

child welfare data elements included in the RPG performance measures can be found in a State's automated case management system, which is often a Federally funded Statewide Automated Child Welfare Information System (SACWIS). If the State elects to implement a SACWIS, the system is expected to be a comprehensive automated case management tool that meets the needs of all staff involved in foster care and adoption case management. A SACWIS is required to support reporting of data to AFCARS

semi-annually, and annually to NCANDS. AFCARS reports information on all children in foster care, while NCANDS reports information on State child maltreatment reports. TEDS admission and discharge data are collected by State substance abuse agencies according to their own information systems for monitoring substance abuse treatment admissions and transmitted monthly or quarterly to the SAMHSA contractor.

As a result of prior Federal government reporting requirements,

States are already collecting several data elements needed by the RPGs. The RPGs can download information from these existing systems to obtain data to monitor their program outcomes, thereby reducing the amount of primary data collection needed.

Beginning in year two, grantees will submit a data file with their required indicator data, according to their final set of indicators, every six months.

*Respondents:* RPG Grantees.

#### ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
State, local, or Tribal Government .....	31	2	175.50	10,881
Private Sector .....	22	2	175.50	7,722

*Estimated Total Annual Burden Hours:* 18,603.

*Additional Information:* Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, *Attn:* ACF Reports Clearance Officer. All requests should be identified by the title of the information collection. E-mail address: [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov).

*OMB Comment:* OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, *Fax:* 202-395-6974, *Attn:* Desk Officer for the Administration for Children and Families.

Dated: December 1, 2008.

**Janean Chambers,**

*Reports Clearance Officer.*

[FR Doc. E8-28736 Filed 12-4-08; 8:45 am]

BILLING CODE 4184-01-P

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### Food and Drug Administration

[Docket No. FDA-2008-N-0612]

##### **Sentinel Initiative: Structure, Function, and Scope; Public Workshop; Request for Comments**

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice of public workshop; request for comments.

The Food and Drug Administration (FDA) is announcing a public workshop entitled Sentinel Initiative: Structure, Function, and Scope. The workshop is co-sponsored by the Food and Drug Administration and the eHealth Initiative Foundation, and convened by the Engelberg Center for Health Care Reform at the Brookings Institution. The workshop is intended to bring together academia; government; patient, consumer, and provider groups; health care data owners; industry; and other interested organizations for an update on the current status of the Sentinel Initiative and to allow for comment from all interested stakeholders. Specific topics for discussion include potential governance models and their implications, and approaches for ensuring continued involvement of all stakeholders as the Initiative evolves.

*Date and Time:* The public workshop will be held on December 16, 2008, from 9 a.m. to 3:30 p.m.

*Location:* The public workshop will be held at the Omni Shoreham Hotel, 2500 Calvert Street NW., Washington, DC 20008.

*Contact Person:* Melissa Robb, Office of Critical Path Programs (HF-18), Food and Drug Administration, 5600 Fishers Lane, Rockville MD 20857, 301-827-1516, or e-mail: [Melissa.Robb@fda.hhs.gov](mailto:Melissa.Robb@fda.hhs.gov).

*Registration:* To register, please visit: <http://guest.cvent.com/> and insert "7SN5MQKXSVQ" for the event code. For questions regarding registration, e-mail: [engelbergevents@brookings.edu](mailto:engelbergevents@brookings.edu).

If you need special accommodations due to a disability, please contact Keviar Warner, 202-624-3271, or e-mail: [Keviar.Warner@ehealthinitiative.org](mailto:Keviar.Warner@ehealthinitiative.org) at least 7 days in advance.

*Comments:* FDA is holding this public workshop to provide an update on the current status of the Sentinel Initiative. The deadline for submitting comments regarding this topic is January 16, 2009.

Regardless of attendance at the public workshop, interested persons may submit written or electronic comments to the Division of Dockets Management (HFA-305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Submit electronic comments to <http://www.regulations.gov>. Submit a single copy of electronic comments or two paper copies of any mailed comments, except that individuals may submit one paper copy. Comments are to be identified with the docket number found in brackets in the heading of this document. Received comments may be seen in the Division of Dockets Management between 9 a.m. and 4 p.m., Monday through Friday.

Please note that on January 15, 2008, the FDA Division of Dockets Management Web site transitioned to the Federal Dockets Management

System (FDMS). FDMS is a Government-wide, electronic docket management system. Electronic comments or submissions will be accepted by FDA only through FDMS at <http://www.regulations.gov>.

*Transcripts:* Please be advised that as soon as a transcript is available, it will be accessible at <http://www.fda.gov/oc/initiatives/advance/sentinel/>. It may be viewed at the Division of Dockets Management (HFA-305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD. A transcript will also be available in either hardcopy or on CD-ROM, after submission of a Freedom of Information request. Written requests are to be sent to Division of Freedom of Information (HFI-35), Office of Management Programs, Food and Drug Administration, 5600 Fishers Lane, rm. 6-30, Rockville, MD 20857.

Dated: December 1, 2008.

**Jeffrey Shuren,**

*Associate Commissioner for Policy and Planning.*

[FR Doc. E8-28797 Filed 12-4-08; 8:45 am]

BILLING CODE 4160-01-S

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

Comments are invited on: (a) Whether the proposed collections of information are necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use

of automated collection techniques or other forms of information technology.

#### Proposed Project: Evaluation of SAMHSA's Minority Fellowship Program (MFP)—NEW

The Substance Abuse and Mental Health Services Administration's Center for Mental Health Services (CMHS) will conduct an independent evaluation of the Minority Fellowship Program (MFP).

In 1973, in response to a substantial lack of ethnic and racial minorities in the mental health professions, the Center for Minority Health at the National Institute of Mental Health established the Minority Fellowship Program (MFP). Since its move to SAMHSA in 1992, the MFP has continued to facilitate the entry of minority graduate students and psychiatric residents into mental health careers and has increased the number of psychology, psychiatry, nursing, and social work professionals trained to provide mental health and substance abuse services to minority groups. Up until FY 2007, grantees have been limited to the American Nurses Association (ANA), the American Psychiatric Association (ApA), the American Psychological Association (APA), and the Council on Social Work Education (CSWE). The MFP is supported by funds from all three SAMHSA centers, the Center for Mental Health Services (CMHS), the Center for Substance Abuse Treatment (CSAT), and the Center for Substance Abuse Prevention (CSAP).

With input from SAMHSA staff, the four pre-2007 grantee organizations, and two advisory panels (of independent experts in the MFP and/or culturally competent behavioral health care, as well as consumer and family representatives), a logic model was designed and a set of data collection instruments have been developed for this evaluation. SAMHSA will employ information that is routinely collected under existing program requirements and also will be collecting additional data that also are necessary for the conduct of the evaluation. At the end of each grant year, the grantee organizations (the ANA, ApA, APA, and CSWE) will document their activities, accomplishments, and expenditures and assessment measures for the most recently completed fiscal year. In addition, each grantee will maintain a database with information on current and former Fellows. None of the data collection activities proposed for this evaluation will be redundant with these existing reporting requirements and data sources. The evaluation plan includes

gathering information about the MFP from persons with different experiences and perspectives on the MFP. Accordingly, SAMHSA proposes to conduct the following new data collection activities:

On-line (Internet-based) surveys:

1. Current SAMHSA MFP Fellows in each of the four academic disciplines;
2. MFP Alumni who were in the four programs during the time the program was administered by SAMHSA; and
3. Current and former members of Selection and Advisory Committees in each of the four grantee programs.

Telephone Interviews:

1. Current and former SAMHSA MFP Staff and other SAMHSA officials involved in the MFP;
2. Current and former MFP Program Directors or Senior Staff in each of the four grantee programs; and
3. Staff in each of the grantee's host organizations (i.e. staff in the ANA, APA, ApA, and CSWE).

The surveys and interview protocols have been developed to include questions relevant to each of the respective stakeholder groups named above, with similar core questions asked across all groups.

The resulting data will identify (1) The historical context in which the MFP has operated; (2) the processes and activities established by SAMHSA and by the grantees to implement the MFP; (3) the perceptions about how well the SAMHSA MFP is performing; and (4) the ability of the program to achieve particular goals under its purview.

Each new cohort of Fellows will develop and support the following goals:

1. Training/mentoring ethnic/racial minority students and professionals in mental health/substance abuse treatment;
2. Increasing the number of ethnic/racial minority professionals in mental health/substance abuse treatment;
3. Increasing diversity in mental health/substance abuse leadership;
4. Increasing professional contributions in mental health/substance abuse treatment for minority populations;
5. Increasing institutional involvement of ethnic/racial minority professionals in the areas of mental health and substance abuse treatment; and
6. Increasing mental health and substance abuse services to minority communities.

The burden estimate for conducting the surveys and interviews under the evaluation plan for the MFP is as follows: