

reporting of other mental health professionals is optional. Other mental health professionals include: clinical psychologists, clinical social workers, marriage and family therapists, and psychiatric nurse specialists. Depending upon the data reported, the scales utilize a population-to-psychiatrist ratio and/or a population-to-core mental health provider ratio. (Core mental health providers include psychiatrists and other mental health professionals.) The table below defines the various provider to population ratios and related scores:

| Psychiatrist ratio | Core mental health ratio | Score |
|--------------------|--------------------------|-------|
| GT 45,000:0 and    | GT 4,500:0 .....         | 8     |
|                    | GT 4500:1 and            | 7     |
|                    | LT 6000:1.               |       |
| LT 20,000:1 and    | GT 6000:1 and            | 6     |
| GT 15,000:1        | LT <9,000:1.             |       |
| and.               |                          |       |
| LT 30,000:1 and    | GT 4,500:1 and           | 5     |
| GT 15,000:1        | LT 6,000:1.              |       |
| or.                |                          |       |
| LT 45,000:1 and    | GT 4,500:0 and           | 4     |
| GT 20,000:1        | LT 6,000:0.              |       |
| and.               |                          |       |
| GT 20,000:1 and    | GT 6,000:1 .....         | 3     |
| GT 30,000:1 .....  | .....                    | 2     |
|                    | GT 9,000:1 .....         | 1     |

2. Score for percent of population with incomes below poverty level (P)

P GE 50% = 5 points;  
 50% > P GE 40% = 4 points;  
 40% > P GE 30% = 3 points;  
 30% > P GE 20% = 2 points;  
 20% > P GE 15% = 1 point;  
 P < 15% = 0 points.

3. Score for travel distance/time to nearest source of accessible care outside the HPSA:

Nearest Source of Care is defined as the closest location where the residents of the area or population that is designated have access to mental health care services.

Time GE 60 minutes = 5 points;  
 <60 min and >50 minutes = 4 points;  
 <50 minutes and >40 minutes = 3 points;  
 <40 minutes and >30 minutes = 2 points;  
 <30 minutes and >20 minutes = 1 point.

4. Scores for Additional Factors

(a) Youth Ratio: Ratio of Children under 18 to Adults 18–64:

≥60% = 3 points;  
 <60 and >40 = 2 points;  
 <40 and >20 = 1 point.

(b) Elderly Ratio: Ratio of Adults over 65 to Adults 18–64

≥25% = 3 points;  
 <25 and >15 = 2 points;  
 <15 and >10 = 1 point.

(c) Substance Abuse prevalence: Area's rate is in worst quartile for nation/region/or state:

Yes = 1 point;  
 No = 0 points.

(d) Alcohol Abuse prevalence: Area's rate is in worst quartile for nation/region/or state:

Yes = 1 point;  
 No = 0 points.

Since a larger number of factors are considered in the mental health HPSA scoring methodology, there is no doubling of the weights. The possible points for the population to provider ratio, 8, is greater than for any of the other factors, in recognition of its primary importance as mentioned above. The maximum score is 26.

#### Facility HPSA Scores

All geographic and population group HPSAs are scored using the above methodologies. In general, public or nonprofit private facilities designated as HPSAs based on the provision of services to a geographic or population group HPSA receive the score of the HPSA they serve. The exception is for Federally Qualified Health Centers and Rural Health Centers which are automatically designated under the Health Care Safety Net Amendments of 2002. These facilities will be scored as an entity, using the same factors used for the designation of areas and populations described above, but applied to the entity itself. Designated facilities which serve interned populations (Federal and State correctional facilities and State/county mental hospitals) are designated based on internee/inpatient data that differs from the data used in geographic and population group HPSAs. Poverty rate and travel distance/time to nearest accessible source of care are not data reported or required under the facility HPSA designation criteria and, likewise, do not appear to be directly applicable in determining HPSA scores for these institutionalized populations.

Consequently, correctional facility/mental hospital HPSA scores are extrapolated from the degree-of-shortage (DOS) groups determined in the HPSA designation process. See 42 CFR part 5, Appendices A, B and C. The determination of DOS groups for these facilities is based primarily on internee/inpatient-to-provider ratios, which is similar to the first factor used for determining HPSAs of greatest shortage (population-to-provider ratio).

For all correctional facilities, the following scores apply: DOS group 1 = 21, DOS group 2 = 15, and DOS group 3 = 9. These were derived by dividing

the HPSA score range (1–25) into quartiles, then setting the HPSA score at the midpoints, respectively.

Correctional facilities only have DOS 1–3, so the midpoints for the top three quartiles were used. For State and county mental hospitals, this approach was adjusted due to the different distribution of mental health facilities among the DOS groups, with DOS group 1 = 20, DOS group 2 = 16, DOS group 3 = 12, and DOS group 4 = 8.

*Paperwork Reduction Act:* The criteria used to make determinations under section 333A(a)(1)(A) of the health professional shortage areas (HPSAs) with the greatest shortages described in this announcement will not involve data collection activities that fall under the purview of the Paperwork Reduction Act of 1995. If the methods for determining health professional shortage area with the greatest shortages fall under the purview of the Paperwork Reduction Act, the Program will assist HRSA in seeking OMB clearance for proposed data collection activities.

Dated: May 22, 2003.

**Elizabeth M. Duke,**  
*Administrator.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of Child Health and Human Development; Notice of Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of a meeting of the National Advisory Child Health and Human Development Council.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which