

In addition to the statutory requirements for schools, it is recommended that each participating school establish a committee with representation from each of the primary health care disciplines for the purpose of: (1) informing students about the primary health care specialties and the PCL program; (2) providing counseling assistance to students; (3) providing input to the student selection process; and (4) providing program assessment and recommendations for improvement.

#### Additional Information

If additional programmatic information is needed, please contact: Mr. Michael Heningburg, Director, Division of Student Assistance, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, room 8-48, 5600 Fishers Lane, Rockville, Maryland 20857. Telephone: (301) 443-1173.

Dated: May 13, 1993.

Robert G. Harmon,  
Administrator.

[FR Doc. 93-11912 Filed 5-19-93; 8:45 am]  
BILLING CODE 4190-15-P

#### National Institutes of Health

##### National Institute of Mental Health; Meeting

The Division of Extramural Activities of the National Institute of Mental Health announces an ad hoc concept review. This committee will be performing review of a Request for Applications entitled "Neuropsychological Test Performance in HIV/AIDS."

This meeting will be held June 1, 1993, from 2:30 p.m. to adjournment, in Room 15-95, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, and will be open to the public. Attendance by the public will be limited to space available. Any person wishing to attend should notify the contact person by May 24, 1993.

Other information pertaining to the meeting may be obtained from the contact person indicated.

*Committee name:* Ad Hoc Concept Review Committee.

*Contact:* Jean G. Noronha, Ph.D., Room 9C-15, Parklawn Building, Telephone: 301-496-6470.

*Meeting date:* June 1, 1993.

*Place:* Room 15-95, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

*Open:* June 1, 2:30 p.m. to adjournment.

Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should contact the contact

person named above in advance of the meeting.

(Catalog of Federal Domestic Assistance Program Numbers 93.126, Small Business Innovation Research; 93.176, ADAMHA Small Instrumentation Program Grants; 93.242, Mental Health Research Grants; 93.281, Mental Research Scientist Development Award and Research Scientist Development Award for Clinicians; 93.282, Mental Health Research Service Awards for Research Training; and 93.921, ADAMHA Science Education Partnership Award.)

Dated: May 17, 1993.

Susan K. Feldman,

Committee Management Officer, NIH.

[FR Doc. 93-12048 Filed 5-19-93; 8:45 am]

BILLING CODE 4140-01-M

#### Substance Abuse and Mental Health Services Administration

##### Center for Mental Health Services

**ACTION:** Final notice.

**SUMMARY:** This notice establishes final definitions for: (1) Children with a serious emotional disturbance, and (2) adults with a serious mental illness. It also describes the proposed process for developing standardized methods for identifying and estimating the size of these two populations within each State. This action is being taken to comply with the requirements of Public Law 102-321, the ADAMHA Reorganization Act, which amends and supersedes Public Law 99-660. The definitions will affect State agencies (the recipients of Federal block grant funds for mental health services) and are necessary because the new law requires States to include incidence and prevalence estimates of the two populations as part of the State application for a Community Mental Health Services Block Grant award. The definitions are intended to encourage comprehensive planning for mental health services at the State level which will address the multiple needs of both of these populations, whether or not the State agency is the provider of the planned services.

**EFFECTIVE DATE:** Immediately. It is the view of this Department that delaying the effective date for a period of thirty days is unnecessary and contrary to the public interest, and therefore this rule is effective immediately. This rule provides definitions for States and is necessary for State applications for Community Mental Health Services Block Grants. No party will be adversely affected by the immediate implementation of these definitions, whereas a delayed effective date will hinder comprehensive planning for

mental health services by States. In any event, the provisions of 5 U.S.C. 553(d) do not apply since this rule relates to a grant program.

#### FOR FURTHER INFORMATION CONTACT:

Irene S. Levine, Ph.D., Deputy Director, Center for Mental Health Services, (301) 443-0001.

#### Background

Public Law 102-321, the ADAMHA Reorganization Act, was enacted on July 10, 1992. This law, which amended the Public Health Service Act, created the Substance Abuse and Mental Health Services Administration (SAMHSA). The Center for Mental Health Services (CMHS) was established within SAMHSA to coordinate Federal efforts in the prevention and treatment of mental illnesses and the promotion of mental health. Title II of Public Law 102-321 establishes a Block Grant for Community Mental Health Services, administered by CMHS, which allows for allocation of funds to States for the provision of community mental health services to both children with a serious emotional disturbance and adults with a serious mental illness. Definitions of the terms "children with a serious emotional disturbance" and "adults with a serious mental illness" and establishment of standardized methods for making estimates of the overall number (prevalence) and the number of new cases (incidence) for these two populations are required as part of the implementation process for the new block grant.

#### Summary of Comments

This document reflects a thorough review and analysis of comments received in response to two earlier notices published in the Federal Register, one on August 21, 1992 (p. 37979), the other on November 6, 1992 (p. 53118).

Nearly 1,200 letters were received by the close of the public comment period, expressing either support or concern regarding the proposed definitions. Those expressing support generally praised the breadth of the proposed definitions; many of these letters were poignant in that they cited instances where individuals were denied services because their disorders were not considered "serious" despite the fact that they were associated with functional impairments that substantially interfered with or limited the performance of one or more major life activities. This segment of the respondents favored broad definitions and suggested that service priorities be established by States (with input from

concerned citizens) within these broad parameters.

Those expressing concern generally noted that the use of Federal block grant funds should be limited to individuals with the most severe and disabling disorders, such as schizophrenia and major mood disorders. These letters, which also contained compelling personal stories, noted the importance of measuring "seriousness" by both disability and duration criteria, in addition to diagnosis. The letters described eloquently the devastating effect of these illnesses upon those with the disorders, as well as their families, and noted the paucity of public funds available for even this most needy and disabled group. A smaller set of letters focused on the inclusion or exclusion of specific disorders, such as substance use disorders, developmental disorders, attention deficit disorder (ADD), and Alzheimer's disease.

These final definitions seek to strike a balance in addressing the diverse concerns outlined in this summary and discussed in greater detail below. The definitions are intended to be broad enough so that States will be able to develop an accurate description of the population in need of mental health services. Inclusion in the target populations is based on the presence of functional impairment that substantially interferes with or limits the performance of one or more major life activities, in addition to a qualifying diagnosis.

State mental health agencies play an important leadership role in planning a statewide "system of care" that draws upon Federal Community Mental Health Services Block Grant funds, as well as other public and private resources, to meet the needs of both children and adults. Since it is obvious that resources for each of these populations are inadequate in relation to need, States need to continue to set priorities to assure that the most seriously emotionally disturbed children and seriously mentally ill adults are given priority for services. In the case of adults, this most seriously mentally ill population is largely comprised of persons with schizophrenia and major mood disorders. Attention should also be given to those individuals with serious mental illnesses whose disorders have resulted in homelessness or inappropriate involvement in the criminal justice system.

Inclusion in or exclusion from the definitions is not intended to confer or deny eligibility for any other service or benefit at the Federal, State, or local levels. Additionally, the definitions are not intended to restrict the flexibility or responsibility of State or local

governments to tailor publicly-funded service systems to meet local needs and priorities. However, all individuals whose services are funded through Federal Community Mental Health Services Block Grant funds must fall within the criteria set forth in these definitions. Any ancillary use of these definitions for purposes other than those identified in the legislation is outside the purview and control of CMHS.

#### *Duration Criteria*

Some comments suggested that duration criteria be added to each definition. Since duration criteria are already considered in making a specific "Diagnostic and Statistical Manual of Mental Disorders" (DSM-III-R) diagnosis, adding additional criteria for duration would either be redundant or in conflict with the duration criteria already associated with specific diagnoses. To provide additional clarification, specific language has been inserted in both definitions noting that these disorders have episodic, recurrent, or persistent features.

#### *Severity Criteria*

Some comments urged that severity criteria be added to each definition. As initially drafted, both definitions required that to qualify as "serious," a diagnosable mental, emotional, or behavioral disorder must also be accompanied by functional impairment. In the revised definition, the threshold for functional impairment has been more specifically described as "substantially interfering with or limiting" one or more activities. Furthermore, the severity of functional impairment will be operationally defined during the process of developing standardized methods for estimation.

#### *Etiology of the Disorders*

Some comments suggested that any definition of "serious emotional disturbance" and "serious mental illness" must include specific language explaining that these are brain diseases with a neurobiological basis. Similarly, suggestions were made to narrow the definitions so that they include only those diagnoses whose etiology has been proven to be neurobiological.

Other comments acknowledged that although there is growing scientific evidence suggesting that some disorders (e.g., schizophrenia and mood disorders) have a neurobiological component, it is still not always possible to discern definitively which disorders are exclusively biological in origin, which disorders are exclusively

psychosocial in origin (with no biological component), and what the relative contributions of biological and psychosocial factors are in the etiology of these disorders.

Since rapid advances are still taking place that can be expected to enhance our understanding of the neurobiology of mental illnesses, it would be premature to limit these target populations to only those diagnoses which have to date been documented as having neurobiological etiologies or to determine the extent of neurobiological involvement in given disorders.

#### *Need for Cultural and Ethnic Sensitivity*

Concerns were raised that the definitions of a serious emotional disturbance in children and serious mental illness in adults need to be sensitive to cultural and ethnic conceptions of illness. Those expressing concerns should be assured that, in operationalizing the definitions, CMHS will make every effort to incorporate the cautions expressed in DSM-III-R (pp. xxvi-xxvii) relating to the use of diagnostic categories and the need to be sensitive to differences in language, values, behavioral standards or norms, and idiomatic expressions of distress. Experiences or behaviors that may be normative in one culture can be interpreted as pathological in another. It is also recognized that certain symptom clusters are unique to particular cultures and may be no less disabling than those appearing in DSM-III-R. These and all other cultural and ethnic concerns relating to the definitions of mental illness should be seriously considered.

#### *Inclusion of Attention Deficit Disorder*

Concerns were raised from differing points of view about whether ADD should be included in the child definition or not. Some parents raised concerns about the negative effects of stigma if children with this disorder were "labelled" as having a serious emotional disturbance. Some treatment providers and educators, on the other hand, raised concern about the difficulty in making a definitive diagnosis of ADD and the need to assure such children access to appropriate services. It was decided to include ADD in the definition because a significant group of children with functional impairments associated with this disorder might otherwise be excluded from services.

#### *Inclusion of Alzheimer's Disease*

Numerous concerns were raised about the inclusion versus exclusion of individuals with Alzheimer's disease in the definition. The group of letters

supporting inclusion noted that individuals with Alzheimer's disease often "fall through the cracks of the treatment system," despite the needs of those afflicted, for mental health services to deal with the psychiatric sequelae of this disabling disorder. Another group of comments noted that Alzheimer's disease is excluded from the definition for persons subject to Pre-admission Screening and Annual Resident Review (PSARR) under the Omnibus Budget and Reconciliation Act (OBRA) for 1987, as well as from the definition of adults with serious mental illness found in the nursing home provisions of OBRA for 1990. These letters suggested that inclusion of Alzheimer's disease in the definition of adults with serious mental illness might inadvertently be used as a rationale for denying coverage under OBRA. Because of the strong clinical rationale for inclusion, the definition includes the diagnosis of Alzheimer's disease. It should be noted, however, that this inclusion is not intended to confer or deny coverage under OBRA to individuals otherwise eligible for that coverage.

#### *Exclusion of Substance Use Disorders*

Many comments correctly pointed out that substance use plays a strong role in exacerbating mental, emotional, and behavioral disorders and particularly increases the risk for serious emotional disturbance in children and adolescents. Also, some comments accurately noted that substance use disorders are included as diagnosable mental disorders in DSM-III-R.

Nevertheless, the decision to exclude substance use disorders from these definitions is based primarily on the fact that the Federal Government (through the Center for Substance Abuse Treatment) administers a separate substance abuse treatment block grant intended to fund treatment and prevention services to the States. Separate needs assessment procedures are required by the Congress to govern award of these substance abuse funds. If substance use disorders were included in these definitions, needs assessment activities required by the two newly separated mental health and substance abuse block grant programs of the two Centers would significantly overlap. We also believe that Congress did not intend that the limited funds now available to States under the Community Mental Health Services Block Grant be used to fund substance abuse services in the absence of a diagnosable mental disorder.

Finally, it should be noted that given the frequent co-occurrence of mental

and substance use disorders and the need to provide better integrated care for individuals within this population, this exclusion does not apply to individuals who meet all other criteria set forth in these definitions and have a co-occurring substance use disorder. This latter group is included in the target definitions and applicants for Community Mental Health Services Block Grant funds will be encouraged to serve these individuals.

#### *Exclusion of Developmental Disorders*

Comments were also received concerning the exclusion of developmental disorders (including mental retardation and pervasive developmental disorders). Although these disorders are included within DSM-III-R, they have been excluded from this final notice unless they co-occur with another diagnosable serious emotional disturbance or serious mental illness. While comments received cited the frequent involvement of mental health practitioners in treatment planning and service delivery for these individuals (particularly autistic children), separate Federal block grant funds and processes for needs assessments cover these population groups.

#### *Exclusion of "V" Codes*

Concerns were raised as to whether or not DSM-III-R "V" Codes should be included in the definitions. These have been excluded in the final definition because they represent conditions that may be a focus of treatment but are not attributed to a mental disorder.

#### *Exclusion of "At Risk" Groups*

Persons at risk for serious emotional disturbance or mental illness are not included in these definitions. Mental health needs are shaped by a multitude of forces, including biology, environment, and life events. It is recognized that serious emotional disturbance or mental illness occurs more predictably in the presence of certain risk factors. These factors include, but are not limited to, homelessness; family history of mental illness; physical or sexual abuse or neglect; alcohol or other substance abuse; HIV infection; chronic and serious physical or developmental disability or illness; heavy and/or persistent substance use; and, in children, multiple out-of-home placements. Nevertheless, in our deliberations, the importance of approaching the needs of children and adolescents within a developmental context was stressed. Prevention and early intervention services should focus

on people experiencing any of these risk factors. It should be noted that people with specific combinations of risk factors are at much higher risk for serious emotional disturbance or mental illness.

#### *Congruence of the Child Definition With Other Federal Definitions*

Concern was also expressed that the definition of "serious emotional disturbance" in children should be congruent with the definitions of other Federal agencies and/or departments, particularly the U.S. Department of Education (DOE), which uses the identical term in the regulations implementing part B of the Individuals with Disabilities Education Act (IDEA). This was felt to be important since the same children often seek various types of services from different agencies. While it makes sense that definitions used by Federal child-serving agencies conform to one another, the fact that identical terms may be used for different purposes should be kept in mind.

The definition used in this final notice is broader than the definition used in part B of IDEA. Thus, children who are considered seriously emotionally disturbed under this definition could be classified as having a different impairment under part B of IDEA. For example, certain children with attention deficit disorder considered "seriously emotionally disturbed" under this definition, would be considered "other health impaired" under part B of IDEA.

In this regard, it should be noted that meeting the criteria for a "serious emotional disturbance" under this definition does not confer eligibility for special education services funded through DOE under IDEA. Children accepted for IDEA services under the category of "Serious Emotional Disturbance" must meet specific IDEA criteria. Because of the incongruity between these two Federal definitions, any referrals from States, local, or private educational agencies for IDEA services should not be made using the "serious emotional disturbance" designation developed under this statute. Referrals to these educational agencies may use DSM-III-R terminology.

#### *Standardized Methods for Estimation*

The definitions presented here will serve as the basis for developing standardized estimation methodologies by each State to determine the prevalence and incidence of serious mental illness in adults and serious emotional disturbance in children and adolescents. Although the definitions

are being made available now, it is not anticipated that the estimation methodologies will be developed and available for use by States in time for the fiscal year (FY) 1994 Community Mental Health Services Block Grant applications. Thus, while States are encouraged to utilize these new definitions in FY 1994 applications, they will not be required to do so until the estimation methodologies have been developed and disseminated.

The estimation methodologies for "adults with a serious mental illness" and "children with a serious emotional disturbance" will be developed by two separate groups of technical experts who will operationalize the key concepts in each definition on the basis of available data sets. The CMHS will continue to consult with the National Institute of Mental Health and other relevant Federal agencies in operationalizing these definitions. As noted earlier, a key activity of each group will be to develop operational measures for functional impairment. The goal will be to develop overall prevalence and incidence rates for socio-demographic subgroups that can be applied to respective population counts for a State in order to produce final State estimates. If relevant data sets are not available to achieve this goal, then the technical experts will recommend a plan and timetable through which such data can be collected.

#### Definitions

##### *Definition of Children With a Serious Emotional Disturbance*

Pursuant to section 1912(c) of the Public Health Service Act, as amended by Public Law 102-321 "children with a serious emotional disturbance" are persons:

- From birth up to age 18,<sup>1</sup>
- Who currently or at any time during the past year,<sup>2</sup>
- Have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-III-R.<sup>3</sup>

<sup>1</sup> The definition of serious emotional disturbance in children is restricted to persons up to age 18. However, it is recognized that some States extend this age range to persons less than age 22. To accommodate this variability, States using an extended age range for children's services should provide separate estimates for persons below age 18 and for persons aged 18 to 22 within block grant applications.

<sup>2</sup> The reference year in each of the definitions refers to a continuous 12-month period because this is a frequently used interval in epidemiological research and because it relates closely to commonly used planning cycles.

<sup>3</sup> It is anticipated that the fourth edition of the American Psychiatric Association Diagnostic and

• That resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities.<sup>4</sup>

These disorders include any mental disorder (including those of biological etiology) listed in DSM-III-R or their ICD-9-CM equivalent (and subsequent revisions), with the exception of DSM-III-R "V" codes, substance use, and developmental disorders, which are excluded, unless they co-occur with another diagnosable serious emotional disturbance. All of these disorders have episodic, recurrent, or persistent features; however, they vary in terms of severity and disabling effects.

Functional impairment is defined as difficulties that substantially interfere with or limit a child or adolescent from achieving or maintaining one or more developmentally-appropriate social, behavioral, cognitive, communicative, or adaptive skills. Functional impairments of episodic, recurrent, and continuous duration are included unless they are temporary and expected responses to stressful events in the environment. Children who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are included in this definition.

##### *Definition of Adults With a Serious Mental Illness*

Pursuant to section 1912(c) of the Public Health Service Act, as amended by Public Law 102-321 "adults with a serious mental illness" are persons:

- Age 18 and over,<sup>1</sup>
- Who currently or at any time during the past year,<sup>2</sup>
- Have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-III-R,<sup>3</sup>
- That has resulted in functional impairment which substantially interferes with or limits one or more major life activities.<sup>4</sup>

These disorders include any mental disorders (including those of biological etiology) listed in DSM-III-R or their ICD-9-CM equivalent (and subsequent

Statistical Manual of Mental Disorders, or DSM-IV, will be published and available in late 1993 or early 1994. The tenth revision of the International Classification of Diseases (ICD-10), developed by the World Health Organization, was published in 1992, but will probably not be officially adopted in the United States until late in the 1990's. These revised nomenclatures are likely to affect both the language of mental disorders and the types of disorders currently included or excluded from these definitions. As appropriate, the definitions will be updated by CMHS accordingly.

<sup>4</sup> Functional impairment which "substantially" interferes will be operationally defined as part of the process of developing standardized methods for estimation.

revisions), with the exception of DSM-III-R "V" codes, substance use disorders, and developmental disorders, which are excluded, unless they co-occur with another diagnosable serious mental illness. All of these disorders have episodic, recurrent, or persistent features; however, they vary in terms of severity and disabling effects.

Functional impairment is defined as difficulties that substantially interfere with or limit role functioning in one or more major life activities including basic daily living skills (e.g., eating, bathing, dressing); instrumental living skills (e.g., maintaining a household, managing money, getting around the community, taking prescribed medication); and functioning in social family, and vocational/educational contexts. Adults who would have met functional impairment criteria during the referenced year without the benefit of treatment or other support services are considered to have serious mental illnesses.

Dated: May 14, 1993.

Joseph R. Leone,

Acting Deputy Administrator, Substance Abuse and Mental Health Services Administration.

[FR Doc. 93-11959 Filed 5-19-93; 8:45 am]

BILLING CODE 4162-20-M

## DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

### Office of Administration

[Docket No. N-93-3629]

### Submission of Proposed Information Collection to OMB

AGENCY: Office of Administration, HUD.  
ACTION: Notice.

**SUMMARY:** The proposed information collection requirement described below has been submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act. The Department is soliciting public comments on the subject proposal.

**ADDRESSES:** Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and should be sent to: Angela Antonelli, OMB Desk Officer, Office of Management and Budget, New Executive Office Building, Washington, DC 20503.

**FOR FURTHER INFORMATION CONTACT:** Kay F. Weaver, Reports Management Officer, Department of Housing and Urban Development, 451 7th Street, Southwest, Washington, DC 20410,

telephone (202) 708-0050. This is not a toll-free number. Copies of the proposed forms and other available documents submitted to OMB may be obtained from Ms. Weaver.

**SUPPLEMENTARY INFORMATION:** The Department has submitted the proposal for the collection of information, as described below, to OMB for review, as required by the Paperwork Reduction Act (44 U.S.C. chapter 35).

The Notice lists the following information: (1) The title of the information collection proposal; (2) the office of the agency to collect the information; (3) the description of the need for the information and its proposed use; (4) the agency form number, if applicable; (5) what members of the public will be affected by the proposal; (6) how frequently information submissions will be required; (7) an estimate of the total number of hours needed to prepare the

information submission including number of respondents, frequency of response, and hours of response; (8) whether the proposal is new or an extension, reinstatement, or revision of an information collection requirement; and (9) the names and telephone numbers of an agency official familiar with the proposal and of the OMB Desk Officer for the Department.

**Authority:** Section 3507 of the Paperwork Reduction Act, 44 U.S.C. 3507; Section 7(d) of the Department of Housing and Urban Development Act, 42 U.S.C. 3535(d).

Dated: May 10, 1993.

**John T. Murphy,**  
Director, IRM Policy and Management Division.

**Notice of Submission of Proposed Information Collection to OMB**

**Proposal:** Application Requirements—PIH Youth Sports Program.  
**Office:** Public and Indian Housing.

**Description of the need for the information and its proposed use:** This information collection will be used by Public Housing Agencies, Indian Housing Authorities, and nonprofit organizations to apply for grant funds to use in implementing a Youth Sports Program. HUD needs this information to approve or disapprove applications for funding under this program.

**Form Number:** None.

**Respondents:** State or Local Governments and Non-Profit Institutions.

**Frequency of submission:** On Occasion.

**Reporting Burden:**

	Number of respondents	x	Frequency of response	x	Hours per response	=	Burden hours
Application development .....	500		1		24		12,000

**Total estimated burden hours:** 12,000.  
**Status:** Reinstatement.

**Contact:** Robin Prichard, HUD, (202) 708-1197, Angela Antonelli, OMB, (202) 395-6880.

Dated: May 10, 1993.

[FR Doc. 93-11906 Filed 5-19-93; 8:45 am]

BILLING CODE 4210-01-M

[Docket No. N-93-3627]

**Submission of Proposed Information Collections to OMB**

**AGENCY:** Office of Administration, HUD.  
**ACTION:** Notices.

**SUMMARY:** The Proposed information collection requirements described below have been submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act. The Department is soliciting public comment on the subject proposals.

**ADDRESSES:** Interested persons are invited to submit comment regarding these proposals. Comments should refer to the proposal by name and should be sent to: Angela Antonelli, OMB Desk Officer, Office of Management and Budget, New Executive Office Building, Washington, DC 20503.

**FOR FURTHER INFORMATION CONTACT:** Kay F. Weaver, Reports Management Officer,

Department of Housing and Urban Development, 451 7th Street, Southwest, Washington, DC 20410, telephone (202) 708-0050. This is not a toll-free number. Copies of the proposed forms and other available documents submitted to OMB may be obtained from Ms. Weaver.

**SUPPLEMENTARY INFORMATION:** The Department has submitted the proposals for the collections of information, as described below, to OMB for review, as required by the Paperwork Reduction Act (44 U.S.C. chapter 35).

The notices list the following information: (1) The title of the information collection proposal; (2) the office of the agency to collect the information; (3) the description of the need for the information and its proposed use; (4) the agency form number, if applicable; (5) what members of the public will be affected by the proposal; (6) how frequently information submissions will be required; (7) an estimate of the total number of hours needed to prepare the information submission including number of respondents, frequency of response, and hours of response; (8) whether the proposal is new or an extension, reinstatement, or revision of an information collection requirement; and (9) the names and telephone numbers of an agency official familiar

with the proposal and of the OMB Desk Officer for the Department.

**Authority:** Section 3507 of the Paperwork Reduction Act, 44 U.S.C. 3507; Section 7(d) of the Department of Housing and Urban Development Act, 42 U.S.C. 3535(d).

Dated: May 7, 1993.

**John T. Murphy,**  
Director, IRM Policy and Management Division.

**Submission of Proposed Information Collection to OMB**

**Proposal:** Vacancy Reduction Program Rule (FR-3398)

**Office:** Public and Indian Housing.

**Description of the need for the information and its proposed use:** The propose of the Vacancy Reduction Program is to provide insight assessment on reducing the vacancy rate in Public Housing Agencies (PHAs). If PHAs exceed twice the average vacancy rate of all agencies, they are required to formulate a plan on how they intend to reduce the vacancy rate. The Vacancy Reduction Plan will serve as the basis for an application for funding under the Vacancy Reduction Program.

**Form number:** None.

**Respondents:** State or local government.

**Frequency of submission:** Annually and Recordkeeping.

**Reporting burden:**