs, Employee Assistance Program expenditures and other worksite activities such as drug testing in the prevention/early intervention category, while others differentiate the treatment and intervention costs associated with these activities. The situation is similar to that for outreach, with a lack of clearly agreed upon definitions as well as inconsistency in funding and reporting practices. Here also, future consultations with the States will be undertaken to define a uniform approach.

NOTE: Outreach is not included as a separate infrastructure cost center, despite its recognized importance, because of the lack of consistency in funding and reporting practices. Outreach includes all expenditures associated with getting persons at risk of problems or already experiencing problems to seek and utilize treatment services. An example of such funding would be NIDA's HIV-AIDS outreach grants, which would also be placed in the Other Federal Funds category. Also included in this category are educational or other services to persons with alcohol and other drug problems not in treatment (e.g., education about safe sexual practices such as condom use for IV Drug Abusers at risk for HIV infection). Some States fund outreach as a discrete activity; other States include outreach in their treatment costs, while still others include it in their prevention and early intervention category. Future consultations with the States will be undertaken to define a uniform approach. In the narrative following the form, briefly describe how your State funds outreach--as a separate cost center, as part of treatment, or as part of prevention. *Limit the description to 1/2 page.*

5. Infrastructure includes all expenditures associated with services program development, support, and monitoring. The infrastructure row should include the total costs for the 6 subcategories (A through F) listed below. These funds are most likely to be expended at the State agency level or at a substate

administrative agency. Where possible, expenditures for each of the subcategories should also be provided.

A. **Planning and Coordination** includes all expenditures related to State and substate planning activities such as State, regional and local personnel salaries pro-rated for time spent in planning meetings, data collection, analysis and writing, and traveling and in operating costs such as printing, advertising, and meeting expenses. Any contracts for planning and coordinating activities to community agencies or local governments should be entered here as should be the costs of any needs assessment projects using key informants or incidence and prevalence studies. Needs Assessment includes all expenditures relating to identifying the scope and magnitude of the problem, the resources available, the gaps in services, and the strategies to close those gaps. These funds are most likely to be expended at the State agency level or at a substate administrative agency.

B. **Quality Assurance** expenditures include all activities at the State agency level, at a substate administrative agency, or at the program-level (if identifiable) that are targeted at assuring conformity to accepted professional standards and to detect instances of deviations from acceptable practice for which corrective action need be taken. Include here the expenditures for carrying out the independent peer review activities required in Section 1916(c)(5). Any contracts with substate administrative agencies for monitoring local service providers should be included here.

C. **Training (Post-Employment)** includes all expenditures incurred for staff development and continuing education for personnel employed in local programs, coordinating agencies, and support agencies as long as the training is directed toward improving their competence and the effectiveness of services delivered. Post-employment training expenditures include any cost associated with inservice or off-site courses; tuition, expenses, and fees reimbursed to staff; operating costs, and salaries of trainers and support staff; and the cost of personnel involved in certification activities.

D. **Education (Pre-Employment)** includes all expenditures for support of students and fellows who are not yet regularly providing services but are in vocational, undergraduate, graduate or postgraduate programs designed to prepare them for the activity. This category includes scholarship and fellowship stipends as well as salaries of instructors and support personnel and operating costs.

E. **Program Development** includes all the expenditures for

salary and operating costs for State or substate agency support to local providers and planning groups through consultation, technical assistance and materials development. Examples of activities that would be included are: the design, development and implementation of a specific program rather than a plan; organizational development to improve practices (management, financial, or clinical) of a given provider; and support in getting a new service in operation in an already established provider.

F. Research, Evaluation, and Information Systems expenditures reflect formal scientific studies (e.g., clinical trials), demonstration projects testing the feasibility and effectiveness of a novel approach when there is an experimental design, evaluating the performance of service programs (whether directly by the State agency or by a contractor), and collecting and analyzing data used for monitoring performance and outcome.

6. Administration includes all expenditures associated with grants and contracts management, policy and auditing, personnel management, legislative liaison, and any residual costs associated with overhead in a large department or agency. This does not include monies expended for administration at the program level.

7. Total is the sum of all the expenditures reported above in rows 1 through 6.

8. Total State Substance Abuse Budget includes all expenditures for service and infrastructure activities, whether or not reported above. These totals should only be for the State alcohol and drug agency, responsible for administering the ADMS Block Grant, but may also include expenditures from other State agencies that are appropriated to or pass through this Agency.

b. The Regional Activity Inventory (ADMS Form 07) must be completed for each region or planning area in the State. We are asking for information on each of the providers and other activities[5] funded in each of the regions (i.e, subareas of your State that are defined and used for your own planning and budgeting purposes).

Duplicate as many of the Regional Activity Inventory forms (ADMS Form 07) as you need to list all the recipient provider agencies, projects, and activities in each region. On each page indicate the State and region in the spaces provided at the top of the form. Provide regional totals for each

[5] A given provider may receive only ADMS Block Grant funds, only State funds, or a mix of ADMS Block Grant and State funds. The data reported here are those supporting the block grant set-aside requirements and are not available through any other data collection method. Local providers must now be notified of the amount of the ADMS Block Grant funds that they receive, either directly from the State or through an umbrella agency.

column only on the last page; that is, complete the TOTAL row only for the last page of each region. Number the pages for the **Regional Activity Inventory** forms consecutively in the center at the bottom of each page.

On separate pages immediately following the Regional Activity Inventory forms, list the name of each provider or sub-recipient agency and the specific project for which funding is reported, if applicable, that is included in the Regional Activity Inventory. Provide both the name and address of those sub-recipients that do not have an NDATUS number. Number each entry consecutively by region, so that the number on the listing corresponds to the number entered in the first column of the Regional Activity Inventory form (ADMS Form 07). A recipient should be assigned only one number even if they will have multiple entries because they are funded to provide several different activities or projects.

Using the **Regional Activity Inventory** (ADMS Form 07) provided in the application, we ask you to enter the number that you have assigned to each project, provider, or recipient agency and activity in the list and then to enter the NDATUS or State identifier, activity code, and anticipated level of funding in thousands of dollars for the coming State Expenditure Period from each of the two major funding sources (the ADMS Block Grant and State Funds, here including any required local matching funds) and the major set-asides required by the ADMS Block Grant statute.

For each project, provider, and activity enter the following information in the appropriate cell:

1. Number assigned to a the provider, project, or activity. This number should correspond to the number assigned to the provider in the list described above.

2. NDATUS ID number (for treatment and prevention units). In order to avoid duplication of data collection efforts and to enable utilization of data obtained through the National Drug and Alcoholism Treatment Unit Survey (NDATUS) and the Minimum Data Set in responding to future Congressional reporting requirements, we are requesting that you provide in the second column the provider identification number from the NIDA master file (the SAFIS file) that has been or will be used on the NDATUS Survey form. For new providers, contact NIDA and assign a number in the customary manner.

3. Code for Type of Activity using the definitions of the activities given for the State Spending Plan (ADMS Form 05). If a given provider receives funding for more than one activity, there should be separate entries for each activity. Enter the two-digit code number for the type of activity funded.

01. Substance Abuse Treatment and Rehabilitation
02. Alcohol Treatment and Rehabilitation
03. Drug Treatment and Rehabilitation
04. Prevention and Early Intervention
05. Outreach
06. Planning and Coordination (including needs assessment)
07. Quality Assurance
08. Post-employment Training
09. Education
10. Program Development
11. Research, Evaluation, and Information Systems
12. Administration
13. Pass-through funds (Use for umbrella agencies only.)
14. Other (Indicate in a footnote the type of activity.)

NOTE: Outreach is included as a distinct activity for the Regional Activity Inventory as are all the other infrastructure sub-categories.

4. Level of ADMS Block Grant funding for this program or activity. Be sure to distinguish the specific activity in Column 3.

The ADMS Funds column should be used to report only the amount of ADMS Block Grant funds. Place an asterisk [*] alongside the number in column 1 to indicate whether ADMS Block Grant funds from more than one award are used to fund any one activity because of the overlap between Federal Fiscal Years and State Expenditure Periods. Enter the total amount of all ADMS funds during the State Expenditure period in the appropriate column for the Federal Fiscal Year in which they were awarded to the State.

For the last State Expenditure Period, in States whose fiscal years do not coincide with the Federal Fiscal Year, expenditures could have been made from both the FFY 1989 and FFY 1990 awards. A column is provided to report the expenditures for each year.

For the coming State Expenditure Period, in States whose fiscal years do not coincide with the Federal Fiscal Year, expenditures could be made from both the FFY 1990 and FFY 1991 awards. A column is provided to report the anticipated expenditures for each year.

For States whose Fiscal Year coincides with the Federal Fiscal Year, enter the expenditure in the appropriate column (i.e., FFY 1990 for the last and FFY 1991 for the coming State Expenditure Period.

NOTE: OTI will generate the total amount of all ADMS Funds expended during each State Expenditure Period, regardless of the Federal Fiscal Year in which they were awarded. Section 1917(b)(1) requires States to maintain fiscal records that track the expenditures from each year's award. **Any State that has difficulty in providing this information by Federal Fiscal Year should so indicate in a footnote immediately following the form and place all the entries in the FFY 1990 column for the last State Expenditure Period and in the FFY 1991 column for the last State Expenditure Period.**

5. Level of State funding for this program or activity. Where local matching funds are required in order to receive State and/or ADMS Block Grant funding, these revenues, whether from local government sources, patient fees, or third party payers, should be included in the "State funds" category. (Report all matching funds even if they exceed the amount needed to meet program requirements; that is, overmatching should be reported.)

6. Level of funding for the direct provision of alcohol services (ADMS Block Grant funds only).

7. Level of funding for the direct provision of drug services (ADMS Block Grant funds only).

8. Level of funding for the direct provision of prevention services (ADMS Block Grant funds only).

9. Level of funding for the provision of services to IV drug users (ADMS Block Grant funds only).

10. Level of funding for the provision of substance abuse services to women (ADMS Block Grant funds only). Indicate the programs that treat pregnant women by placing an asterisk [*] in this column.

NOTE: For columns 4 through 10, all cells must be filled in with either (1) a dollar amount in thousands, denoting the anticipated level of funding for the project period; or (2) a zero [0], denoting that no funds are anticipated to be awarded to the provider from that funding source or for that activity, or (3) N/A, denoting that the information is not available.

Columns 4 through 10 are not to be summed. A given project may have entries in more than one column (e.g., a provider receiving only ADMS funds from the State for treatment services for women who are IV drug abusers would be coded 03 in column 3 and have the same level of funding recorded in columns 4, 7, 9, and 10); if some of the funds are specifically for outreach, an additional entry should be recorded in the next row, coded as 05 in column 3 with the same level of funding recorded in columns 4, 7, 9 and 10.

NOTE: We recognize that a number of States do not directly fund local treatment units or prevention providers but fund substate planning and administrative units (umbrella agencies) that may provide oversight, planning and coordination, priority development, training, and quality assurance. The form allows for these distinctions by requiring separate entries for specific activities funded for the same agency (i.e, direct services such as substance abuse treatment and prevention; infra-structure development activities such as planning and coordination and quality assurance.

Where the State, a local government unit, or a sub-recipient serves as an umbrella agency that passes through State and Federal funds to local providers to perform specific services (e.g., drug abuse treatment, outreach, waiting list reduction), the umbrella agency and these providers or projects must be listed and the pass-through funding data reported both for the local provider and for the umbrella agency, coding each activity appropriately. An additional activity code [13] is provided for funding from the State to the umbrella agency; this code should only be used for funds that are given for redistribution. An additional activity code [14] is provided for identifying activities or projects that are not classifiable into any of the other categories; provide an explanatory footnote, citing the region and number of the provider in the list.

For example, a clinic could receive funding directly from the State agency for both drug abuse treatment and rehabilitation and for prevention and early intervention activities; there should be two entries for this provider, with the same number in the first column, the same NDATUS number in the second column, and coded appropriately in the third column (03 and 04, respectively). Or a county health department, serving as a substate coordinating and umbrella agency, could receive funding from the State agency to directly carry out quality assurance (07), planning and coordination (06), and staff development (post-employment training, 09) activities; these three activities would each require a separate entry. The county health department may also receive direct services funds for service programs it directly administers with its own staff (e.g., a county-operated methadone outpatient clinic, 03) or that it contracts for from an independent agency (pass-through funds, 13); these two activities also would each require a separate entry, resulting in five rows or entries with the same provider number and NDATUS identifier, but each with a different activity code.

c. The **Statewide Project Inventory** (ADMS Form 08) must be completed for each project or provider that is designed to serve all areas of the State and does not serve a specific region or planning area. The instructions are the same as those for the **Regional Activity Inventory** (ADMS Form 07).

Duplicate as many of the **Statewide Project Inventory** forms as you need to provide for adequate space to list all the recipient agencies and individual projects conducted by the State agency. Provide a total for each column only on the last page, that is complete the TOTAL row only for the last page. Number the pages for the **Statewide Project Inventory** forms consecutively in the center at the bottom of each page.

On separate pages immediately following the Statewide Project Inventory forms, list the name of each provider or sub-recipient agency and the specific project for which funding is reported, if applicable, that is included in the Statewide Project Inventory. Provide both the name and address of those sub-recipients that do not have an NDATUS number. Number each entry consecutively, so that the number on the listing corresponds to the number entered in the first column of ADMS Form 08. A recipient should be assigned only one number even if they have multiple entries because they are funded to provide several activities or projects. Number the pages for the list consecutively in the center at the bottom of each page.

C. **Needs/Demand Assessment: Geographical Planning Areas and Characteristics of Individuals to be Served.** Section 1916(c)(10) requires that the State identify those populations, areas, and localities in the State with a need for mental health, alcohol abuse, and alcoholism and drug abuse services, and Section 1916(c)(19) requires that the State target ADMS Block Grant funds to those communities with the highest prevalence of substance abuse or the greatest need for treatment services as determined by the State after consideration of the demand for such services or the need for such services that exceeds the capacity to provide such services. The State is to take into account whether there is a high prevalence of drug-related criminal activity and a high incidence of communicable disease transmitted through intravenous drug abuse.

1. **Geographical Planning Areas to be Served.** For the State as a whole and the substate planning areas (regions) used in your budgeting and planning process, we ask that you provide the most current data available on several indices that are estimates of the number of persons in need of substance abuse services. We are asking you to provide the most current data available on the total number of persons, using whatever format and methodology that you customarily use for this purpose. If possible, provide a table to indicate the total number of persons in the State in need of services. If available, provide the same information for each of the State's substate planning areas, indicating the region for which data is presented. In the narrative, indicate the source of the data and briefly describe the methodology utilized by the State to generate this information. We recognize that there are many methods for doing needs/demand assessment and resource allocation, and that States and local communities use a variety of these methods out of preference and/or cost-considerations; therefore, we ask you to briefly describe the methodology used and the rationale for its use. If you cannot provide the data in this format, we ask you provide a brief narrative describing the methods that you do use for estimating the number of persons in need of substance abuse treatment. For States that use other methods (e.g., informed professional judgement, key informant survey, government share, utilization-based, problem-identification and analysis, social indicators), we ask you to briefly describe in the narrative immediately following the form the methodology used in developing the data reported and how it is used. *Limit the discussion to 2 pages.*

We also recognize that there are a number of different methods that can be used to operationalize the concepts contained in the statute of "the demand or the need for treatment services that exceeds the capacity to provide such

services," "a high prevalence of drug-related criminal activity," and " a high incidence of communicable disease transmitted through intravenous drug abuse." If you customarily use some other indices rather than those is asked for in the **Needs Assessment Summary Matrix** (ADMS Form 09), please provide an alternative table displaying these indices and briefly describe, in the narrative immediately following the form, the methodology utilized by the State to generate this information and the means by which this information is used to estimate treatment capacity needed and to prioritize resource allocation, if such estimates are done. ***Limit the any additional discussion to 1 page.***

OPTIONAL: If possible, complete the **Needs Assessment Summary Matrix** (ADMS Form 09) for the State as a whole, duplicating as many copies of the form as needed to list all of the State's planning regions. The STATE TOTALS row should only be filled out on the last page and should indicate the totals for the State in each of the categories listed. Indicate the total number of persons or the appropriate prevalence or incidence estimate in each of the columns for each region. The indices are:

1. **Total Population.** Indicate the total population for the State or for each region.

2. **IVDU.** Indicate the number of **intravenous drug users in need of treatment services.** This entry should include the number of IVDUs who are currently receiving treatment as well as the estimated number who are in need of treatment but are currently not being served. In the narrative immediately following the form, describe the method used to generate this information. ***Limit the description to 1 page.***

3. **IVDU/HIV+.** Indicate the number of **intravenous drug users in the region who have tested positive for the etiologic agent for acquired immune deficiency syndrome who are in need of treatment services.** This entry should include the number of individuals in this category who are currently receiving treatment as well as those in need of treatment who are currently not being served. In the narrative immediately following the form, describe the method used to generate this information. ***Limit the description to 1/2 page.***

4. **Women in need of treatment services.** Indicate the number of women in the region who are in need of substance abuse services. This entry should include the number of individuals in this category who are currently receiving treatment as well as those in need of treatment who are currently not being served. In the narrative immediately following the form, describe the method used to generate this information. ***Limit the description to 1/2 page.***

5. **Prevalence of drug-related criminal activity.** Indicate the estimated level of drug-related criminal activity. Insert additional column headings if more than one variable is used.

Describe the methodology for each of the indices used (e.g., number of drug-related arrests, rates of drug-related crimes/100,00 persons) that you choose to use to determine this prevalence in a footnote that immediately follows the **Needs Assessment Summary Matrix.** ***Limit the description to 1 page.***

6. **Incidence of communicable diseases transmitted through intravenous drug use.** Indicate the estimated incidence of communicable diseases transmitted through IVDU in this region. Insert additional column headings if more than one variable is used. Describe the methodology for each of the indices used (e.g., rates or reported cases for HIV, ARC, hepatitis, syphilis) that you choose to use to determine incidence in a footnote that immediately follows the **Needs Assessment Summary Matrix.** ***Limit the description to 1 page.***

NOTE: This is an optional form for FFY 1991. The narrative is not optional.

2. **Characteristics of Individuals to be Served.** While the State must address the needs of its total population, there are a number of subgroups that are especially vulnerable to substance abuse, have limited access to services for various reasons, and have special needs that require targeted attention, including additional financial resources, programs tailored to cultural values and unique characteristics, and specialized staff training. Some of these critical populations have been identified in the ADMS Block Grant set-asides (e.g., women in general, with special emphasis on pregnant and post-partum addicts and their substance-exposed infants; intravenous drug users) and the OTI grant program for Model Comprehensive Treatment Programs for Critical Populations (i.e., youth, racial/ethnic minority populations, arrestees, prisoners, and residents of public housing projects). Each State may have also identified and developed plans for serving other groups or subgroups with special needs or limited accessibility to existing resources (e.g., children of substance abusers and other high risk youth, inhalant abusers, Vietnam-era veterans, chemically dependent persons in the workplace, impaired drivers).

There are three **Needs Assessment Worksheets** that we would like completed. One is for the State as a whole (ADMS Form 10), indicating the number of individuals in the State in need of substance abuse services in each of the age and race/ethnicity categories. The other two are for the two critical populations that have identified set-asides: women (ADMS Form 11) and IV drug abusers (ADMS Form 12). Again, recognizing the variety of methods in estimating need and demand, we ask you to provide the data in whatever format that you routinely use in your planning methodology.

NOTE: These are optional forms for FFY 1991. The narrative is not optional.

We ask that you provide the same information for the other OTI critical populations or any other target populations that you identify, at your option, and we have provided a blank **Statewide Target Population Needs Assessment Worksheet** (ADMS Form 13) for your use. Duplicate as many copies of this form or an alternate as you need, identifying the population in the blank provided at the top of the form.

In all cases, please provide your definition of membership in the critical population and the criteria which you use to determine inclusion. This information should be included in the relevant appendix along with the most current information available on the efforts being made to address the special needs of each of the critical populations in response to the questions listed below. Whenever possible, reference the source of the data and describe the methodology utilized by the State to generate this information and to implement the described services.

a. Complete the **Statewide Needs Assessment Worksheet** (ADMS Form 10) for the State as a whole, indicating the number of individuals in the State in need of substance abuse treatment for each age and race/ethnicity grouping.

NOTE: The age and race/ethnicity categories used in the worksheet represent an attempt to be consistent with the groupings used in major Federal data collection activities (e.g., SADAP, NDATUS) but not with the categorical demonstration grant programs (e.g., OTI's Model Comprehensive Treatment Programs for Critical Populations, OSAP's Demonstration Grants for the Prevention, Treatment and Rehabilitation of Drug and Alcohol Abuse among High Risk Youth). Some States may use other groupings (e.g., Hawaii's unique need to distinguish among the Asian-American groups and to implement proportional funding for Native Hawaiians under Section 1912A[3][d] is recognized in the form) or may not break out their needs/demand estimates by any age or race/ethnicity groupings. In these cases, please provide us with a substitute form displaying whatever data you have currently available, arrayed by the groupings commonly used for your planning, budgeting, and resource allocation purposes.

OPTIONAL: For both critical populations, women and IV drug abusers, complete the appropriate **Needs Assessment Worksheet** (ADMS Form 11 or 12) for the State as a whole. The worksheet should indicate the number of all persons in the State who are in need of treatment for substance abuse and should indicate the number of persons in each age and race/ethnicity category.

b. ***Women, including women of child-bearing age who are in need of prenatal and perinatal services, with attention paid to the service needs of their substance-exposed infants.*** Section 1916(c)(14) requires that the State use not less than 10 percent of the funds expended in any fiscal year for alcohol and drug abuse programs and services designed for women, especially pregnant women and women with dependent children, including demonstration projects for the provision of residential services to pregnant women.

(1) Describe how the State has been funding and will continue to

fund activities to implement this provision in the last and coming State Expenditure Periods. This description ***should not exceed 2 pages*** and should be on a separate page that immediately follows the **Statewide Women's Needs Assessment Worksheet** (ADMS Form 11) in the application, if this optional form is completed.

(2) Describe how the State plans to monitor the adequacy of these efforts in meeting the needs of women in general, pregnant women, and women with substance-exposed infants and other dependent children in the State. Provide your best current information in responding to the following seven sets of questions:

(a) **Definition.** What is your definition of membership in the critical population and what are the criteria which you use to determine inclusion in the population?

(b) **Prevention Activities.** What efforts is the State making to target programs or activities that will prevent the increase of substance abuse among women and their dependent children? What role do Federally-funded demonstration grants and contracts play in your efforts?

(c) **Treatment Needs** - What is the State's most recent estimate of the number and location (i.e., rural, urban) of persons in need of treatment in this critical population? Provide documentation, including relevant data, to support these estimates. Reference the source of the estimate and the methodology used to determine treatment need. If possible, provide the data using a copy of the applicable **Statewide Needs Assessment Worksheet** or an alternate form. Duplicate as many copies as are needed and number the pages consecutively.

(d) **Treatment Capacity and Utilization** - What is the State's current capability (static capacity) to provide treatment for women in general, for pregnant women, and for women with dependent children that require child care services; that is, how many slots are available Statewide to provide treatment in public programs (and private, if this data is available)? What is the State's current capability (dynamic capacity) to provide treatment for members of this special population; that is, how episodes of treatment have been provided in the last Expenditure Period and how many episodes will be provided Statewide in the coming Expenditure Period. If possible, provide the data using the **Treatment Capacity Matrix** (ADMS Form 14) and the **Treatment Utilization Matrix** (ADMS Form 15), or an alternate form using your State's methodology for measuring capacity and utilization. Duplicate as many copies as are needed and number the pages consecutively.

(e) **Treatment Expansion/Improvement** - What has the State done or what is it planning to do to expand and/or improve outreach, treatment, child care services, prenatal and postnatal care, relapse prevention, follow-up care, and other services (e.g. supported housing, vocational training and job placement, detoxification, HIV testing and counseling, case management) for this critical population? What role do Federally-funded demonstration grants and contracts play in your efforts?

(f) **Major Problems** - What, if any, problems does the State face in trying to expand service capacity and/or improve the quality of services over the project period to this critical population?

(g) **Technical Assistance Needs** - What, if any, technical assistance or knowledge transfer activities are needed by the State and its local programs to improve or expand services for this critical population?

Please limit your discussion of these questions to no more than 4 pages.

In a separate appendix (Appendix C), briefly describe each of the projects identified in the Regional Activity Inventory that are offered to women of child-bearing age who are in need of prenatal and perinatal services, with attention paid to the service needs of their substance exposed infants, as well as to the child care needs of their older dependent children, and the intended objectives of each funded effort.[6]

c. ***Persons whose substance(s) of abuse is/are intravenously administered (IVDUs) and their family members, collaterals, and sexual partners, who are HIV infected or at risk of HIV/AIDS.***

(1) Sections 1912A and 1915(c) of the PHS Act require that not less than 50 percent of the funds expended to combat drug problems in any fiscal year be used for specific activities targeted at these persons (whether it be treatment, prevention, outreach, or training). Describe how the State has been implementing and will continue to implement this requirement. ***This description should not exceed 1 page.***

(2) Describe how the State plans to monitor the adequacy of these efforts in meeting the needs of IVDUs and their family members, collaterals, and sexual partners, who are HIV infected or at risk of HIV/AIDS in the State. Provide your best current information in responding to the following seven sets of questions:

(a) **Definition.** What is your definition of membership in the critical population and what are the criteria which you use to determine inclusion in the population?

(b) **Prevention Activities.** What efforts is the State making to target programs or activities that will prevent the increase of intravenous drug abuse and HIV/AIDS among this critical population? What role do Federally-funded demonstration grants and contracts play in your efforts?

(c) **Treatment Needs** - What is the State's most recent estimate of the number and location (i.e., rural, urban) of persons in need of treatment in this critical population? Provide documentation, including relevant data, to support these estimates. Reference the source of the estimate

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[6] In the Regional Activity Inventory, be sure that you have provided specific information identifying which agencies receive funding under this provision and the amount of ADMS Block Grant funds used for each unit. Be sure that the code identifying the specific activities funded is accurately completed (e.g., treatment, prevention, outreach, training), with a separate entry for the amount of block grant funds utilized for each.

and the methodology used to determine treatment need. If possible, provide the data using a copy of the applicable **Statewide Needs Assessment Worksheet** or an alternate form. Duplicate as many copies as are needed and number the pages consecutively.

(d) **Treatment Capacity and Utilization** - What is the State's current capability (static capacity) to provide treatment for persons who are IVDUs; that is, how many slots are available Statewide to provide treatment in public and private programs? What is the State's current capability (dynamic capacity) to provide treatment for members of this special population; that is, how episodes of treatment have been provided in the last Expenditure Period and how many episodes will be provided Statewide in the coming Expenditure Period. If possible, provide the data using the **Treatment Capacity Matrix** (ADMS Form 14) and the **Treatment Utilization Matrix** (ADMS Form 15), or an alternate form using your State's methodology for measuring capacity and utilization. Duplicate as many copies as are needed and number the pages consecutively as part of the appendix.

(e) **Treatment Expansion/Improvement** - What has the State done or what is it planning to do to expand and/or improve outreach, treatment, relapse prevention, follow-up care, and other services (e.g. supported housing, vocational training and job placement, detoxification, HIV testing and counseling, acute and supportive medical and nursing care, case management) for this critical population? What role do Federally-funded demonstration grants and contracts play in your efforts?

(f) **Major Problems** - What, if any, problems does the State face in trying to expand service capacity and/or improve the quality of services over the project period to this critical population?

(g) **Technical Assistance Needs** - What, if any, technical assistance or knowledge transfer activities are needed by the State and its local programs to improve or expand services for this critical population?

Please limit your discussion of these questions to no more than 4 pages.

(3) Describe how the State has been and will continue to assure that funds described above will not be used: (1) to carry out any program of distributing sterile needles for the hypodermic injection of any illegal drug or distributing bleach for the purpose of cleaning needles for such injections, or (2) to carry out any testing for the etiologic agent for acquired immunodeficiency syndrome unless such testing is accompanied by appropriate pre-test counseling and appropriate post-test counseling. ***This description should not exceed 1 page.***

(4) Section 1916(c)(16) of the PHS Act requires that the State will receive notification of when a program treating IV drug abusers has reached 90 percent capacity. Describe how the State has been implementing and will continue to assure the implementation of this

requirement. This description should be ***limited to 2 pages.***

(5) Section 1916(c)(17) of the PHS Act requires that IV drug abusers are accepted for treatment within 7 days. Describe how the State has been implementing and will continue to assure the implementation of this requirement. This description ***should not exceed 1 page.***

(6) Section 1916(c)(18) of the PHS Act requires that the State carry out outreach activities for IV Drug Abusers. Describe how the State has been and will continue to assure the implementation of this provision. This description should ***not exceed 1 page.***[7]

In a separate appendix (Appendix D), briefly describe the intended objectives of each funded project, the services to be offered, the number of at risk individuals or families or patients to be served or impacted, the amount of treatment capacity (slots or your own unit of service) to be added, if appropriate, and the demographic characteristics of persons you are expecting to serve.

d. **Other Critical Populations.** A response is optional for the other critical populations that OTI and DHHS have identified as needing special attention. For any of the critical populations listed below or a population that your State has identified as needing special attention, please provide your best current information and respond to the same seven sets of questions in **Appendix E.** Provide data on the number persons needing services in the manner that you customarily use for planning and budgeting purposes by completing one or more of the **Statewide Target Population Needs Assessment Worksheet** (ADMS Form 13) or an alternate form as appropriate for the State as a whole and its planning regions. If possible, provide the data on treatment using the **Treatment Capacity Matrix** (ADMS Form 14) and the **Treatment Utilization Matrix** (ADMS Form 15), or an alternate form using your State's methodology for measuring capacity and utilization. Duplicate as many copies as are needed and number the pages consecutively as part of the appendix.

* Racial and ethnic minorities;

* Persons who are homeless or at risk of being homeless;

* Adolescents and high risk youth;

* Persons currently incarcerated or otherwise involved with the criminal justice system;

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[7] In the **Regional Activity Inventory** (ADMS Form 07), be sure that you have provided specific information identifying which agencies receive funding under this provision and how the funding that they receive under the drug abuse portion of the ADMS Block Grant funds is utilized. Be sure that the code for identifying the specific activities funded is accurately completed (e.g., treatment, prevention, outreach, training), with a separate entry for the amount of block grant funds utilized for each activity.

* Persons who live in rural areas;

* Individuals with a diagnosis of co-existing substance abuse and mental disorders ("dual diagnosis patients")

* Residents of public housing projects (individuals who are permanent legal residents of public housing projects (housing units or developments that are subsidized by local and/or Federal governments);

* Low income families with pre-school age children enrolled in Headstart;

* Families with children where the parents' addiction problems have resulted in charges of child abuse and neglect; and

* Low income individuals and their families, particularly those on and/or eligible for welfare and Medicaid.

We suggest that you provide the same information and complete the same forms for any other critical populations which your State has determined to have special needs and for which the State has developed or is planning to develop programs, whether you use ADMS Block Grant funds, State funds, other Federal grant funds, Medicaid, or all four.

D. **Criteria and Methods for the Distribution of Allotments.** Briefly describe the criteria and methods that the State currently uses to distribute the Alcohol and Drug Abuse portion of ADMS Block Grant funds to local entities and programs for the provision of prevention and treatment services in compliance with sections 1915(a)(1), 1915(b), and 1916(c)(1) of the Public Health Service Act.

For example, criteria used for distributing funds may include a statewide needs assessment to determine the prevalence of drug abuse problems with communities or planning areas ranked to determine priorities for expansion funding when treatment resources are insufficient to meet these needs and waiting lists exist. Other criteria and methods may involve seeking to equalize staff salaries across regions or to increase staff retention by providing for cost of living increases, or using communities' relative ranking on individual direct and indirect indices of drug problems (such as median family income, emergency room drug-related encounters, drug-related arrests, and incidence of hepatitis) or a combination of indices. Methods for distributing funds may include mailing announcements to community groups and local governments to solicit letters of intent to provide services within the specified geographical areas and service categories, formal contract bidding procedures to determine the service provider for a given geographical area or critical population, or purchase of services on an as needed basis from qualified providers.

Describe briefly how information about substate planning is used to impact the funding decisions necessary to meet the required targeting, both among and within substate planning areas. Describe the monitoring process

used to assure that the funded programs continue to serve the communities with the highest prevalence of substance abuse or the greatest need for treatment services. Describe how the information is used to assure targeting among and within each of the regions or other smaller subareas of your State that are defined and used for your own planning and budgeting purposes (e.g., cities within regions).

In your discussion, identify whatever financial conditions (e.g., matching requirements, maintenance of effort, licensure, performance contracting) that the State imposes on local entities or programs that receive State funds to provide substance abuse prevention and treatment services.

If the process for allocating ADMS Block Grant funds to local entities and programs differs substantially from the process for allocating State funds, please explain the rationale for these differences.

Limit your description to 3 pages.

E. Methodology used by State to Purchase Services and Determine Treatment Capacity and Quality.

1. **Treatment Capacity and Utilization.** We ask you to briefly describe the methods used by the State to purchase treatment capacity and services from local providers, to determine treatment capacity, and to determine the reasonable cost of capacity and services purchased (***using no more than 3 pages for all 3 questions***).

a. **Mechanisms Used to Manage and Measure Treatment Capacity and Utilization.** For both the last Expenditure Period and the coming Expenditure Period, complete a **Treatment Capacity Matrix** (ADMS Form 14) and a **Treatment Utilization Matrix** (ADMS Form 15) to provide information on the State's capability to provide treatment for persons with alcohol and drug problems; that is, report how many slots are available Statewide to provide treatment in the public sector (static capacity) and how many episodes of treatment have and could be provided within the project period (dynamic capacity).

Enter the dates for the two Expenditure Periods at the top of the form in the space provided on both forms. If possible, also complete a separate form for each of your State's substate planning regions, noting the region at the top of the form in the space provided. Number the pages consecutively in the center of the bottom of the page.

The rows on both forms are the NDATUS type of care categories. Definitions are provided in the glossary. For each type of care listed, identify the State's capability to provide treatment for persons with alcohol and drug problems. In the first column, report only those individuals who are in treatment for an alcohol problem only. In the second column, report only those individuals who are in treatment for a drug problem only. In the third column, report only those individuals who are in treatment for both alcohol and drug problems. In the fourth column, report the total of the first three columns. If you cannot provide the data for the separate groups, explain why in the narrative immediately following the forms.

On the **Treatment Capacity Matrix** (ADMS Form 14) enter the static capacity for each type of care. Static capacity is defined as the maximum number of patients who can be treated at any one time in a distinct treatment unit under full operating conditions. A slot is a unit of measure of treatment capacity. In the appropriate column, enter the number of slots available for persons with either a drug or an alcohol problem during the applicable Expenditure Period. Provide the number of slots that are expected to be in operation during the entire expenditure period. Identify whether appreciable increases or decreases were experienced in the last State Expenditure Period or are expected during the coming State Expenditure Period, and explain in the narrative immediately following the forms.

On the **Treatment Utilization Matrix** (ADMS Form 15) enter the dynamic capacity for each type of care. Dynamic capacity is defined as the maximum number of episodes of care that can be provided by the treatment unit in a year assuming a specified length of stay. An episode is a single treatment experience with a given admission and discharge date. In the appropriate column, enter the number of episodes of treatment provided for persons with either a drug or a alcohol problem during the applicable Expenditure Period. Report all persons who have received or will receive any treatment in a type of care during the Expenditure Period. For purposes of completing this form, obtain the number of episodes by adding the number of persons who were on the rolls at the beginning of the Expenditure Period and all those who were admitted during the Expenditure Period. These could be duplicated admissions.

NOTE: Although the National Drug Control Strategy and Federal budgeting for treatment expansion have used the concepts of "slots" to describe the mechanism used to determine treatment capacity and "slot costs" to establish funding levels for services purchased through the ADMS Block Grant and the Waiting List Reduction Program, we recognize that there are a variety of methods for measuring treatment capacity and utilization and for purchasing services (e.g., episodes, units of service, personnel and operating budgets, capitation), and that States and local communities may use one or more of these methods. If your State, and/or its subdivisions, does not use slots, episodes, or the NDATUS type of care categories, please describe the mechanism by which you purchase and measure treatment capacity and utilization (e.g., units of service, episodes, personnel and operating line item budgets, deficit reduction, capitation) and provide the information in a similar matrix using your methodology.

b. **Methods Used to Purchase Services.** Briefly describe the methods used by the State to purchase treatment capacity and services from local providers. For example, services may be purchased by grant or contract, on a competitive basis or non-competitive basis. Contracts or grants may be for a specified time (e.g., a year) with renewal dependent on satisfactory performance or on a competitive procurement. Or the State may provide annual funding on a formula basis to a subarea administrative agency (e.g., a county health department); the formula may be similar to the formula used to establish ADMS Block Grant allotments to States. The county agency then awards part of its funds to purchase services from local providers using a grant mechanism to obtain a specified number of units of service (e.g., group

counseling hours; education sessions).

c. **Methods Used to Determine Reasonable Cost.** Describe the methodology that the State uses to determine the reasonable cost of services for whichever methodology is used. For example, describe how the State determines what the cost per slot or unit of service should be that it purchases from all providers or the formula used to distribute funds to regional administrative units. Describe variations, if any, that are used to fund projects serving specific geographic areas or critical populations (e.g, rural and urban areas, economically disadvantaged populations).

2. **Quality Assurance, Performance Criteria, Program Standards, and Evaluation.**

a. **Program Performance Monitoring.** For programs that receive State and/or ADMS Block Grant funds, describe briefly how the State agency awarding those funds monitors and evaluates the performance of substance abuse service providers during the funding period? Where appropriate, please include a discussion of monitoring mechanisms such as: management information and outcome monitoring systems, periodic program activity reports, periodic fiscal reports, grant/contract applications, program records, site visits, licensure/accreditation reports, performance contracting, and independent peer review. For each of the monitoring mechanisms used, please provide a brief description of the methods used (e.g., the application forms, licensure/accreditation standards, and/or monitoring checklists). You may wish to use the questions below for independent peer review as a guide. ***Limit your discussion of these mechanisms to 3 single-spaced pages.***

b. **Independent Peer Review.** Section 1916(c)(5) requires that each State provide for periodic independent peer review to assess the quality and appropriateness of treatment services in programs funded by the ADMS Block Grant. Each State should have by now developed policies and procedures which cover the State Agencies' and local treatment service providers' responsibilities and authorities, as established by legislative, regulatory or executive authorities, for independent peer review. We are asking you to describe how you have been and will continue to implement this requirement. ***Limit your discussion of the five sets of questopns on independent peer review to 3 single-spaced pages.***

(1) Describe your State's procedures for the implementation of this provision, including a definition of "peer review", identification of who (or what entity) will conduct these activities, and a schedule for how often such "periodic" reviews will be conducted.

(2) Describe the data collection requirements, including a description of peer review data elements and reports required from treatment programs and/or peer review agencies pertaining, generally, to the quality and appropriateness of care in those programs and, specifically, to patient-oriented adverse or sentinel health events occurring during treatment, the quality and appropriateness of care standards, criteria, indicators and other related information used to perform peer review, and the methodology for selecting cases for peer review including sampling techniques.

(3) Include a brief description of the relationship of the independent peer review program to the State's other quality assurance mechanisms, such as licensure and monitoring activities, and to accrediting programs such as the Joint Commission on Accreditation of Healthcare Organizations and the Commission on Accreditation of Rehabilitation Facilities.

(4) Identify the staff by organizational unit and position title (not name) assigned in the State or regional umbrella agencies to conduct or manage the independent peer review program.

(5) Provide a description of the kinds of findings and recommendations generated by the peer review program which identify quality and appropriateness of care problems, corrective actions or opportunities for improvement, and the known and perceived impacts on and improvements to the quality and appropriateness of care that can be attributed to the peer review program.

3. **Treatment Improvement.** Describe key elements in the State's strategy to augment existing programs and to establish new treatment programs, where needed. Describe briefly what, if any, plans the State has to help overcome obstacles that restrict the expansion of treatment capacity in local communities, such as zoning ordinances or community resistance to siting new treatment programs. Describe briefly the role that Federally-funded demonstration projects play in your efforts. Describe briefly what technical assistance you would wish to receive from OTI to implement this strategy. ***Use no more than 3 pages.***

4. **Human Resources.** Briefly respond to the following questions. ***Limit the total discussion to 4 pages, using no more than 1 page per set of questions.***

a. What, if any, efforts are being made by the State to address staffing shortages in substance abuse programs, especially in geographic areas of high demand for services and to critical populations?

b. If available, provide data on the current staff recruitment and retention patterns of substance abuse treatment programs funded by State or ADMS Block Grant funds? For those programs, geographic areas and professions that experience the most difficulty in recruitment and retention, what are the most significant factors that contribute to these problems and what, if any, actions has the State already taken or does the State intend to take to strengthen treatment program recruitment and retention of qualified staff?

c. Does the State perform or require licensure or certification of treatment program clinical staff? How does the State ensure that State and local substance abuse programs provide adequate and appropriate inservice training to help employees stay abreast of the latest and most effective treatment techniques? Does the State impose inservice education requirements on local service providers as a condition for financial assistance?

d. Does the State have drug-free patient and workplace programs, requirements, or initiatives (e.g., employee assistance programs) that include some form of drug testing and that apply to employees of State and local substance abuse services programs and facilities? If no such programs exist at the State or local level, does the State plan to establish such requirements, and, if so, how?

SECTION III
PART 3

Intended Use of Mental Health Block Grant Funds

BACKGROUND/PURPOSE

As noted above, the FY 1991 ADMS Block Grant application requests that the States provide much of the same information as that provided in earlier years, using standard formats wherever possible. The application has been reformatted and reordered to provide for consistent presentation. These revisions will ensure more rapid comprehensive review, as well as improve the retrieval of information for forward planning, budgeting, reporting, technical assistance, and monitoring purposes.

In this revised application, while we are most concerned with obtaining improved information on how the State plans to expend funds for alcohol and drug abuse activities that meet the statutory requirements of the ADMS Block Grant Program and how it will conduct its oversight of these activities, we are also beginning to address similar concerns for the community mental health services funded through the program. Discussions have been initiated on how some of the application data requirements can be obtained through other existing data sources. The State Comprehensive Mental Health Services Plans, required under Sections 1925 and 1926 of the PHS Act, provide much of the same information regarding community mental health services funded through the block grant. These plans will continue to be submitted to the National Institute of Mental Health under guidelines, submission dates, and review processes determined by the Institute and will be more closely coordinated with the ADMS Block Grant in the future.

The application changes for the mental health portion of the ADMS Block Grant primarily involve standardization of the format for describing the intended use of funds and the activities to be undertaken to meet statutory requirements (e.g., the children's services set-aside). Discussions have been initiated to determine what additional linkages are needed between the application and the mental health services plan and existing national data collection efforts. These issues will be addressed in the development of the FY 1992 Application, after consultation by OTI and NIMH with the State Mental Health Authorities.

Completion of the narrative and forms is optional for FY 1991. You may provide the data in the format used in previous years, completing the Table of Contents/Review Checklist (ADMS Form 02) to aid in the review.

During the latter stages of the review of the revised application, we have begun discussing with NIMH and NASMHPD how best to coordinate these different approaches and information requests. The application includes requests for only some of the information required; other information will now be obtained through the on-site compliance reviews and a revised annual report. This first year that the additional information is requested will serve as a transition, and will enable us to respond to Congressional inquiries at the ADMS Block Grant reauthorization hearings expected to take place in early 1991.

As a result of these discussions, we recognize that not all the information requested is readily available in each State in the format desired. We view this first effort to obtain the added information as a needs assessment that will enable OTI and the rest of ADAMHA to learn which States will require additional technical assistance in improving their management, data collection and analysis, quality assurance and evaluation, and planning capabilities. We ask again that wherever your State does not have reliable data to permit a response to a specific item within the time frames given for submitting the application, you do not attempt to answer but indicate what the problem is in obtaining the necessary data and describe the type of assistance you would desire in order to be able to provide a valid response in future years.

A. Goals and Objectives of Mental Health Services Activities. In addition to the goals and objectives that the State has developed for the expenditure of ADMS Block Grant funds, the authorizing statute sets out national goals, through its requirements and establishment of set-asides, that should be addressed in this section. The State should describe the programs and activities that it will support with ADMS Block Grant and other funds to achieve each of these national goals and to achieve State and local goals, if they differ. The State should also include a description of any State or local goals and objectives that are unique or differ from the national goals.

Drawing primarily from Sections 1915 (a)(2) and 1916(c)(3) of the PHS Act, the overall goal of the mental health portion of ADMS Block Grant can be summarized as: the provision of comprehensive community mental health services to individuals residing in a defined geographic area so that these services are available and accessible promptly, in a manner which preserves human dignity and assures continuity and high quality, cost-effective care. The broad national goals that funds from the mental health portion of the ADMS Block Grant should address are:

A. identify those populations, areas, and localities in the State with greatest need for mental health services and target programs, services, and resources accordingly, with public input into the proposed use and distribution of ADMS Block Grant mental health funds.

B. assess and improve the quality and appropriateness of treatment provided by community mental health centers that receive funds from the Mental Health component of the ADMS Block Grant.

C. provide comprehensive mental health services with special attention given to individuals who are seriously mentally ill and other identified currently underserved populations.[8]

D. improve and expand the services and programs designed for seriously emotionally disturbed children and adolescents.

E. improve and expand the services and programs designed for mentally ill elderly individuals.

F. continue to provide and develop new community mental health services and programs.

G. coordinate mental health and healthcare services provided within healthcare centers.

1. **Goals and Objectives.** Provide a brief narrative that spells out the specific objectives and action steps designed to meet each of these goals (***using no more than 1 page per goal***). The narrative should describe the programs and activities directed at each of the above goals and objectives. Goals, objectives, and action steps should be clearly and succinctly stated. Where additional information pertaining to a specific goal (e.g., Goal *D: services for children and adolescents*) is discussed elsewhere in the application (i.e., Section II, Part 3, C.2.a. of the application), cross reference the appropriate pages in your completed application.

Goals are general statements of desired ends, and objectives are more specific subelements undertaken to reach a goal. Remember, that in the annual report, the State will be required to address its progress toward meeting each goal and whether or not it accomplished each objective; therefore, each objective should be realistic and measurable. Identify and number each objective.

2. **Planning and Public Input.** Section 1916(e)(1) of the PHS Act establishes the requirements for the State Mental Health Services Planning Council and Section 1916(b) of the PHS Act requires the State to hold public hearings on the intended use and distribution of funds for each fiscal year. Describe briefly how planning to meet these needs is carried out in your State and the process the State follows to obtain public and legislative participation in the development and review of the plan and the ADMS Block Grant application. Describe the composition and role, if any, of the State Mental Health Services Planning Council and any other State, regional, and local advisory council(s). ***Limit the discussion to 2 pages.***

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[8] The application will follow the convention adopted by the National Institute of Mental Health and use the phrases "adults and children with severe and disabling mental illness" or "persons with severe and persistent disabling mental illness" or "seriously mentally ill" wherever feasible and not in conflict with the governing statute, rather than the phrase contained in the authorizing legislation "the chronically [mentally] ill," since the word "chronic" may be identified by consumers and family members as having a negative connotation. This concern has been addressed in the Drug Abuse Treatment Technical Corrections Act of 1988 (P.L. 101-93), which substitutes the phrase "seriously mentally ill" in Section 1916(e)(3)(iii) of the PHS Act but not elsewhere in the authorizing statute.

B. Types of Activities to be Supported and State Spending Plan.

1. **Expenditures.** We are asking you to provide the most current data available on the block grant expenditures that will be made to support the activities planned to achieve the above goals and objectives.

a. **State Expenditures.** Using the **Mental Health State Spending Plan** (ADMS Form 16), we ask you to provide expenditure data for both the last Expenditure Period and the anticipated or coming Expenditure Period. This information will be helpful in assessing the impact of changes in the availability of project grants and Medicaid on the overall system. Entries for the last Expenditure Period should be the actual expenditures while the entries for the coming Expenditure Period will need to be the projections used in your budgeting process.

This form requests information on ADMS Block Grant and associated Federal, State, and local expenditures and revenues on the types of activities identified in the first column. Expenditures for the last Expenditure Period should be the actual expenditures made during the period. Therefore, provide the information for that period which have actual expenditures. Enter the dates of the last Expenditure Period in the space provided at the top of the form.

The figures for the coming Expenditure Period will need to be the projections that you have used to establish obligations in your State budgeting process. Enter the dates of the coming Expenditure Period in the space provided at the top of the form; be sure that they are consistent with the dates entered on the **Face Page** (ADMS Form 01). If the actual amounts cannot be calculated by the time of submission then the best available estimate should be submitted, with a footnote describing the method of estimation. All footnotes should be clearly marked and follow ADMS Form 16 in the narrative.

Rows 1 and 2 of ADMS Form 16 concern expenditures for those direct services activities that have immediate impact on the persons diagnosed as mentally ill or at risk of mental illness. Treatment includes all expenditures to provide and support direct services to patients. Prevention/Education includes all expenditures to provide services to the general population and those at risk of specific mental illnesses. Row 3 (including subcategories 3A through 3F) concern the **infrastructure** expenditures related to services program development, support, and monitoring. OTI is interested in determining the level of funding available to the State and regional mental health umbrella agencies for the management and support of ADMS Block Grant funds in the context of total funding available.

NOTE: We have identified seven major functional areas (or cost centers) that comprise the infrastructure needed to support prevention and treatment activities. These funds are most likely to be expended at the State agency level or at a substate administrative agency. We recognize that these categories may be different than the classification system or chart of accounts used by your State agency; we ask that you use the best information that you have available and attempt to recast your dollar expenditures using the activity definitions provided below. Future consultations with the State Mental Health Authorities and NIMH

will be undertaken to determine the utility and validity of the approach, and if desired, define a uniform approach using procedures similar to those employed in the Mental Health Statistics Improvement Program.

You are to enter the total amount of dollars expended for each of the activities listed under each major funding source. The first set of columns should report the expenditures of programs and activities funded during the last Expenditure Period. Report only the amounts actually expended.

The second set of columns should report the expenditures of programs and activities planned for the coming Expenditure Period. The projected expenditures and revenues required to carry out the action plans described in the Goals and Objectives section of your FY 1991 ADMS Block Grant application should be reported here. Report either the amounts actually obligated, if your State budgeting process has progressed that far, and/or the amounts projected in your budgeting process. Whenever possible, report obligations. Indicate the nature of the method used to generate the data (i.e., whether coming Expenditure Period estimates are based on obligations, allocations, current estimates, or a combination) in a clearly marked footnote that immediately follows the form.

The columns represent major funding sources:

The **ADMS Funds** column should be used to report only the amount of ADMS Block Grant funds. Place an asterisk [*] in column 1 to indicate whether ADMS Block Grant funds from more than one award are used to fund any one activity because of the overlap between Federal Fiscal Years and State Expenditure Periods. Enter the total amount of all ADMS funds during the State Expenditure period in the appropriate column for the Federal Fiscal Year in which they were awarded to the State.

For the last State Expenditure Period, in States whose fiscal years do not coincide with the Federal Fiscal Year, expenditures could have been made from both the FFY 1989 and FFY 1990 awards. A column is provided to report the expenditures for each year.

For the coming State Expenditure Period, in States whose fiscal years do not coincide with the Federal Fiscal Year, expenditures could be made from both the FFY 1990 and FFY 1991 awards. A column is provided to report the anticipated expenditures for each year.

For States whose Fiscal Year coincides with the Federal Fiscal Year, enter the expenditure in the appropriate column (i.e., FFY 1990 for the last and FFY 1991 for the coming State Expenditure Period.

NOTE: OTI will generate the total amount of all ADMS Funds expended during each State Expenditure Period, regardless of the Federal Fiscal Year in which they were awarded. Section 1917(b)(1) requires States to maintain fiscal records that track the expenditures from each year's award. Any State that has difficulty in providing this information by Federal Fiscal Year

should so indicate in a footnote immediately following the form and place all the entries in the FFY 1990 column for the last State Expenditure Period and in the FFY 1991 column for the last State Expenditure Period.

The **Medicaid** columns should be used to report all funds received from Medicaid, including the Federal and State shares.

The **Federal Medicaid** column should be used to report the total amount of the Federal share of benefits provided under Federal regulations.

The **State Medicaid column** should be used to report the total amount of State and local government matching (when appropriate) share of benefits provided under Federal regulations and the amount of State funds (and local government match when appropriate) provided under a supplementary State program.[9]

The **Other Federal Funds** column should be used for reporting all other Federal funds (including ADAMHA program support funds, demonstration grants/contracts, Medicare, other public welfare funds such as food stamps, other public third party funds such as CHAMPUS, the Federal portion of the Social Services Block Grant [Title XX], the Education for the Handicapped and Vocational Rehabilitation grant, etc.) in each category. Examples of demonstration grants would be the NIMH Community Support and Homeless demonstrations; OTI will provide the States with a list of grants, if needed.

The **State Funds** column should be used to report all State general fund appropriations or special appropriations (fines, fees, earmarked taxes) received from the State alcohol and drug agency and any other State agencies.

The **Local Funds** column should be used to report all funds derived from appropriations by any local government entity (e.g., municipality, city, county).

The **Other Funds** column should be used to report funds received from all other sources, including patient fees, private donations (e.g. United Way, Robert Wood Johnson Foundation), and private third party payers (e.g., Blue Cross/Blue Shield, HMOs, commercial insurers) for the specific activity.

NOTE: We are not asking you to report total funding. This information will be generated in our analysis. If you cannot provide the requested breakdown for a given category, use the Other Funds column. In a footnote immediately following the form,

[9] OTI will calculate the State share (and local share, when appropriate) applied to the Federal program for those States that have a distinct, supplementary State Medicaid program. We will use the ratio of State to Federal Medicaid funding for the calculation of total State matching funds, allowing for a distinction between matching funds and funds provided under the supplementary State program.

discuss the reason that the break down is not available.

For each of the activities listed in the first column, we want you to record the level of funds in the appropriate column:

1. Treatment includes all expenditures to provide and support direct services to patients (e.g., outreach, outpatient psychotherapy, psychoactive medication prescription and monitoring, community support, psychosocial rehabilitation, residential treatment center stays, hospital care, vocational counseling, case management, central intake, program administration).

2. Prevention includes expenditures for all primary prevention and early intervention activities and services (e.g., media campaigns, parenting skills training, screening programs) directed toward persons who are at risk, as your State defines these activities.

3. Infrastructure includes all expenditures associated with services program development, support, and monitoring. The infrastructure row should include the total costs for the 6 subcategories (A through F) listed below. These funds are most likely to be expended at the State agency level or at a substate administrative agency. Where possible, expenditure for each of the subcategories should also be provided.

A. Planning and Coordination includes all expenditures related to State and substate planning activities such as State, regional and local personnel salaries pro-rated for time spent in planning meetings, data collection, analysis and writing, and traveling and in operating costs such as printing, advertising, and meeting expenses. Any contracts for planning and coordinating activities to community agencies or local governments should be entered here as should be the costs of any needs assessment projects using key informants or incidence and prevalence studies. Needs Assessment includes all expenditures relating to identifying the scope and magnitude of the problem, the resources available, the gaps in services, and the strategies to close those gaps. These funds are most likely to be expended at the State agency level or at a substate administrative agency.

B. Quality Assurance expenditures include all activities at the State agency level, at a substate administrative agency, or at the program-level (if identifiable) that are targeted at assuring conformity to accepted professional standards and to detect instances of deviations for which corrective action need be taken. Include here the expenditures for carrying out the independent peer review activities required in Section 1916(c)(5). Any contracts with substate administrative agencies for monitoring local service providers should be included here.

C. Training (Post-Employment) includes all expenditures incurred for staff development and continuing education for personnel employed in local programs, coordinating agencies, and support agencies as long as the training is directed toward improving their competence and the effectiveness of services delivered. Post-employment training expenditures include any cost associated with inservice or off-site courses; tuition, expenses, and fees reimbursed to staff; operating costs, and salaries of trainers and support staff; and the cost of personnel involved in certification activities.

D. Education (Pre-Employment) includes all expenditures for support of students and fellows in vocational, undergraduate, graduate, and pot graduate programs who are not yet regularly providing services but are in programs designed to prepare them for the activity. This category includes scholarship and fellowship stipends as well as salaries of instructors and support personnel and operating costs.

E. Program Development includes all the expenditures for salary and operating costs for State or substate agency support to local providers and planning groups through consultation, technical assistance and materials development. Examples of activities that would be included are: the design, development and implementation of a specific program rather than a plan; organizational development to improve practices (management, financial, or clinical) of a given provider; and support in getting a new service in operation in an already established provider.

F. Research, Evaluation, and Information Systems expenditures reflect formal scientific studies (e.g., clinical trials), demonstration projects testing the feasibility and effectiveness of a novel approach when there is an experimental design, evaluating the performance of service programs (whether directly by the State agency or by a contractor), and collecting and analyzing data used for monitoring performance and outcome.

4. Administration includes all expenditures associated with grants and contracts management, policy and auditing, personnel management, legislative liaison, and any residual costs associated with overhead in a large department or agency. This does not include monies expended for administration at the program level.

5. Total is the sum of all the expenditures reported above in Rows 1 through 4.

NOTE: Enter the amount of the expenditures in thousands of dollars in the appropriate cell; enter a zero [0] if there are no expenditures; enter N/A when data are not available.

b. **Substate Expenditures.** Using as many copies needed of the **Mental Health Service Area Activity** (ADMS Form 17), we ask you to enter the name of each provider or recipient agency and activity, the anticipated level of funding in thousands of dollars for the coming State Expenditure Period from the ADMS Block Grant and State Funds for each of the populations described in the statute: **children and adolescents, elderly, persons with severe and persistent mental illnesses,** or for the **general population** (i.e., no specific subpopulation is targeted).

On the **Mental Health Service Area Activity Inventory** (ADMS Form 17), list the name of each community mental health services provider to be funded with from the ADMS Block Grant in the first column and than enter the anticipated level of funding to be obligated for the coming State Expenditure Period from ADMS Block Grant and State Funds in next three columns.

The **ADMS Funds** column should be used to report only the amount of ADMS Block Grant funds. Place an asterisk [*] next to the name in column 1 to indicate whether ADMS Block Grant funds from more than one award are used to fund any one activity because of the overlap between Federal Fiscal Years and State Expenditure Periods. Enter the total amount of all ADMS funds during the State Expenditure period in the appropriate column for the Federal Fiscal Year in which they were awarded to the State.

For the last State Expenditure Period, in States whose fiscal years do not coincide with the Federal Fiscal Year, expenditures could have been made from both the **FFY 1989** and **FFY 1990** awards. A column is provided to report the expenditures for each year.

For the coming State Expenditure Period, in States whose fiscal years do not coincide with the Federal Fiscal Year, expenditures could be made from both the **FFY 1990** and **FFY 1991** awards. A column is provided to report the anticipated expenditures for each year.

For States whose Fiscal Year coincides with the Federal Fiscal Year, enter the expenditure in the appropriate column (i.e., **FFY** 1990 for the last and FFY 1991 for the coming State Expenditure Period.

NOTE: OTI will generate the total amount of all ADMS Funds expended during each State Expenditure Period, regardless of the Federal Fiscal Year in which they were awarded. Section 1917(b)(1) requires States to maintain fiscal records that track the expenditures from each year's award. Any State that has difficulty in providing this information by Federal Fiscal Year should so indicate in a footnote immediately following the form and place all the entries in the FFY 1990 column for the last State Expenditure Period and in the FFY 1991 column for the last State Expenditure Period.

Enter the level of **State Funds** for this program or activity. Where local matching funds are required in order to receive State and/or ADMS Block Grant funding, these revenues, whether from local government sources, patient fees, or third party payers, should be included in the "State funds" category. (Report all matching funds even if they exceed the amount needed to meet program requirements; that is, overmatching should be reported.)

Enter the total funding available to the provider in the column for the special population targeted. If any other special population is targeted, enter the total funding in the last column (**Other**) and identify and describe the population briefly in a footnote in the narrative immediately following ADMS Form 17.

NOTE: A given provider may receive only ADMS Block Grant funds, only State funds or a mix of ADMS Block Grant and State funds. Where local matching funds are required in order to receive State and ADMS Block Grant funding, these revenues, whether from local government sources, patient fees, or third party payers, should be included in the "State funds" category. The types of major activities to be reported are those supporting the block grant set-aside requirements and are not available through any other data collection method.

The **Mental Health Service Area Activity Inventory** (ADMS Form 17) should be completed for each substate mental health service area used by your State for your own planning and budgeting purposes. We are asking for the same funding source information for each of the providers funded in each service area.

NOTE: Enter the amount of the expenditures in thousands of dollars in the appropriate cell; enter a zero [0] if there are no expenditures; and enter N/A if the data are not available.

Duplicate as many of the **Mental Health Service Area Activity Inventory** forms (ADMS Form 17) as you need to list all the recipient provider agencies, projects, and activities in each region. On each page indicate the State and region in the spaces provided at the top of the form. Provide regional totals for each column only on the last page, that is, complete the TOTAL row only for the last page of each service area. Number the pages for the forms consecutively in the center at the bottom of each page.

C. **Needs/Demand Assessment: Geographical Planning Areas and Characteristics of Individuals to be Served.** Section 1916(c)(10) requires that the State identify those populations, areas, and localities in the State with a need for mental health, alcohol abuse, and alcoholism and drug abuse services, and Section 1915(a)(2) requires that the State make grants from ADMS Block Grant funds to community mental health centers for services to severely mentally disturbed children and adolescents, persons with severe and persistent mental illness, mentally ill elderly individuals, and any other identifiable subpopulations that are currently underserved. Additional populations and services identified in the statute are outpatient services for residents of the area that have been discharged from an inpatient facility and screening

services for those at risk of hospitalization. We are asking you to briefly describe the mechanisms used in your State to meet these requirements for community mental health services to the populations so identified, *using no more than 1 page.*

1. **Geographical Planning Areas to be Served.** We are asking you to provide the most current data available on the total number of persons in need of treatment for mental illness, using whatever format and methodology that you use for this purpose. If possible, provide a table to indicate the total number of persons in the State in need of mental health services. If available, provide the same information for each of the mental health service areas, defined in accord with Section 1916(c)(3)(A), and indicating the Region (mental health service area) for which data is presented. In the narrative, indicate the source of the data and briefly describe the methodology utilized by the State to generate this information (*not to exceed 1 page*). We recognize that there are many methods for doing needs/demand assessment and resource allocation, and that States and local communities use a variety of these methods out of preference and/or cost-considerations; therefore, we ask you to briefly describe the methodology used and the rationale for its use.

> NOTE: Do not duplicate any material covered in more detail in your Comprehensive Mental Health Services Plan. Provide a cross reference to the pages in that document where the material can be found.

2. **Characteristics of Individuals to be Served.** While the State must address the needs of its total population, there are a number a subgroups that are especially vulnerable and that have special needs that require targeted attention, including additional financial resources, programs tailored to cultural values and unique characteristics, and specialized staff training. Some of these special populations have been identified as deserving such special attention in the ADMS Block Grant statute: individuals with severe and persistent mental illness, seriously emotionally disturbed children and adolescents, the mentally ill elderly, residents of the area that have been discharged from an inpatient facility, and persons at risk of hospitalization. We ask that you focus on these populations in the application.

a. **Children and Adolescents.** Section 1916(c)(15) requires that 10 percent of the Mental Health portion of the ADMS Block Grant be used to fund services for severely emotionally disturbed children and adolescents and that not less than 50% of these funds will be used to provide new or expanded services that were not available prior to October 1, 1988.

(1) Describe briefly how the State has and will continue to fund activities to implement this provision. On the **Mental Health Service Area Activity Inventory** (ADMS Form 17), provide specific information identifying which units received funding under this provision and the amount of ADMS Block Grant and State funds for each unit.

> (2) Describe the adequacy of these efforts in meeting the needs for mental health services to severely emotionally disturbed children and adolescents:

(a) **Definition.** What is your definition of membership in the special population and what is the criteria which you use to determine inclusion?

(b) **Prevention Activities.** What efforts is the State making to target programs or activities that will prevent the increase of mental illness in this special population?

(c) **Treatment Needs** - What is the State's most recent estimate of the number and location (i.e., rural, urban) of persons in need of treatment in this special population? Provide documentation, including relevant data, to support these estimates. Reference the source of the estimate and the methodology used to determine treatment need. If possible, provide the data in tabular form.

(d) **Treatment Capacity and Utilization** - What is the State's current capability to provide treatment for members of this special population. Provide the information using the standard methodology by which you purchase and measure treatment capacity and utilization. If possible, provide the data in tabular form.

(e) **Treatment Expansion/Improvement** - What has the State done or what is it planning to do to expand and/or improve outreach, treatment, follow-up care, and other services (e.g., special education, supported housing, vocational training and job placement, case management) for this special population? What, if any, role have Federally funded demonstration project played in your effort.

(f) **Major Problems** - What, if any, problems does the State face in trying to expand and/or improve services over the coming Expenditure Period to this special population?

(g) **Technical Assistance Needs** - What, if any, technical assistance and knowledge transfer activities are needed by the State and its local programs to improve services for this special population?

Limit the total discussion to 4 pages.

b. **Other Populations.** In addition, we are asking you to provide in **Appendix F** the most current information available on the efforts being made to address the special needs of two of the other special populations discussed in the statute with ADMS Block Grant funds (i.e., mentally ill elderly, persons with severe and persistent mental illness).

NOTE: Do not duplicate any material covered in more detail in your Comprehensive Mental Health Services Plan. Provide a cross reference to the pages in that document where the material can be found.

As noted above, additional populations and the specific services that can be funded are identified in the statute as outpatient services for residents of the area that have been discharged from an inpatient facility and screening services for those at risk of hospitalization. We ask you to

respond to the seven sets of questions listed above for each group that you select. A response is optional for these special populations and any other such target populations that your State has identified as needing special attention. For any of the special populations, please provide your best current information by providing needs assessment data and responding to the same seven questions. Whenever possible, reference the source of the data and describe the methodology utilized by the State to generate this information and to implement the described services. ***Please limit your discussion to no more than 4 pages of narrative for each population that you include.***

D. **Criteria and Methods for the Distribution of Allotments.** Briefly describe the criteria and methods that the State currently uses to distribute the mental health portion of the ADMS Block Grant to local entities and programs for the provision of community mental health services in compliance with sections 1915(a)(2), 1916(c)(3), 1916(c)(4), and 1916(e)(2)(B) (***using no more than 3 pages***). For example, criteria used for distributing funds may include a formula based on population size, a statewide community survey as a needs assessment to determine the prevalence of problems with catchment areas ranked to determine priorities for expansion funding when treatment resources are insufficient to meet these needs and waiting lists exist, or a formula for providing for cost of living and merit increases to retain experienced staff or for relative ranking on direct and indirect indices of problems such as school suspensions or median family income, or a combination. Methods for distribution of funds may include mailing announcements to community groups and local governments to solicit letters of intent to provide services within the specified mental health service areas and service categories, review of continuation applications from previously funded community mental health centers, formal contract bidding procedures to determine the service provider for a given service area or special population, or purchase of services on an as needed basis from a number of qualified providers.

Identify whatever financial conditions (e.g., matching requirements, maintenance of effort, licensure, performance contracting) that the State imposes on local entities or programs that receive State funds to provide community mental health treatment services.

If the process for allocating ADMS Block Grant funds to local entities and programs differs substantially from the process for allocating State funds, please explain the rationale for these differences.

E. Methodology used by State to Purchase Services and Determine Treatment Capacity and Quality.

1. **Treatment Capacity and Utilization.** We ask you to briefly describe the methods used by the State to purchase treatment capacity and services from local providers, to determine treatment capacity, and to determine the reasonable cost of capacity and services purchased (***using no more than 2 pages***).

a. **Mechanisms Used to Manage and Measure Treatment Capacity and Utilization.** We recognize that there are a variety of methods for measuring treatment capacity and utilization and for purchasing services (e.g.

episodes, units of service, personnel and operating budgets, DRGs, capitation), and that States and local communities may use one or more of these methods. Please describe the mechanism by which you purchase and measure treatment capacity and utilization, and provide data on the capacity and services provided using your methodology.

b. **Methods Used to Purchase Services.** Briefly describe the methods used by the State to purchase treatment capacity and services from local providers (*using no more than 1 page*). For example, services may be secured by grant or contract, on a competitive basis or non-competitive basis. Contracts or grants may be for a specified time (e.g., a year) with renewal dependent on satisfactory performance or renewal dependent on a competitive procurement. Or the State may provide contract funding on an annual basis to a subarea administrative agency (e.g., a county health department, comprehensive community mental health services board) using a population-based formula; the formula may be similar to that used to establish ADMS Block Grant allotments to States. The county umbrella agency then awards funds to local providers using a grant mechanism to obtain a specified number of units of service (e.g., group counseling hours; education sessions). Contracts or grants may be for a specified time (e.g., a year) with renewal dependent on satisfactory performance or renewal dependent on a competitive procurement.

c. **Methods Used to Determine Reasonable cost.** Describe the methodology that the State uses to determine the reasonable cost of services for whichever methodology is used. For example, describe how the State determines what the cost per unit of service should be that it purchases from all providers or the formula used to distribute funds to regional administrative units. Describe variations, if any, that are used to fund projects serving specific geographic areas or critical populations (e.g, rural and urban areas, economically disadvantaged populations).

2. **Quality Assurance, Performance Criteria, Program Standards, and Evaluation.**

a. **Program Performance Monitoring.** For programs that receive State and/or ADMS Block Grant funds, describe briefly how the State agency awarding those funds monitors and evaluates the performance of mental health service providers during the funding period. Where appropriate, please include a discussion of monitoring mechanisms such as: management information and outcome monitoring systems, periodic program activity reports, periodic reports, grant/contract applications, program records, site visits, performance contracting, licensure/accreditation reports, and independent peer review. For each of the monitoring mechanisms used, please provide a brief description of the methods used (e.g., application forms, licensure/accreditation standards, and/or monitoring checklists). *Limit your discussion of these mechanisms to 3 single-spaced pages.*

b. **Independent Peer Review.** Section 1916(c)(5) requires that each State provide for periodic independent peer review to assess the quality and appropriateness of treatment services in programs funded by the ADMS Block Grant. Each State should have by now developed policies and procedures which cover the State Agencies' and local treatment service providers'

responsibilities and authorities, as established by legislative, regulatory or executive authorities, for independent peer review. We are asking you to describe how you have been and will continue to implement this requirement. Address the following five items and ***limit your discussion of independent peer review to 3 single-spaced pages.***

(1) Describe your State's procedures for the implementation of this provision, including a definition of "peer review", identification of who (or what entity) will conduct these activities, and a schedule for how often such "periodic" reviews will be conducted.

(2) Describe the data collection requirements, including a description of peer review data elements and reports required from treatment programs and/or peer review agencies pertaining, generally, to the quality and appropriateness of care in those programs and, specifically, to patient-oriented adverse or sentinel health events occurring during treatment, the quality and appropriateness of care standards, criteria, indicators and other related information used to perform peer review, and the methodology for selecting cases for peer review including sampling techniques.

(3) Include a brief description of the relationship of the independent peer review program to the State's other quality assurance mechanisms, such as licensure and monitoring activities, and to accrediting programs such as the Joint Commission on Accreditation of Healthcare Organizations and the Commission on Accreditation of Rehabilitation Facilities.

(4) Identify the staff by organizational unit and position title (not name) assigned in the State or regional umbrella agencies to conduct or manage the independent peer review program.

(5) Provide a description of the kinds of findings and recommendations generated by the peer review program which identify quality and appropriateness of care problems, corrective actions or opportunities for improvement, and the known and perceived impacts on and improvements to the quality and appropriateness of care that can be attributed to the peer review program.

3. **Treatment Improvement.** Describe key elements in the State's strategy to augment existing programs and to establish new treatment programs, where needed. Describe what role, if any, Federally funded demonstration projects play in your efforts. Describe briefly what, if any, plans the State has to help overcome obstacles that restrict the expansion of treatment capacity in local communities, such as zoning ordinances or community resistance to siting new treatment programs. Describe briefly what technical assistance you would wish to receive from OTI to implement this strategy.

Limit the total discussion to 4 pages.

SECTION IV
Appendices

There are six appendices to be included with the application:

A. Group Homes for Recovering Substance Abusers (see page 18).

B. Substance Abuse Prevention and Early Intervention: Definitions and Project Descriptions (see page 26).

C. Substance Abuse Services to Women: Project Descriptions and Responses (see page 38).

D. Treatment for Intravenous Drug Abusers: Project Descriptions and Responses (see page 40)

E. Substance Abuse Services to other Critical Populations: Responses (see page 40) (Optional).

F. Mental Health Services to other Special Populations: Responses (see page 57) (Optional).
   1. Mentally ill elderly
   2. Persons with severe and persistent mental illness
   3. Other

Additional attachments should not be necessary, but if you wish to present additional material, each should be clearly marked with identifying information (i.e., the section of the application and the page number referenced), included in the Table of Contents, and paginated as separate appendices.

In Appendices E and F, we are asking you to provide the most current information available on the efforts being made to address the special needs of the special populations discussed in the statute or identified by your State as requiring special attention by responding to seven sets of questions and providing data on either our forms or those customarily used for your own planning and budgeting, if possible. A response is optional for these special populations. Whenever possible, reference the source of the data and describe the methodology utilized by the State to generate this information and to implement the described services. ***Please limit your discussion to no more than 4 pages of narrative for each population in Appendix E.***

(a) **Definition.** What is your definition of membership in the special population and what is the criteria which you use to determine inclusion?

(b) **Prevention Activities.** What efforts is the State making to target programs or activities that will prevent the increase of substance abuse or mental illness in this special population?

(c) **Treatment Needs** - What is the State's most recent estimate of the number and location (i.e., rural, urban) of persons in need of treatment in this special population? Provide documentation, including relevant data, to support these estimates. Reference the source of the estimate and the methodology used to determine treatment need. If possible, provide the data using a copy of the **Statewide Target Population Needs Assessment Worksheet** (ADMS Form 13) included in the application. Duplicate as many copies as are needed and number the pages consecutively.

(d) **Treatment Capacity and Utilization** - What is the State's current capability to provide treatment for members of this special population. Provide the information using the standard methodology by which you purchase and measure treatment capacity and utilization.

(e) **Treatment Expansion/Improvement** - What has the State done or what is it planning to do to expand and/or improve outreach, treatment, follow-up care, and other services (e.g., supported housing, vocational training and job placement, case management) for this special population? What role do Federally funded demonstration projects play in your efforts?

(f) **Major Problems** - What, if any, problems does the State face in trying to expand and/or improve services over the project period to this special population?

(g) **Technical Assistance Needs** - What, if any, technical assistance or knowledge transfer activities are needed by the State and its local programs to improve services for this special population?

LIST OF REQUIRED AND OPTIONAL FORMS

Form 01	Face Page
Form 02	Table of Contents/Review Checklist
Form 03	CEO Assurances
Form 04	Service Coordination Matrix
Form 05	State Spending Plan
Form 06	Regional Spending Plan
Form 07	Regional Activity Inventory
Form 08	Statewide Project Inventory
Form 09	Needs Assessment Summary Matrix (Optional)
Form 10	Statewide Needs Assessment Worksheet (Optional)
Form 11	Statewide Women's Needs Assessment Worksheet (Optional)
Form 12	Statewide IVDU's Needs Assessment Worksheet (Optional)
Form 13	Statewide Target Population's Needs Assessment Worksheet (Optional)
Form 14	Treatment Capacity Matrix
Form 15	Treatment Utilization Matrix
Form 16	Mental Health State Spending Plan Form (Optional)
Form 17	Mental Health Service Area Activity Inventory Form (Optional)

REVIEW OF APPLICATIONS

Review Process

The Division of Grants and Contracts Management (DGCM), ADAMHA, serves as the point of contact for receipt and review of ADMS Block Grant applications. For FY 1991 applications will be initially reviewed by staff from DGCM and the other ADAMHA components involved in program administration for completeness and compliance with block grant statute and regulations concerning certifications and the description of the intended use of funds. As in previous years, the notification of award will be dependent on completeness of the application containing the required certifications and description of the intended use of funds. Failure to provide required certifications and descriptions will result in delays in making the award.

A second objective review that will involve ADAMHA staff and consultants, including representatives of other State ADM agencies, subarea administrative agencies and local provider staff, will follow. This peer review will focus on the technical merit of the activities and funding patterns described in the application and will be used in this transition year to identify national trends in service delivery, problems being encountered, and technical assistance needs, nationally and locally. The application and its review will serve as baseline data for the organizational development reviews and evaluations of the State's capacity to administer the ADMS Block Grant. Review of the revised application will enable OTI to initiate technical assistance activities focused on resolving ADMS Block Grant management infrastructure problems identified by the States.

Additional information will be sought from the State contacts listed on the Face Page if the material in the application is deemed insufficient to assess either compliance or technical merit. We are not seeking data for data's sake. As noted previously, we ask that wherever your State does not have reliable data to permit a response to a specific item within the time frames given for submitting the application, do not attempt to answer but to indicate what the problem is in obtaining the necessary data and to describe the type of assistance you would desire in order to be able to provide a reliable and valid response in future years. We are relying on the cooperation of State agencies to support this effort by describing their planning and management activities and programs in response to the questions in the instructions and in the forms as best they can. We need you to explain the reasons for the unavailability of any needed data so we can jointly develop the next steps.

Allotments and Awards

Sections 1912, 1912A and 1913 of the PHS Act set out the procedures to be followed in determining the allocation for each State and Territory. Award processes and decisions remain the same as in previous years. Appropriations and allocations for FY 1991 are not yet known, and awards will not be made until the final Federal budget is adopted.

Administrative Review of Waiver Requests.

The Anti-Drug Abuse Act of 1988 (Public Law 100-690) amended the Public Health Service Act by reauthorizing the Alcohol, Drug Abuse, and Mental Health Services (ADMS) Block Grant. The Act also authorized the Secretary of Health and Human Services, upon the request of a State, to waive certain requirements under the ADMS Block Grant program. The authority to grant such waivers has been delegated to the Administrator, Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA). Waivers can be requested for the following requirements:

1. 50 Percent Set-Aside for Intravenous (IV) Drug Abuse, Section 1915(C);
2. Construction or Rehabilitation of Substance Abuse Facilities, Section 1912(A);
3. Maintenance of Effort, Section 1916(c)(11)(B); and
4. 55 Percent Set-Aside for new Community Mental Health Services and Programs, Section 1916(c)(2)(B).

Guidelines are available to help those States that may wish to apply for any of these waivers. The Guidelines provide direction on information that should be submitted to support the request for a waiver. However, the format and documentation of a waiver request are subject to some State discretion. ADAMHA will use the waiver framework described in the Guidelines to assess each request for completeness and comparability.

The granting of a waiver under any of these authorities is a discretionary matter subject to the decision of the Administrator, based on the individual merits of each case. The Administrator will not automatically grant each waiver.

The guidelines for requesting waivers for requirements 1, 2, and 3 listed above were published in the Federal Register on June 2, 1989 at 54 FR 23696 et seq. Copies of the Guidelines for requesting each waiver can be obtained from:

Mr. Gary Palsgrove
Senior Advisor for Block Grants
Division for State Assistance
ADAMHA/OTI
Rockwall Building - 10th floor
5600 Fishers Lane
Rockville, MD 20857

Telephone: (301) 443-3820

GLOSSARY OF KEY TERMS[10]

ADAMHA PROGRAM SUPPORT FUNDS - Include here all funds received for prevention, training, research, treatment, etc., from NIAAA, NIDA, OTI, OSAP, or NIMH through direct project grants/contracts (including services and services research). These are included in the **Other Federal Funds** column on the spending plan forms.

AMERICAN INDIAN/ALASKAN NATIVE - A person having origins in any of the original people of North America.

ASIAN-AMERICAN/PACIFIC NATIVE - A person having origins in any of the original people of the Far East, Indian subcontinent, Southeast Asia, or the Pacific Islands.

BLACK, NOT OF HISPANIC ORIGIN - A person having origins in any of the people of sub-Saharan Africa or Haiti who do not self-classify as Hispanics.

CAPACITY OF TREATMENT - The maximum number of individuals who could be enrolled as active clients given the unit's staffing, funding, and physical facility at that time. For residential and other 24-hour care units, treatment capacity is equal to the number of beds available at the unit. For outpatient units, treatment capacity reflects the maximum active client caseload a unit could carry. This maximum caseload would depend upon such factors as the percentage of total staff hours devoted to direct client care, the average length of counseling sessions, and the frequency of client visits to the unit.

CHILD CARE SERVICES - Services which provide care for minor children of active clients, including supervised activities.

COMMUNITY MENTAL HEALTH CENTER - Includes five types of services which are provided in a comprehensive manner in order to provide a community service. The five services provided by CMHC's are outpatient care, inpatient care, partial hospitalization, emergency care and consultation and education.

CUSTODIAL/DOMICILIARY - Provision of food, shelter, and assistance in routine daily living on a long-term basis for persons with alcohol or other drug-related problems. Classify any such services as long-term rehabilitation treatment units.

DETOXIFICATION (Drug or Drug-free) - The period of planned withdrawal from drug dependency, whether or not supported by use of a prescribed medication. If methadone is being used, detoxification cannot exceed 180 days. When

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[10] ^The majority of key terms included in this glossary have been adapted from the National Drug and Alcohol Treatment Unit Survey (NDATUS). Questions about the accuracy or applicability of any definition to each State's methodology should be address to Herman Diesenhaus at (301) 443-3820. In all cases, the definition contained in the applicable statute would be controlling.

methadone detoxification exceeds 180 days, the treatment modality becomes maintenance. A treatment regimen that does not include any pharmacologic agent or medication as the primary part of the drug treatment including drug detoxification. Temporary medication may be prescribed in a drug free modality, e.g., short-term use of tranquilizers or clonidine for opiate withdrawal, but the primary treatment method is counseling (individual, group, family, etc.), and not pharmacotherapy.

DETOXIFICATION (Social or Medical) - The systematic reduction or elimination of the effects of alcohol in the body whether on a drug-free basis, in a specialized nonmedical facility by trained personnel with physician services available when required or through the use of medication under the supervision of medical personnel in a hospital or other 24-hour care facility.

DYNAMIC CAPACITY - the total number of patients that a [project] might treat over a stated period of time, a year being the common period of measurement. For example, over the course of a year, a static inpatient detoxification slot theoretically could yield a dynamic capacity of 52, because it is possible to detoxify a patient in one week.

EARLY INTERVENTION SERVICES - These services are intended to encourage persons to seek early help for their alcohol and drug problems, provide crisis services, educate the helping professions to recognize persons with substance abuse problems and to offer appropriate services, and the like.

EPISODE - a single treatment experience with a given admission and discharge date.

FAMILY COUNSELING/THERAPY SERVICES - Services which are provided during the same session to members of a family/collateral group.

FUNDING SOURCE - Includes all sources of operating funds for a treatment unit in effect during an Expenditure Period.

HISPANIC - A person of Cuban, Mexican, Puerto Rican, and all other Spanish cultures and origins, regardless of race (includes Central and South America and Spain).

HOSPITAL INPATIENT - An institution that provides 24-hour services for the diagnosis, detoxification and treatment (rehabilitation, recovery) of patients through an organized medical or professional staff and permanent licensed medical/psychiatric facilities that include inpatient beds, medical, and nursing services.

LOCAL GOVERNMENT FUNDS - Provided by local government (city, county, etc.) to provide treatment or prevention services on a program or unit level.

METHADONE MAINTENANCE - The continued administering of methadone and other approved pharmacological adjuncts at relatively stable dosage levels as an oral substitute for an individual dependent on opiates. This may be administered in conjunction with appropriate social and medical services. This category also includes those clients who are being withdrawn from

maintenance treatment.

METHADONE TREATMENT - Refers to methadone maintenance or detoxification. Methadone maintenance is the continued administering of methadone, in conjunction with provision of appropriate social and medical services, at relatively stable dosage levels for 180 days or more. Methadone is used as an oral substitute for opiates during the rehabilitative phase of treatment. This category also includes those clients who are being withdrawn from maintenance treatment.

OTHER FEDERAL FUNDS - Funds made available to the States or treatment units from any Federal agency, e.g., Federal Prison System, Veterans Administration, Bureau of Community Health Services, Indian Health Service, etc. This designation is to be used when ADAMHA Program Support funding categories are not appropriate. Medicaid funds should not be included in this category.

OUTPATIENT - Treatment/recovery/aftercare, or rehabilitation services provided by a unit where the client does not reside in a treatment facility. The client receives drug abuse or alcoholism treatment services with or without medication, including counseling and supportive services. Daycare is included in this category. This is also known as non-residential services in the alcoholism field.

OUTREACH SERVICES - Outreach activities involve efforts in the community for early case-finding and early intervention services to drug and alcohol abusers. These services would also include efforts to educate various groups about drug and alcohol abuse.

NATIVE HAWAIIAN - A person having origins in any of the original people of the Hawaiian Islands.

PATIENT (CLIENT) FEES - Direct payment to the treatment unit from consumers for services received. May be proportioned on a sliding-scale based on individual or family income.

PREVALENCE - the number (rate) of persons in the community who have been diagnosed as having an alcohol or drug related problem requiring treatment. May be established through direct measures or indicators such as counts of the number of patients in treatment and extrapolations from surveys or indirect measures or indicators such as extrapolations from the number of drug-related emergency room visits or of the number of hepatitis patients in treatment, or drug-related deaths reported by coroners, by counts of the numbers of persons arrested for drug-related crimes--possession, selling or number of arrestees testing positively for drugs.

PREVENTION/EDUCATION - Those activities that are intended to reduce or minimize the incidence of new drug abuse or alcoholism problems and the negative consequences of the use of alcohol and/or licit or illicit drugs. Available services may vary widely but are generally associated with information, education, alternatives, and primary and early intervention activities, and may also encompass services such as literature distribution, media campaigns, clearinghouse activities, speaker's bureau, and school or

peer group situations. These services may be directed at any segment of the population.

Activities, programs and projects can be differentiated by the primary group targeted: prevention and early intervention activities are targeted at non-users, experimenters, occasional users, and individuals just emerging as drug users who are at high risk of becoming dysfunctional users of any drug, including alcohol. Treatment and rehabilitation activities are targeted at those persons already experiencing problems related to the consistent use of alcohol and other drugs.

PRIVATE DONATION FUNDS - Contributions from foundation grants, cash donations, cash value of donated goods, and contributions from United Way and other charitable institutions. These are included in the **Other Funds** category.

PRIVATE THIRD PARTY FUNDS - This category includes payments from Blue Cross and Blue Shield Plans, other commercial insurance companies, and independent plans. Independent plans include employer- or employee-sponsored programs, health maintenance organizations, and private group clinics. These are included in the **Other Funds** category.

PUBLIC THIRD PARTY FUNDS - Benefits paid through Title XVIII (Medicare), XIX (Medicaid), or XVI (Supplemental Security Income, SSI. This category includes the Civilian Health Medical program of the Uniformed Services (CHAMPUS) and the Civilian Health and Medical Program of the Veterans' Administration (CHAMP-VA). These are included in the **Other Federal Funds** category.

PUBLIC WELFARE - Medical or social service benefits or payments made available through local general assistance or general assistance or general relief programs, including food stamps. These are included in the **State or Local Government Funds** categories as appropriate.

QUALITY ASSURANCE - Activities designed to evaluate, certify, or improve the quality of [treatment] care in order to enhance the health of consumers and the cost-effectiveness of care.

REHABILITATION/RESIDENTIAL - An approach which provides a planned program of professionally directed assessment, diagnosis, care, and treatment for the restoration of functioning for persons impaired by drugs or alcoholism. In some States, this type of care is referred to as treatment or recovery (excluding detoxification). Includes services provided in hospitals and nonmedical treatment facilities (including a prison or a jail) that provides residential support, ambulatory care during the treatment and rehabilitation process including individual and family counseling, group therapy and other health-related services. Residential facilities include quarterway house, halfway house/recovery homes, group homes and therapeutic communities.

RESEARCH SERVICES - Activities performed by unit staff to systematically collect and/or analyze empirical data based on the scientific model of developing knowledge.

SLOT - A unit of measure of treatment capacity. The maximum number of persons who can be treated or carried on a person's rolls at any one time, given the programs's physical characteristics, size and composition of staff, and financial and other resources. For example, if an outpatient program has set a policy that there must be one counselor for every 20 patients and it has five full-time counselors, then the program has a capacity of 100 slots. In other words, the program should not keep more than 100 persons on its active patient rolls given its current resources. Because patients are regularly being discharged and new patients admitted, a single slot, in the course of a year can be filled by more than one person. A 20-bed facility designed to provide inpatient detoxification in a standard course of treatment of one month can serve at least 240 persons a year (20 beds x 12 months), but it still has only 20 slots. Slots and persons served are not synonymous. Treatment costs may also be calculated using the concept of slots. The "annual average cost per treatment slot" is equal to a program's total cost of providing treatment over the year divided by the average treatment capacity, expressed as slots for that year. A slot may be conceptualized as the capacity to provide treatment for one patient for one year.

STATE - As used in this application, State refers to all the States and Territories eligible to receive ADMS Block Grant funds as described in Section 1912A(g)(1)(B)--the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Commonwealth of Northern Mariana Islands, and the successor States to the former Trust Territory of the Pacific Islands. Where a requirement does not apply to any State or Territory, the exception will be noted (e.g., revolving loan fund for group homes for recovering substance abusers).

STATE EXPENDITURE PERIOD - the period during which ADMS Block Grant funds will be expended by the State, which, in most cases, will be the State's fiscal year. Several forms request that information be provided on expenditures of major sources of funds (e.g., ADMS Block Grant, other available Federal grants, and State and local funds) anticipated to be made during this coming State Expenditure Period as well as made during the last State Expenditure Period.

STATE GOVERNMENT FUNDS - Funds provided by State legislation to provide prevention and treatment services on a program or unit level. These are included in the State or Local Government Funds categories as appropriate.

STATE/LOCAL GOVERNMENT FEES FOR SERVICE - State or local monies paid to programs or units as reimbursement for services provided to clients or patients. These are included in the State or Local Government Funds categories as appropriate.

STATIC CAPACITY (or Budgeted Capacity) - the number of patients that a treatment project is funded or budgeted to treat. A slot may be conceptualized as the capacity to provide treatment for one patient for one year.

TREATMENT (Not Methadone) - Formal organized services for persons who have abused alcohol and/or other drugs. These services are designed to alter

specific physical, mental, or social functions of persons receiving care by reducing client disability or discomfort, and ameliorate the signs or symptoms caused by alcohol and/or drug abuse. For purposes of this survey, detoxification services are considered to be a treatment. This is also referred to as recovery services in some States.

TYPE OF CARE - The primary treatment approach or regimen assigned to the client by the treatment unit staff. Types of care as shown on the drug and alcohol matrices on pages 2 and 3 of the form are differentiated by the type and extent of therapy and services administered to the client.

UMBRELLA AGENCY - a substate or local organization [planning unit] that oversees prevention and treatment projects. Federal and State funds are sometimes channeled through such an area agency; thus, it should be doing planning as well as monitoring the use of funds and provision of services.

WHITE (Not Hispanic) - A Caucasian person having origins in any of the people of Europe (including Portugal), North Africa, or the Middle East.

SAMPLE

OMB No: 0930-0080

NOTIFICATION OF RESPONDENT BURDEN--
SEE LAST PAGE

Expires:

ATTACHMENT B
(ADMS)

FISCAL YEAR (FY) 1991 ADMS BLOCK GRANT APPLICATION REQUIREMENTS

This format is modeled after the fiscal year (FY) 1990 requirements and may be used to meet the minimum requirements for (FY) 1991 applications. This format is based only on the present Federal statutory requirements. However, consistent with those statutory requirements the following items must be a part of the FY 1991 application:

A. An assurance that the legislature of the State[1] has conducted public hearings on the proposed use and distribution of the ADMS Block Grant funds, as required in Section 1916(a) and (b) of the PHS Act.

B. The Chief Executive Officer's certification that the State will comply with the requirements of Section 1916(c) (1) through (21) of the PHS Act, as amended by P.L. 101-374. (The certification must be made by the Chief Executive Officer personally or by an individual formally authorized to make such certifications on behalf of the Chief Executive Officer; a copy of any such authorization must be included.)

We suggest, and will accept, a Chief Executive Officer's certification as follows: "I hereby certify that the State/Territory will comply with Section 1916 (c) (1) through (21) of the PHS Act, as amended by P.L. 101-374."

C. The State's agreement that it will comply with Section 1915(c)(2) of the PHS Act, as amended by Section 2025 of P.L. 100-690. We suggest, and will accept, the following certification:

"The State agrees that payments received under the ADMS Block Grant and used pursuant to Section 1915(c) will not be expended --

1. to carry out any program of distributing sterile needles for the hypodermic injection of any illegal drug or distributing bleach for the purpose of

[1] As used in this application State refers to all the States and Territories eligible to receive ADMS Block Grant Funds and to which these assurances apply by statute.

cleansing needles for such hypodermic injection; or

2. to carry out any testing for the etiologic agent for acquired immune deficiency syndrome unless such testing is accompanied by appropriate pre-test counseling and appropriate post-test counseling."

D. The Chief Executive Officer's certification that the State will comply with Section 1916(e) of the PHS Act, as amended by Section 2035 of P.L. 100-690.

We suggest, and will accept, the following certification:

"I hereby certify that the State agrees to establish and maintain a State mental health planning council in accordance with the provisions of Section 1916(e) of the PHS Act.

1. The duties of the Council will be --

a. to serve as an advocate for chronically mentally ill individuals, severely emotionally disturbed children and youth, and other individuals with mental illnesses or emotional problems; and

b. to monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State.

2. The Council will be composed of residents of the State, including representatives of --

a. the principal State agencies with respect to -

(1) mental health, education, vocational rehabilitation, criminal justice, housing, and social services; and

(2) the development of the plan submitted pursuant to Title XIX of the Social Security Act;

b. public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services;

c. seriously mentally ill individuals who are receiving (or have received) mental health

services; and

d. the families of such individuals.

3. Not less than 50 percent of the members of the Council will be individuals who are not State employees or providers of mental health services.

4. The Council may assist the State in the preparation of the description of intended expenditures required in Section 1916(d) of the PHS Act."

E. The State's assurance that the State has provided for the establishment and ongoing operation of a revolving fund in accordance with Section 1916A(a) of the PHS Act (Group Homes for Recovering Substance Abusers).

We suggest, and will accept, the following certification:

"I hereby certify that the State has provided for the establishment and ongoing operation of a revolving fund in accordance with Section 1916A(a) of the PHS Act."

F. A description of the intended use of the block grant funds as required by Section 1916(d) of the PHS Act and in accordance with the specifications of Section 1742(a) of the Omnibus Budget Reconciliation Act of 1981; i.e., (a) a statement of goals and objectives; (b) information on the types of activities to be supported, geographic areas to be served, and categories or characteristics of individuals to be served; and (c) the criteria and method established for the distribution of funds, including details on how the distribution of funds will be targeted on the basis of need to achieve the purposes of the block grant funds.

G A description, as required by Section 1742(a) of the Omnibus Budget Reconciliation Act of 1981, of how the State has met the goals, objectives, and needs in the use of funds for the previous fiscal year (in this case, the previous year being FY 1990) as described in that previous year's application, and/or any subsequent revision of the original application.

Finally, you should complete and forward the attached certification regarding Drug Free Workplace requirements (unless your State has a current Statewide or Agency-wide certification

for 1991 on file with the Department of Health and Human Services) and Certification Regarding Lobbying and (if appropriate) disclosure form consistent with instructions transmitted last year.

Please note that P.L. 101-374 has amended the formula for determining the intra-state distribution of the ADMS allotment between Mental Health and Substance Abuse by permanently incorporating the effect last year of the "DOT supplemental funds" on the actual distribution.

Unless the Chief Executive Officer indicates otherwise, we plan to award the FY 1991 ADMS Block Grant to the same State entity that was designated to receive and administer the FY 1990 grant.

SAMPLE

ATTACHMENT B
(ADMS)

FISCAL YEAR (FY) 1991 ADMS BLOCK GRANT APPLICATION REQUIREMENTS

This format is modeled after the fiscal year (FY) 1990 requirements and may be used to meet the minimum requirements for (FY) 1991 applications. This format is based only on the present Federal statutory requirements. However, consistent with those statutory requirements the following items must be a part of the FY 1991 application:

A. An assurance that the legislature of the Territory has conducted public hearings on the proposed use and distribution of the ADMS Block Grant funds, as required in Section 1916(a) and (b) of the PHS Act.

B. The Chief Executive Officer's certification that the Territory will comply with the requirements of Section 1916(c) (1) through (21) of the PHS Act, as amended by P.L. 101-374. (The certification must be made by the Chief Executive Officer personally or by an individual formally authorized to make such certifications on behalf of the Chief Executive Officer; a copy of any such authorization should be included.)

We suggest, and will accept, a Chief Executive Officer's certification as follows: "I hereby certify that the Territory will comply with Section 1916(c)(1) through (21) of the PHS Act, as amended by P.L. 101-374."

C. The Territory's agreement that it will comply with Section 1915(c)(2) of the PHS Act, as amended by Section 2025 of P.L. 100-690. We suggest, and will accept, the following certification:

"The Territory agrees that payments received under the ADMS Block Grant and used pursuant to Section 1915(c) will not be expended --

1. to carry out any program of distributing sterile needles for the hypodermic injection of any illegal drug or distributing bleach for the purpose of cleansing needles for such hypodermic injection; or

2. to carry out any testing for the etiologic agent for acquired immune deficiency syndrome unless such testing is accompanied by appropriate pre-test counseling and appropriate post-test counseling."

D. The Chief Executive Officer's certification that the Territory will comply with Section 1916(e) of the PHS Act, as amended by Section 2035 of P.L. 100-690.

We suggest, and will accept, the following certification:

"I hereby certify that the State agrees to establish and maintain a State mental health planning council in accordance with the provisions of Section 1916(e) of the PHS Act.

1. The duties of the Council will be --

a. to serve as an advocate for chronically ill individuals, severely emotionally disturbed children and youth, and other individuals with mental illnesses or emotional problems; and

b. to monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State.

2. The Council will be composed of residents of the State, including representatives of --

a. the principal State agencies with respect to -

(1) mental health, education, vocational rehabilitation, criminal justice, housing, and social services; and

(2) the development of the plan submitted pursuant to Title XIX of the Social Security Act;

b. public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services;

c. seriously mentally ill individuals who are receiving (or have received) mental health services; and

d. the families of such individuals.

3. Not less than 50 percent of the members of the Council will be individuals who are not State employees or providers of mental health services.

ADMS B-T

4. The Council may assist the State in the preparation of the description of intended expenditures required in Section 1916(d) of the PHS Act."

E. A description of the intended use of the block grant funds as required by Section 1916(d) of the PHS Act and in accordance with the specifications of Section 1742(a) of the Omnibus Budget Reconciliation Act of 1981; i.e., (a) a statement of goals and objectives; (b) information on the types of activities to be supported, geographic areas to be served, and categories or characteristics of individuals to be served; and (c) the criteria and method established for the distribution of funds, including details on how the distribution of funds will be targeted on the basis of need to achieve the purposes of the block grant funds.

F. A description, as required by Section 1742(a) of the Omnibus Budget Reconciliation Act of 1981, of how the Territory has met the goals, objectives, and needs in the use of funds for the previous fiscal year (in this case, the previous year being FY 1990) as described in that previous year's application, and/or any subsequent revision of the original application.

Finally, you should complete and forward the attached certification regarding Drug Free Workplace requirements (unless your Territory has a current Statewide or Agency-wide certification for 1991 on file with the Department of Health and Human Services) and Certification Regarding Lobbying and (if appropriate) disclosure form consistent with instructions transmitted last year.

Please note that P.L. 101-374 has amended the formula for determining the intra-state distribution of the ADMS allotment between Mental Health and Substance Abuse by permanently incorporating the effect last year of the "DOT supplemental funds" on the actual distribution.

Unless the Chief Executive Officer indicates otherwise, we plan to award the FY 1991 ADMS Block Grant to the same entity that was designated to receive and administer the FY 1990 grant.

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public respondent burden for this collection of information is estimated to average 200 hours per application, including time for reviewing instructions and completing the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection of information, including suggestions for reducing this burden to: Public Health Service Reports Clearance Officer, Attn: PRA, Hubert H. Humphrey Building, Room 721H, 200 Independence Avenue, S.W., Washington, D.C., 20201, and to the Office of Management and Budget, Paperwork Reduction Project, Washington, D.C. 20503.

ADMS B-T

ATTACHMENT C

Forms for Completing Applications
for the
Alcohol and Drug Abuse and Mental Health Services
Block Grant Program - Fiscal Year 1991

LIST OF REQUIRED AND OPTIONAL FORMS

Form 01	Face Page
Form 02	Table of Contents/Review Checklist
Form 03	CEO Assurances Certification Regarding Drug-Free Workplace Requirements Certification Regarding Lobbying Disclosure of Lobbying Activities
Form 04	Service Coordination Matrix
Form 05	State Spending Plan
Form 06	Regional Spending Plan
Form 07	Regional Activity Inventory
Form 08	Statewide Project Inventory
Form 09	Needs Assessment Summary Matrix (Optional)
Form 10	Statewide Needs Assessment Worksheet (Optional)
Form 11	Statewide Women's Needs Assessment Worksheet (Optional)
Form 12	Statewide IVDU's Needs Assessment Worksheet (Optional)
Form 13	Statewide Target Population's Needs Assessment Worksheet (Optional)
Form 14	Treatment Capacity Matrix
Form 15	Treatment Utilization Matrix
Form 16	Mental Health State Spending Plan Form (Optional)
Form 17	Mental Health Service Area Activity Inventory Form (Optional)

Prepared by: State Plans and Financing Branch
Division for State Assistance
Office for Treatment Improvement
Alcohol, Drug Abuse, and Mental Health Administration

October, 1990

ALCOHOL AND DRUG ABUSE AND MENTAL HEALTH SERVICES BLOCK GRANT APPLICATION FOR FY 1991

STATE NAME _____

1. STATE AGENCY TO BE THE GRANTEE FOR THE ADMS BLOCK GRANT

Agency Name: _____

Organization Unit: _____

Street Address: _____

City: _____ Zip Code _____

2. CONTACT PERSON FOR THE GRANTEE OF THE ADMS BLOCK GRANT

Name: _____

Agency Name: _____

Street Address: _____

City: _____ Zip Code _____

Telephone: _____ FAX Number _____

3. CONTACT PERSON FOR THE SUBSTANCE ABUSE PORTION

Name: _____

Agency Name: _____

Street Address: _____

City: _____ Zip Code _____

Telephone: _____ FAX Number _____

4. CONTACT PERSON FOR THE MENTAL HEALTH PORTION

Name: _____

Agency Name: _____

Street Address: _____

City: _____ Zip Code _____

Telephone: _____ FAX Number _____

5. STATE EXPENDITURE PERIOD: From: _____ to _____

6. DATE SUBMITTED: _____ ____ Original ____ Revision

7. CONTACT PERSON RESPONSIBLE FOR APPLICATION SUBMISSION

NAME: _____ TELEPHONE: _____

OMB No: 0930-0080

Expiration:

ALCOHOL AND DRUG ABUSE AND MENTAL HEALTH SERVICES BLOCK GRANT APPLICATION FOR FY 1991

STATE NAME_____

This table of contents indicates the order in which the sections of the application must be submitted. Please indicate in the space provided the page number for the start of each section of narrative and forms in the application. This page will be the second page of completed application. The table of contents will serve as the ADMS Block Grant Application Checklist to be used by reviewers.

TABLE OF CONTENTS/REVIEW CHECKLIST

Page number

SECTION I. Identifying Information and Assurances

A. Face Page ..... _____

B. Table of Contents/Checklist..... _____

C. Assurances..... _____

1. Chief Executive Officer's Assurances..... _____

2. Certification Regarding Drug-Free Workplace..... _____

3. Certification Regarding Lobbying and Disclosures..... _____

SECTION II. Description of Actual Use of Funds

A. Goals and Objectives Carried Out..... _____

B. Types of Activities to be Supported..... _____

C. Geographic Planning Areas to be Served..... _____

D. Characteristics of Individuals Served..... _____

E. Criteria and Methods for the Distribution of Allotments..... _____

F. Methodology used by State to Purchase Services and Determine Treatment Capacity and Quality..... _____

SECTION III. Description of Intended Use of Funds

PART 1. Intended Use of ADMS Block Grant Funds..... _____

PART 2. Intended Use of Alcohol and Drug Abuse Block Grant Funds

A. Statement of Goals and Objectives for FY 1991..... _____

1. Goals and Objectives of Alcohol and Drug Abuse Activities..... _____

2. Planning and Public Input..... _____

3. Service Coordination..... _____

a. Coordination Mechanisms..... _____

b. Referral to Appropriate Treatment..... _____

c. Barriers to Coordination..... _____

d. Services Coordination Matrix..... _____

e. Agency Relationships..... _____

B. Types of Activities to be Supported..... _____

1. Substate Planning..... _____

2. State and Substate Expenditure..... _____

a. State and Regional Spending Plan Forms..... _____

b. Regional Activity Inventory Forms..... _____

c. Statewide Project Inventory Forms..... _____

C. Needs/Demand Assessment: Geographical Planning Areas and Characteristics of Individuals to be Served..... _____

1. Geographical Planning Areas to be Served..... _____

a. Needs Assessment Summary Matrix Forms..... _____

2. Characteristics of Individuals to be Served..... _____

a. State Needs Assessment Worksheets..... _____

b. Statewide Women's Needs Assessment Worksheet..... _____

1. Description of Implementation of Set-Aside for Substance Abuse Services Designed for Women..... _____

2. Description of Plans to Monitor Set-Aside for Women..... _____

c. Statewide IVDU's Needs Assessment Worksheet..... _____

1. Description of Implementation of Set-Aside for Intravenous Drug Users..... _____

2. Description of How State Will Monitor Adequacy of Efforts in Meeting Needs of IVDUs..... _____

3. Description of How State Will Assure That Funds Will Not be Used for Distributing Needles or Bleach..... _____

4. Description of How State Will Assure That It Is Notified When a Program Has Reached 90 Percent Capacity..... _____

5. Description of How State Will Assure Implementation of Requirement that IV Drug Users are Accepted for Treatment Within 7 Days..... _____

6. Description of Outreach Activities for IV Drug Users..... _____

d. Other Critical Populations..... _____

D. Criteria and Methods Established for Distribution of Allotments..... _____

E. Methodology used by State to Purchase Services..... _____

1. Treatment Capacity and Utilization..... _____

a. Mechanism Used to Manage and Measure Treatment Capacity..... _____

1. Treatment Capacity and Utilization Forms..... _____

b. Methods Used to Purchase Services..... _____

c. Description of Method Used to Determine Reasonable Cost..... _____

2. Quality Assurance, Performance Criteria, Program Standards, and Evaluation..... _____

a. Program Performance Monitoring..... _____

b. Independent Peer Review..... _____

3. Treatment Improvement..... _____

4. Human Resources..... _____

PART 3 Intended Use of Mental Health Block Grant Funds

A. Statement of Goals and Objectives for FY 1991..... _____

1. Goals and Objectives..... _____

2. Planning and Public Input..... _____

B. Types of Activities to be Supported..... _____

1. Expenditures..... _____

a. State Expenditures..... _____

b. Substate Expenditures/Mental Health Service Area Activity Inventory..... _____

C. Needs/Demand Assessment: Geographical Planning Areas and Characteristics of Individuals to be Served..... _____

1. Geographical Planning Areas to be Served..... _____

2. Characteristics of Individuals to be Served..... _____

a. Children and Adolescents..... _____

b. Other Populations..... _____

D. Criteria and Methods Established for Distribution of Allotments..... _____

E. Methodology Used by State to Purchase Services and Determine Treatment Capacity and Quality..... _____

1. Treatment Capacity and Utilization..... _____

a. Mechanisms Used to Manage and Measure Treatment Capacity and Utilization..... _____

b. Methods Used to Purchase Services..... _____

c. Methods Used to Determine Reasonable Costs..... _____

F. Quality Assurance, Performance Criteria, Program Standards, and Evaluation..... _____

1. Program Performance Monitoring..... _____

2. Independent Peer Review..... _____

3. Treatment Improvement..... _____

SECTION IV. Appendices..... _____

A. Group Homes for Recovering Substance Abusers..... _____

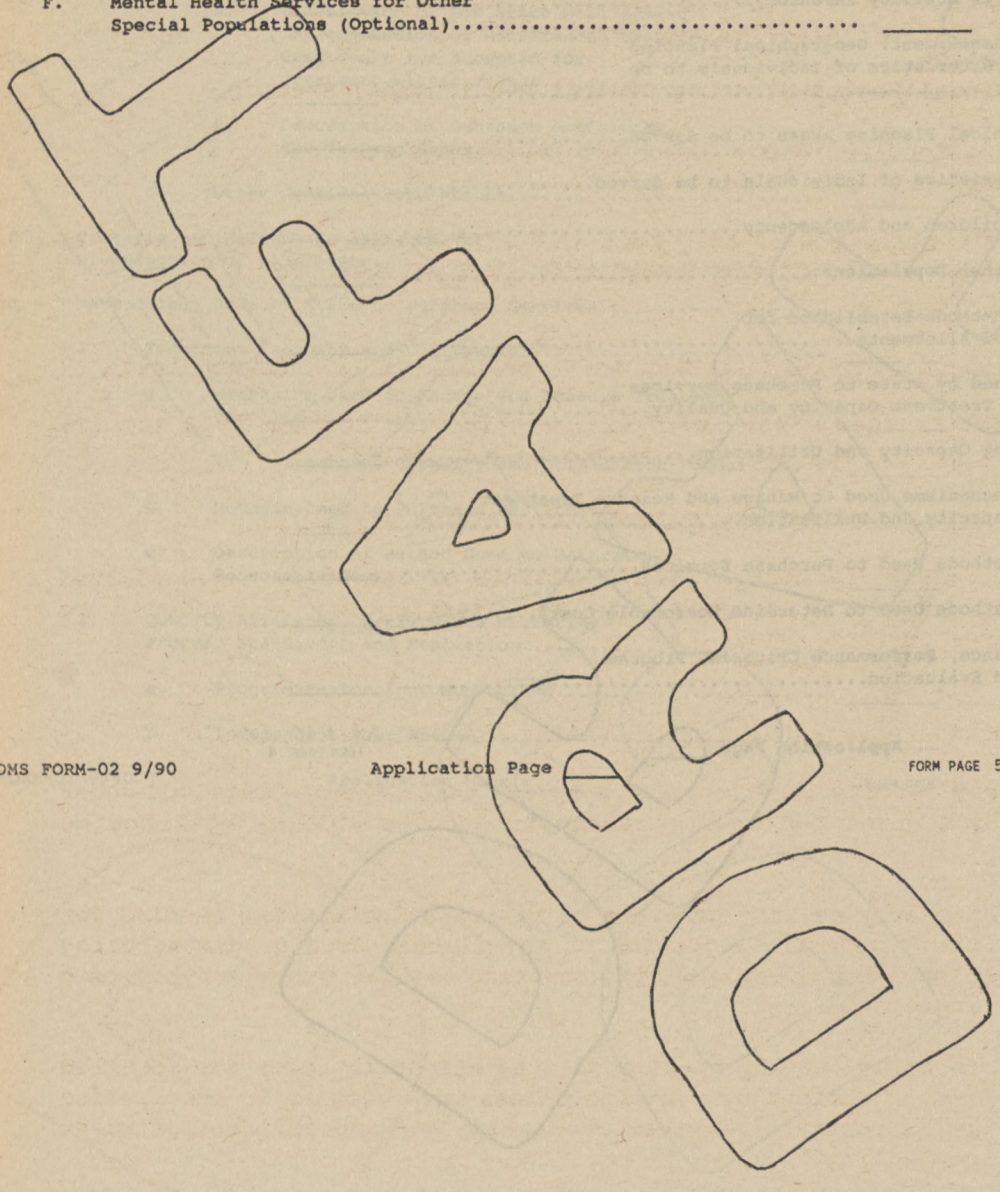
B. Substance Abuse Prevention and Early Intervention..... _____

C. Substance Abuse Services for Women..... _____

D. Treatment for Intravenous Drug Abusers..... _____

E. Substance Abuse Services for Other Critical Populations (Optional)..... _____

F. Mental Health Services for Other Special Populations (Optional)..... _____



STATE

FISCAL YEAR 1991 ADMS BLOCK GRANT APPLICATION CERTIFICATIONS/AGREEMENTS/ASSURANCES AS REQUIRED BY PUBLIC HEALTH SERVICE ACT

As part of the annual application for ADMS Block Grant funds required by subsection 1916 (a) of the Public Health Services Act, the chief executive officer (or an authorized designee) of the applicant organiztion is required to certify that the State will comply with:

A. Sections 1916(c) (1) through (21) of the PHS Act.
B. Public Hearings conducted by Legislature, Section 1916(b).
C. Sterile Needles; AIDS Testing Requirement, Section 1915(c)(2).
D. State Mental Health Planning Council Requirement, Section 1916(e).
E. Revolving Fund and Group Homes for Recovering Substance Abusers, Sections 1916A(a).

We will accept signature of this form as certification of compliance. If signed by a designee, a copy of the designation must be attached.

A. Certification of State Compliance, Sections 1916(c) (1) through (21).

I hereby certify that, "the State will comply with Section 1916 (c) (1) through (21) of the PHS Act, as amended by P.L. 101-374."

B. Public Hearings conducted by Legislature, Section 1916(b).

I hereby certify that, "the legislature of the State has conducted public hearings on the proposed use and distribution of funds to be provided under section 1914."

C. Sterile Needles; AIDS Testing Requirement, Section 1915(c)(2).

I hereby certify that "the State agrees that payments received under the ADMS block grant and used pursuant to Section 1915(c) will not be expended--

A. to carry out any programs of distributing sterile needles for the hypodermic injection of any illegal drug or distributing bleach for the purpose of cleansing needles for such hypodermic injection; or

B. to carry out any testing for the etiologic agent for acquired immune deficiency syndrome unless such testing is accompanied by appropriate pre-test counseling and appropriate post-test counseling."

D. State Mental Health Planning Council Requirement, Section 1916(e).

I hereby certify that the State "agrees to establish and maintain a State mental health planning council in accordance with the provisions of Section 1916e of the PHS Act.

(1) The duties of the Council will be --

a. to serve as an advocate for chronically mentally ill individuals, severely emotionally disturbed children and youth, and other individuals with mental illnesses or emotional problems; and

b. to monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State.

(2) The Council will be composed of residents of the State, including representatives of --

a. the principle State agencies with respect to -

(1) mental health, education, vocational rehabilitation, criminal justice, housing, and social services; and

(2) the development of the plan submitted pursuant to Title XIX of the Social Security Act;

b. public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services;

c. seriously mentally ill individuals who are receiving (or have received) mental health services; and

d. the families of such individuals.

(3) Not less than 50 percent of the members of the Council will be individuals who are not State employees or providers of mental health services.

(4) The Council may assist the State in the preparation of the description of intended expenditures required in subsection (d) of the PHS Act.

E. Revolving Fund and Group Homes for Recovering Substance Abusers, Section 1916A(b).

I hereby certify that, "the State has provided for the establishment and ongoing operation of a revolving fund in accordance with Section 1916A(b) of the PHS Act."

As part of the annual application for ADMS Block Grant funds required by subsection 1916 (a) of the Public Health Services Act, I, as the chief executive officer (or an authorized designee[1]) of the State of _____ do certify that the State will comply with the above sections of the PHS Act.

_____
Name of Chief Executive Officer or designee

_____
Signature of CEO or designee

_____
Title

_____
Date Signed

[1] If signed by a designee, a copy of the designation must be attached.

TERRITORIES

FISCAL YEAR 1991 ADMS BLOCK GRANT APPLICATION CERTIFICATIONS/AGREEMENTS/ASSURANCES AS REQUIRED BY PUBLIC HEALTH SERVICE ACT

As part of the annual application for ADMS Block Grant funds required by subsection 1916 (a) of the Public Health Services Act, the chief executive officer (or an authorized designee) of the applicant is required to certify that the Territory will comply with:

A. Sections 1916(c) (1) through (21) of the PHS Act.
B. Public Hearings conducted by Legislature, Section 1916(b).
C. Sterile Needles; AIDS Testing Requirement, Section 1915(c)(2).
D. Mental Health Planning Council Requirement, Section 1916(e).

We will accept signature of this form as certification of compliance. If signed by a deaignee, a copy of the designation must be attached.

A. Certification of Territory Compliance, Sections 1916(c)(1) through (21).

I hereby certify that, "the Territory will comply with Section 1916 (c) (1) through (21) of the PHS Act, as amended by P.L. 101-374."

B. Public Hearings conducted by Legislature, Section 1916(b).

I hereby certify that, "the legislature of the Territory has conducted public hearings on the proposed use and distribution of funds to be provided under section 1914."

C. Sterile Needles; AIDS Testing Requirement, Section 1915(c)(2).

I hereby certify that "the Territory agrees that payments received under the ADMS block grant and used pursuant to Section 1915(c) will not be expended--

A. to carry out any programs of distributing sterile needles for the hypodermic injection of any illegal drug or distributing bleach for the purpose of cleansing needles for such hypodermic injection; or

B. to carry out any testing for the etiologic agent for acquired immune deficiency syndrome unless such testing is accompanied by appropriate pre-test counseling and appropriate post-test counseling."

D. Mental Health Planning Council Requirement, Section 1916(e).

I hereby certify that the Territory "agrees to establish and maintain a mental health planning council in accordance with the provisions of Section 1916e of the PHS Act.

(1) The duties of the Council will be --

a. to serve as an advocate for chronically mentally ill individuals, severely emotionally disturbed children and youth, and other individuals with mental illnesses or emotional problems; and

b. to monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the Territory.

(2) The Council will be composed of residents of the Territory, including representatives of --

a. the principle Territorial agencies with respect to -

(1) mental health, education, vocational rehabilitation, criminal justice, housing, and social services; and

(2) the development of the plan submitted pursuant to Title XIX of the Social Security Act;

b. public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services;

c. seriously mentally ill individuals who are receiving (or have received) mental health services; and

d. the families of such individuals.

(3) Not less than 50 percent of the members of the Council will be individuals who are not Territorial employees or providers of mental health services.

(4) The Council may assist the Territory in the preparation of the description of intended expenditures required in subsection (d) of the PHS Act.

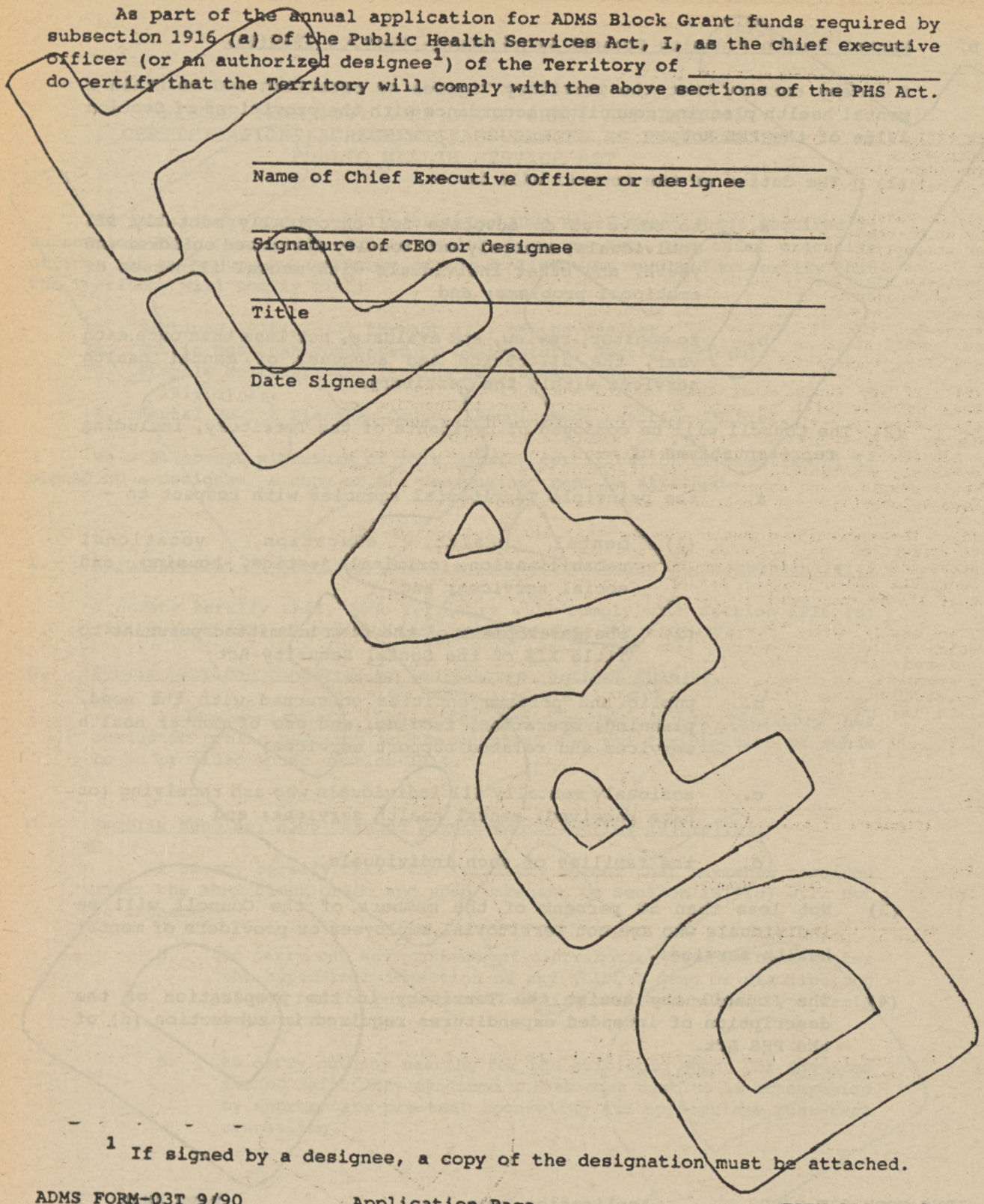
As part of the annual application for ADMS Block Grant funds required by subsection 1916 (a) of the Public Health Services Act, I, as the chief executive officer (or an authorized designee[1]) of the Territory of _____ do certify that the Territory will comply with the above sections of the PHS Act.

_____
Name of Chief Executive Officer or designee

_____
Signature of CEO or designee

_____
Title

_____
Date Signed



[1] If signed by a designee, a copy of the designation must be attached.

STATE NAME _____

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

By _____ Date: _____

(Signature of Governor or authorized designee)*

For: _____

Name of Grantee

_____

Title of Grant Program

Application Page _____

* If signed by other than the Governor, the designation must be in writing and should accompany this disclosure.

STATE NAME _____

U.S. Department of Health and Human Services

Certification Regarding

Drug-Free Workplace Requirements

Grantees Other Than Individuals

By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.

This certification is required by regulations implementing the Drug-Free Workplace Act of 1988, 45 CFR Part 76, Subpart F. The regulations, published in the January 31, 1989 Federal Register, require certification by grantees that they will maintain a drug-free workplace. The certification set out below is a material representation of fact upon which reliance will be placed when HHS determines to award the grant. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of grants, or governmentwide suspension or debarment.

The grantee certifies that it will provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing a drug-free awareness program to inform employees about:

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and,

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

(1) Abide by the terms of the statement; and,

(2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;

(e) Notifying the agency within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;

(f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

By _____ Date: _____

(Signature of Official Authorized to Sign Application)

For: _____

Name of Grantee

_____

Title of Grant Program (i.e., ADMS, MHSH, or CYAP)

Application Page _____

SERVICES COORDINATION MATRIX

STATE _____

AGENCY	MECHANISM			
	NONE	WORKING AGREEMENT	MEMORANDUM OF AGREEMENT	FORMAL CONTRACT
Governor's Office				
Education				
Criminal Justice				
Adult Corrections				
Juvenile Corrections				
Vocational Rehabilitation				
Public Health				
Maternal and Child Health				
Primary Care Centers				
Mental Health				
Social Services				
Highway Safety				
Public Housing				
Medicaid				
Headstart				
Child Protective Services				
Other:				
Other:				
Other:				

ADMS FORM-04 9/90

Application Page _____

OMB No: 0930-0080

Expiration:

STATE _____

STATE SPENDING PLAN

ACTIVITY	LAST STATE EXPENDITURE PERIOD / DATES FROM _____ TO _____								COMING STATE EXPENDITURE PERIOD / DATES FROM _____ TO _____							
	ADMS GRANT		MEDICAID		OTHER FEDERAL FUNDS	STATE FUNDS	LOCAL FUNDS	OTHER	ADMS GRANT		MEDICAID		OTHER FEDERAL FUNDS	STATE FUNDS	LOCAL FUNDS	OTHER
	FFY89	FFY90	FEDERAL	STATE					FFY90	FFY91	FEDERAL	STATE				
1. SUBSTANCE ABUSE TREATMENT																
2. ALCOHOL TREATMENT																
3. DRUG TREATMENT																
4. PREVENTION																
5. INFRASTRUCTURE																
A. PLANNING AND COORDINATION																
B. QUALITY ASSURANCE																
C. TRAINING (post-employment)																
D . EDUCATION																
E. PROGRAM DEVELOPMENT																
F. RESEARCH AND EVALUATION																
6. ADMINISTRATIVE																
7. TOTAL (1 thru 6)																
8. TOTAL STATE SUBSTANCE ABUSE BUDGET																

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ADMS FORM-05 9/90

Application page _____

NOTE: EXPRESS FIGURES IN THOUSANDS OF DOLLARS

OMB No: 0930-0080

Expiration:

REGIONAL SPENDING PLAN

STATE _____

REGION _____

ACTIVITY	LAST STATE EXPENDITURE PERIOD / DATES FROM _____ TO _____								COMING STATE EXPENDITURE PERIOD / DATES FROM _____ TO _____							
	ADMS GRANT		MEDICAID		OTHER FEDERAL FUNDS	STATE FUNDS	LOCAL FUNDS	OTHER	ADMS GRANT		MEDICAID		OTHER FEDERAL FUNDS	STATE FUNDS	LOCAL FUNDS	OTHER
	FFY89	FFY90	FEDERAL	STATE					FFY90	FFY91	FEDERAL	STATE				
1. SUBSTANCE ABUSE TREATMENT																
2. ALCOHOL TREATMENT																
3. DRUG TREATMENT																
4. PREVENTION																
5. INFRASTRUCTURE																
A. PLANNING AND COORDINATION																
B. QUALITY ASSURANCE																
C. TRAINING (post-employment)																
D . EDUCATION																
E. PROGRAM DEVELOPMENT																
F. RESEARCH AND EVALUATION																
6. ADMINISTRATIVE																
7. TOTAL (1 thru 6)																
8. TOTAL REGIONAL SUBSTANCE ABUSE BUDGET																

NOTE: EXPRESS FIGURES IN THOUSANDS OF DOLLARS

ADMS FORM-06 9/90

Application page _____

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OMB No: 0930-0080

Expiration:

REGIONAL ACTIVITY INVENTORY

STATE _____

REGION _____

STATE EXPENDITURE PERIOD: FROM _____ TO _____

PROVIDER NUMBER	NDATUS TO	ACTIVITY CODE	ADMS GRANT FFY90	ADMS GRANT FFY91	STATE FUNDS	ALCOHOL SERVICES	DRUG SERVICES	PREVENTION	IVDU SERVICES	WOMEN SERVICES
TOTAL										

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ADMS FORM-07 9/90

Application Page _____

NOTE: EXPRESS FIGURES IN THOUSANDS OF DOLLARS

OMB No: 0930-0080

Expiration:

STATEWIDE PROJECT INVENTORY

STATE _____

STATE EXPENDITURE PERIOD: FROM _____ TO _____

PROVIDER NUMBER	NDATUS ID	ACTIVITY CODE	ADMS GRANT FFY90	ADMS GRANT FFY91	STATE FUNDS	ALCOHOL SERVICES	DRUG SERVICES	PREVENTION	IVDU SERVICES	WOMEN SERVICES
TOTAL										

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ADMS FORM-08 9/90

Application Page _____

NOTE: EXPRESS FIGURES IN THOUSANDS OF DOLLARS

OMB No: 0930-0080
Expiration:

NEEDS ASSESSMENT SUMMARY MATRIX

STATE _____

REGION	Total Population	Number of IVDUs needing Treatment Services	Number of IVDUs/HIV needing Treatment Services	Number of Women needing Treatment Services	Prevalence of Drug Related Criminal Activity			Incidence of Communicable Diseases Transmitted thru IVDU		
STATE TOTAL										

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ADMS FORM - 09 9/90

APPLICATION PAGE _____

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STATEWIDE NEEDS ASSESSMENT WORKSHEET

STATE _____

AGE

RACE/ETHNICITY

	White, not of Hispanic Origin	Black, not of Hispanic Origin	Hispanic	American Indian or Alaskan Native	Asian or Pacific Islander	Native Hawaiians	Other or Unknown
<18							
18 - 20							
21 - 24							
25 - 34							
35 - 44							
45 - 54							
55 - 64							
65+							

Application Page _____

ADMS FORM-10 9/90

OMB No: 0930-0080

Expiration:

DRAFT

STATEWIDE WOMEN'S NEEDS ASSESSMENT WORKSHEET

STATE _____

AGE

RACE/ETHNICITY

	White, not of Hispanic Origin	Black, not of Hispanic Origin	Hispanic	American Indian or Alaskan Native	Asian or Pacific Islander	Native Hawaiians	Other or Unknown
<18							
18 - 20							
21 - 24							
25 - 34							
35 - 44							
45 - 54							
55 - 64							
65+							

Application Page _____

ADMS FORM-11 9/90

OMB No: 0930-0080

Expiration:

STATEWIDE IVDU'S NEEDS ASSESSMENT WORKSHEET

STATE _____

AGE

RACE/ETHNICITY

	White, not of Hispanic Origin	Black, not of Hispanic Origin	Hispanic	American Indian or Alaskan Native	Asian or Pacific Islander	Native Hawaiians	Other or Unknown
<18							
18 - 20							
21 - 24							
25 - 34							
35 - 44							
45 - 54							
55 - 64							
65+							

Application Page _____

ADMS FORM-12 9/90

DRAFT

OMB No: 0930-0080

Expiration:

STATEWIDE TARGET POPULATION'S NEEDS ASSESSMENT WORKSHEET

STATE _____

TARGET POPULATION _____

AGE

RACE/ETHNICITY

	White, not of Hispanic Origin	Black, not of Hispanic Origin	Hispanic	American Indian or Alaskan Native	Asian or Pacific Islander	Native Hawaiians	Other or Unknown
<18							
18 - 20							
21 - 24							
25 - 34							
35 - 44							
45 - 54							
55 - 64							
65+							

DRAFT

Application Page _____

ADMS FORM-13 9/90

STATE _____

REGION _____

TREATMENT CAPACITY MATRIX

OMB No: 0930-0080

Expiration:

	LAST STATE EXPENDITURE PERIOD/DATES: FROM _____ TO _____				COMING STATE EXPENDITURE PERIOD/DATES: FROM _____ TO _____			
TYPE OF CARE	ALCOHOL PROBLEMS	DRUG PROBLEMS	ALCOHOL AND DRUG	TOTAL	ALCOHOL PROBLEMS	DRUG PROBLEMS	ALCOHOL AND DRUG	TOTAL
DETOXIFICATION (24 hr care)								
HOSPITAL INPATIENT								
FREE - STANDING RESIDENTIAL								
REHABILITATION/RESIDENTIAL								
HOSPITAL INPATIENT								
SHORT-TERM (30 days or less)								
LONG-TERM (over 30 days)								
AMBULATORY (less than 24 hr care)								
DRUG-FREE/NON-METHADONE								
METHADONE-TREATMENT								
INTENSIVE OUTPATIENT								
DETOXIFICATION								

DRAFT

For each type of care listed, identify the State's capability to provide treatment for persons with alcohol and drug problems (static capacity). In the appropriate column, enter the number of slots available for persons with either a drug or an alcohol problem during the applicable Expenditure Period.

We recognize that there are a variety of methods for measuring treatment capacity and for purchasing services, and that States and local communities may use one or more of these methods. If the State and/or its subdivisions do not use slots or the NDATUS type of care categories, please describe the mechanism by which you purchase and measure treatment capacity (e.g., units of service, episodes, personnel and operating budgets, capitation) and provide the information in a matrix using your State's methodology.

ADMS FORM-14 9/90

Application Page _____

OMB No: 0930-0080

Expiration:

TREATMENT UTILIZATION MATRIX

STATE _____

REGION _____

	LAST STATE EXPENDITURE PERIOD/DATES: FROM _____ TO _____				COMING STATE EXPENDITURE PERIOD/DATES: FROM _____ TO _____			
TYPE OF CARE	ALCOHOL PROBLEMS	DRUG PROBLEMS	ALCOHOL AND DRUG	TOTAL	ALCOHOL PROBLEMS	DRUG PROBLEMS	ALCOHOL AND DRUG	TOTAL
DETOXIFICATION (24 hr care)								
HOSPITAL INPATIENT								
FREE - STANDING RESIDENTIAL								
REHABILITATION/RESIDENTIAL								
HOSPITAL INPATIENT								
SHORT-TERM (30 days or less)								
LONG-TERM (over 30 days)								
AMBULATORY (less than 24 hr care)								
DRUG-FREE/NON-METHADONE								
METHADONE-TREATMENT								
INTENSIVE OUTPATIENT								
DETOXIFICATION								

DRAFT

For each type of care listed, identify the State's utilization of treatment resources for persons with alcohol and drug problems (dynamic capacity). In the appropriate column, enter the number of episodes of treatment provided for persons with either a drug or an alcohol problem during the applicable Expenditure Period.

We recognize that there are a variety of methods for measuring treatment capacity and for purchasing services, and that States and local communities may use one or more of these methods. If the State and/or its subdivisions do not use episodes or the NDATUS type of care categories, please describe the mechanism by which you purchase and measure treatment capacity (e.g., units of service, episodes, personnel and operating budgets, capitation) and provide the information in a matrix using your State's methodology.

OMB No: 0930-0080

Expiration:

MENTAL HEALTH STATE SPENDING PLAN

STATE _____

ACTIVITY	LAST STATE EXPENDITURE PERIOD / DATES FROM _____ TO _____								COMING STATE EXPENDITURE PERIOD / DATES FROM _____ TO _____							
	ADMS GRANT		MEDICAID		OTHER FEDERAL FUNDS	STATE FUNDS	LOCAL FUNDS	OTHER	ADMS GRANT		MEDICAID		OTHER FEDERAL FUNDS	STATE FUNDS	LOCAL FUNDS	OTHER
	FFY89	FFY90	FEDERAL	STATE					FFY90	FFY91	FEDERAL	STATE				
1. TREATMENT																
2. PREVENTION/EDUCATION																
3. INFRASTRUCTURE																
A. PLANNING AND COORDINATION																
B. QUALITY ASSURANCE																
C. TRAINING (post-employment)																
D. EDUCATION																
E. PROGRAM DEVELOPMENT																
F. RESEARCH AND EVALUATION																
4. ADMINISTRATIVE																
5. TOTAL (1 thru 4)																

NOTE: EXPRESS FIGURES IN THOUSANDS OF DOLLARS

DRAFT

ADMS FORM-16 9/90

Application Page _____

OMB No: 0930-0080
Expiration:

MENTAL HEALTH SERVICE AREA ACTIVITY INVENTORY

STATE _____

REGION _____

STATE EXPENDITURE PERIOD: FROM _____ TO _____

NAME OF COMMUNITY SERVICE PROVIDER	ADMS GRANT FFY90	ADMS GRANT FFY91	STATE FUNDS	CHILDREN	ELDERLY	SEVERE & PERSISTENT	GENERAL POPULATION	OTHER
TOTAL								

ADMS FORM-17 9/90

Application Page _____

NOTE: EXPRESS FIGURES IN THOUSANDS OF DOLLARS

DRAFT

Dear State ADMS Block Grant Liaison:

This is a reminder that the State must submit an annual report for 1990 pertaining to the use of Alcohol and Drug Abuse and Mental Health Services (ADMS) Block Grant funds. This report is not the same as the description required to be submitted as part of the State's annual application. The requirement for an annual report is identified separately in the Public Health Service (PHS) Act at Section 1917(a), Part B, Title XIX. That Section states that "Each State shall prepare and submit to the Secretary annual reports on its activities...", and it then describes the information that the annual report must encompass.

DHHS Regulations governing block grant programs (45 CFR Part 96) were revised on October 13, 1987 in Vol. 52, No. 197 of the Federal Register. Among other things, the revision amended the provision at Section 96.17 to require the annual report to be made public and transmitted to the Secretary within six months of the end of the block grant reporting period. For the health block grants the reporting period has been defined to be the same as the program year determined by the State to be the basis for administering activities funded under the block grants.

The annual ADMS report will be reviewed by the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) to assure that it contains the information prescribed in Section 1917(a) -- i.e., it must include:

1. A discussion demonstrating that ADMS block grant funds were expended in accordance with block grant requirements and consistent with the needs the State identified pursuant to the Section 1916(c)(10);

2. A description of the activities of the State under the ADMS block grant;

3. A detailed description of the new or expanded alcohol and drug abuse and mental health programs and services initiated and provided in accordance with paragraphs (14) and (15) of Section 1916(c);

   NOTE: In order to assist ADAMHA in responding to Congressional reporting requirements in this area, States are encouraged (to the extent possible) to provide specific information on the number of programs funded and number of clients served (including demographic characteristics) in those programs which received set-aside monies. In addition, the State is asked to provide a description of any State assessments which address the adequacy of these efforts in meeting the needs of the

Page 2

targeted populations, especially in comparison with the level of services prior to the beginning of the set-asides in FY 1985.); and,

4. A record of the purposes for which ADMS block grant funds were spent, the recipients of ADMS block grant funds, and of the progress made toward achieving the purposes for which the ADMS block grant funds were provided.

As you are aware the Anti-Drug Abuse Act of 1988 (P.L. 100-690) added a number of new requirements which must be reported on by ADAMHA to Congress and the Administration. Accordingly, you are requested to specifically respond in the annual report to the items enclosed as Attachment A. This attachment has been designed to assist you in responding adequately to items 2 and 3 above.

The above items and Attachment A in effect are a checklist which will guide ADAMHA in its review of the annual report. I suggest the State will find it helpful to use this checklist approach in drafting the annual report. ADAMHA will use your annual report, in part, to comply with section 1916(f) which requires the Secretary to report annually to Congress concerning certain block grant activities. To help us prepare this annual report to Congress, it would be helpful if you would also enclose a copy of your report on either a 3 1/2 inch or 5 1/4 inch DOS formatted floppy diskette, either in WordPerfect or ASCII text format.

Should annual reports submitted for 1990 be determined to be incomplete or to contain certain information that could be construed as evidence of noncompliance with Federal statutory requirements, you will be requested to submit additional information that will complete the report or clarify compliance issues.

Please feel free to contact me if you have any questions about this request. You can reach me at (301) 443-3820.

Sincerely yours,

Thomas M. Reynolds
Grants Management Officer
Block Grant Programs

Enclosure

OMB No: 0930-0080

Expiration:

Attachment

ADMS BLOCK GRANT ANNUAL REPORT
FISCAL YEAR 1990

1. 50 Percent Intravenous (IV) Drug Abuse Set-Aside (1912A (i)(1), and 1915(c) and 1916(c)(16) and (17).

a. Describe how the State has been implementing this IV set-aside requirement: indicate the specific programs/activities funded (treatment, prevention, outreach, training), amount of Block Grant funds utilized, number of client/patients served or impacted, amount of treatment capacity (slots) added, if appropriate, and the demographic characteristics of clients served.

b. Describe how the State assures that funds described above are not used: 1) to carry out any program of distributing sterile needles for the hypodermic injection of any illegal drug or distributing bleach for the purpose of cleansing needles for such injections, or 2) to carry out any testing for the etiologic agent for acquired immuno-deficiency syndrome unless such testing is accompanied by appropriate pre-test counseling and appropriate post-test counseling.

c. Describe how the State requires any such IV program to notify the State upon reaching 90 percent of its capacity to admit individuals to the program.

d. Describe how the State assures, with respect to notifications under paragraph c. above, that to the minimum extent practicable, each individual who requests and is in need of treatment for IV drug abuse is admitted to a program described in such paragraph within 7 days after making the request.

2. Outreach Activities for IV Drug Abusers (1916(c)(18))

Describe how the State requires any program receiving ADMS Block Grant funds to carry out outreach activities to encourage individuals in need of treatment for IV drug abuse to undergo such treatment.

3. Alcohol and Drug Abuse Set-Aside for Women--10 Percent (1916(c)(14).

a. Describe State activities to implement this provision. Provide specific information identifying which units received funding under this provision, the amount of ADMS Block Grant funds used for each unit, and a brief description of the intended objectives of each funded effort.

b. Describe the adequacy of these efforts in meeting the needs of pregnant women and women with dependent children in the State.

4. Mental Health Set-Aside for Severely Emotionally Disturbed Children and Adolescents--10 Percent (1916(c)(15))

a. Describe State activities to implement this provision. Provide specific information identifying which units received funding under this provision, the amount of ADAMS Block Grant funds used for each unit, and a brief description of the intended objectives of each funded effort.

b. Describe the adequacy of these efforts in meeting the needs for mental health services for severely disturbed children and adolescents.

5. Group Home Revolving Fund (1916A)

a. How was the $100,000 revolving fund established in the State? Please discuss the source of funds (Block Grant, State funds, etc.), identify the non-profit entity selected to manage the fund, any written agreement between the State and the non-profit entity, etc.

b. Describe how the revolving fund is being operated including loan requirements, application procedures, eligibility requirements, interest rates charged etc.

c. How does the State plan to monitor the revolving account? If applicable, how many loans were actually make in FY 1989?

6. Prevention Activities--20 Percent (1916(c)(8))

a. Provide the State definition of "prevention" and "early intervention"?

b. Brielfly describe State activities to carry out this provision, including identification of which units received these prevention monies, the amount of ADMS Block Grant funds used for each, an estimate of numbers of individuals served or impacted, and identification of targeted populations (youth/adolescents, women, intravenous drug abusers, blacks, Native-Americans, etc), if applicable.

7. Target Highest Prevalence Populations (1916(c)(19))

a. How does the State determine which communities have the highest prevalence of substance abuse and the greatest need for treatment services?

b. What information is used to help make these decisions and how is it gathered?

c. How is this information used to impact the funding decisions necessary to meet the required targeting?

d. Describe the monitoring process used to assure that the funded programs continue to target the communities with the highest prevalence of substance abuse or the greatest need for treatment services.

8. Discretionary Authority--10 Percent (1916(c)(6)(B))

Did the State use this authority to transfer funds within the Block Grant and in which direction, i.e. whether from substance abuse to mental health, or vice-versa? What percentage of the total grant was shifted?

9. State Plan for Treatment of All in Need/Estimate of Needed Resources (1916(c)(21))

Describe how the State will assure the implementation of this provision.

10. Independent Peer Review (1916(c)(5))

Describe the State's procedures for the implementation of this provision, including the State's definition of "peer review", identification of who (or what entity(s)) will conduct these activities, and a schedule for how often such "periodic" reviews will be conducted.

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public respondent burden for this collection of information is estimated to average 300 hours per annual report, including time for reviewing instructions and completing the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection of information, including suggestions for reducing this burden to: Public Health Service Reports Clearance Officer, Attn: PRA, Hubert H. Humphrey Building, Room 721H, 200 Independence Avenue, S.W., Washington, D.C., 20201, and to the Office of Management and Budget, Paperwork Reduction Project, Washington, D.C. 20503.

[FR Doc. 90-27334 Filed 11-19-90; 8:45 am]
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