

labor offices on how to deal with alcohol and drug abuse problems in the workplace. The Helpline was required by Presidential Executive Order 12564 and has been operating since 1987. It is located in the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (CSAP), where it is managed out of the Division of Workplace Programs. Callers access the Helpline service through one of its Workplace Prevention Specialists (WPS) who may spend several up to 30 minutes with a caller, providing guidance on how to develop a comprehensive workplace prevention program (written policy, employee assistance program services, employee education, supervisor training, and drug testing) or components thereof.

When a call is received, the WPS uses a Call Record Form to record information about the call, including the name of the company or organization, the address, phone number, and the number of employees. Each caller is advised that their responses are

completely voluntary, and that full and complete consultation will be provided by the WPS whether or not the caller agrees to answer any question. To determine if the caller is representing an employer or other organization that is seeking assistance in dealing with substance abuse in the workplace, each caller is asked for his/her position in the company/organization and the basis for the call. In the course of the call, the WPS will try to identify the following information: basis or reason for the call (i.e., crisis, compliance with State or Federal requirements, or just wants to implement a prevention program or initiative); issues discussed; current program status, if any; urine testing; employee assistance programs; and the industry represented by the caller (e.g., mining, construction, etc.).

Finally, a note is made on the Call Record Form about what specific type(s) of technical assistance was given, which publications were sent, and how the caller heard about the Helpline.

Callers to the Helpline may not, for a variety of reasons, contact the Helpline to describe any successes or failures

they are having in implementing any prevention initiatives discussed with the Helpline staff. In addition, CSAP wants to know if the Helpline service is working as intended. Accordingly, the Helpline staff contacts a sample of callers to discuss the caller's progress in taking action based on the Helpline consultation, and whether or not they were satisfied with the Helpline service.

Callers are told the reasons for the call and that their responses to questions are completely voluntary. If the caller is willing to participate, they are asked about the actions, if any, they took as a result of the consultation with the Helpline and if there were any obstacles to taking the desired action, such as resistance from employees and lack of time. The callers are also asked several questions to help determine if the consultation was useful and if the Helpline staff was helpful, and whether or not they would refer others to the Helpline. The annual average burden associated with the Helpline Call Record and Followup Survey are summarized below.

| Form                   | Number of respondents | Responses/ respondent | Burden/ response (hrs.) | Total burden (hrs.) |
|------------------------|-----------------------|-----------------------|-------------------------|---------------------|
| Call Record Form ..... | 4,200                 | 1                     | .167                    | 701                 |
| Followup Survey .....  | 960                   | 1                     | .058                    | 56                  |
| Total .....            | 4,200                 |                       |                         | 757                 |

Send comments to Nancy Pearce, SAMHSA Reports Clearance Officer, Room 16-105, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received on or before June 11, 2001.

Dated: April 3, 2001.

**Richard Kopanda,**

*Executive Officer, Substance Abuse and Mental Health Services Administration.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Extension of Application Deadline Date for "Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services"

**AGENCY:** Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration (SAMHSA), DHHS.

**ACTION:** Extension of deadline date to May 16, 2001 for applications submitted under CSAT's Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services—TI 01-007, (short title: TCE/HIV).

This notice is to inform the public that SAMHSA/CSAT has extended the deadline date for applications for its TCE/HIV (TI 01-007) funding announcement from May 4 to May 16, 2001. This extension is provided to allow applicants additional time to develop comprehensive, competitive applications. The original notice of the availability of funding for the TCE/HIV program was published in the **Federal Register** on March 15, 2001 (Vol. 66, No. 51, pages 15133-15135).

The full funding announcement and necessary application materials may be obtained from the National Clearinghouse for Alcohol and Drug Information at 1-800-729-6686, or downloaded from the SAMHSA web site—[www.samhsa.gov](http://www.samhsa.gov).

Questions related to the TCE/HIV program should be directed to David C. Thompson at 301-443-6523 or [dthompso@samhsa.gov](mailto:dthompso@samhsa.gov).

Dated: April 4, 2001.

**Richard Kopanda,**

*Executive Officer, SAMHSA.*

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## DEPARTMENT OF THE INTERIOR

### Bureau of Indian Affairs

#### Soboba Band of Mission Indians Liquor Control Ordinance

**AGENCY:** Bureau of Indian Affairs, Interior.

**ACTION:** Notice.

**SUMMARY:** This notice publishes the Soboba Band of Mission Indians Liquor Control Ordinance. The Ordinance regulates the control of, the possession of, and the sale of liquor on the Soboba Band trust lands, and is in conformity with the laws of the State of California, where applicable and necessary. Although the Ordinance was adopted on February 12, 2000, it does not become