

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Detailed Model Plan .....	65	1	1	65
Abbreviated Model Plan .....	115	1	.33	38

*Estimated Total Annual Burden Hours* 103.

*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: April 23, 2008.  
**Janean Chambers,**  
*Reports Clearance Officer.*  
 [FR Doc. E8-9278 Filed 4-28-08; 8:45 am]  
**BILLING CODE 4184-01-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Comment Request**

*Title:* Adoption and Foster Care Analysis and Reporting System for title IV-B and title IV-E.

OMB No.: 0980-0267.  
*Description:* Section 479 of title IV-E of the Social Security Act (the Act) directs States to establish and implement an adoption and foster care reporting system. Federal regulations at

45 CFR 1355.40 sets forth the requirements of section 479 of the Social Security Act for the collection of uniform, reliable information on children who are under the responsibility of the State title IV-B/IV-E agency for placement, care, and adoption. The respondents are child welfare agencies in the 50 States, the District of Columbia, and Puerto Rico. The data collected will inform State/Federal policy decisions, program management, and responses to Congressional and Departmental inquiries. Specifically, the data are used for short/long-term budget projections, trend analysis, child and family service reviews, and to target areas for improved technical assistance. The data will provide information about foster care placements, adoptive parents, length of time in care, delays in termination of parental rights and placement for adoption.

*Respondents:* State Child Welfare Agencies.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
AFCARS .....	52	2	3,005	312,513

*Estimated Total Annual Burden Hours:* 312,513.

*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: April 23, 2008.  
**Janean Chambers,**  
*Reports Clearance Officer.*  
 [FR Doc. E8-9293 Filed 4-28-08; 8:45 am]  
**BILLING CODE 4184-01-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**National Advisory Council on Migrant Health**

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Correction of meeting place.

**SUMMARY:** The Health Resources and Services Administration published a meeting notice for the National Advisory Council on Migrant in the **Federal Register** of April 2, 2008 (73 FR 17991). The meeting place has changed.

**Correction**

In the **Federal Register** issue of April 2, 2008, (73 FR 17991), 1st column, change the meeting place to:

Place: Holiday Inn San Juan, 8020 Tartak Street, Isla Verde, PR 00979, Telephone: (787) 625-9000, Fax: (787) 253-9007.

Dated: April 23, 2008.

**Alexandra Huttinger,**

Director, Division of Policy Review and Coordination.

[FR Doc. E8-9333 Filed 4-28-08; 8:45 am]

BILLING CODE 4165-15-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Indian Health Service**

**Request for Public Comment: 60-Day Proposed Information Collection: Behavioral Health Preventive Care Assessment Focus Group Guide**

**AGENCY:** Indian Health Service, HHS.

**ACTION:** Notice.

**SUMMARY:** In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 which requires 60 days for public comment on proposed information collection projects, the Indian Health Service (IHS) is publishing for comment a summary of a proposed information collection to be submitted to the Office of Management and Budget (OMB) for review.

*Proposed Collection: Title:* 0917-NEW, "Behavioral Health Preventive Care Assessment Focus Group Guide." *Type of Information Collection Request:* Three-year approval of this new information collection, 0917-NEW, "Behavioral Health Preventive Care

Assessment Focus Group Guide." *Form(s):* None. *Need and Use of Information Collection:* The IHS goal is to raise the health status of the American Indian and Alaska Native people to the highest possible level by providing comprehensive health care and preventive health services. To support the IHS mission, IHS uses the Government Performance Act (GPRA) to assess quality of care among its Federal, Urban, and Tribal health programs. The IHS has been largely successful in meeting GPRA targets for selected clinical performance measures at the national level. However, there is significant variability in performance among IHS and Tribal service units.

Until this time, IHS has not undertaken any comprehensive studies to evaluate the reasons for that variability or the factors that contribute to high quality care at the local level. The IHS has three GPRA measures relating to behavioral health, a high priority for the Agency and one of the IHS Director's Initiatives. This study will focus on these three GPRA behavioral health measures: Depression Screening in adults age 18 and over, Domestic/Intimate Partner Violence screening in women ages 14-15, and Alcohol Screening (to prevent Fetal Alcohol Syndrome) in women ages 15-44.

Tribal programs voluntarily report their GPRA results quarterly and annually for national reporting. GPRA data collected for these three behavioral health measures includes: the number of patients eligible for a screening (denominator), number of eligible patients who receive a screening (numerator), and the resulting screening rate (percentage). IHS has developed a methodology to identify superior and

poor performers on these measures in both Tribal and Federal sites using fiscal year 2005, 2006, and 2007 GPRA performance results.

IHS will convene focus groups with employees at 17 of these programs (7 IHS and 10 Tribal) in order to identify the factors contributing to (and when appropriate, the barriers preventing) the provision of high quality behavioral health care at the local level. These focus groups will allow employees to provide detailed data regarding program practices, screening and documentation procedures, initiatives, resources, and other factors relating to the provision of behavioral health preventive care at their health program. A total of two to three focus groups, organized by occupational specialty, will be convened at each program.

Using the Chronic Care Model and Institute of Medicine recommendations, IHS will analyze the information collected during these site visits, along with background information that is publicly available (e.g., information found on clinic web pages), on other qualitative and quantitative features of individual programs, such as staffing and funding levels, community demographics, and organizational structure, to develop a behavioral health preventive care model relevant to the unique system of IHS delivery. *Affected Public:* Individuals. *Type of Respondents:* Tribal employees at Tribal health programs.

The table below provides: Types of data collection instruments, Estimated number of respondents, Number of responses per respondent, Annual number of responses, Average burden hour per response, and Total annual burden hour(s).

Data collection instrument(s)	Number of respondents	Responses per respondent	Total annual response	Burden hour per response*	Annual burden hours
Administrators/Supervisor Focus Group Guide .....	30	1	30	2	60
Provider Focus Group Guide .....	30	1	30	2	60
Behavioral Health Provider Focus Group Guide .....	15	1	15	2	30
Data Entry Focus Group Guide .....	15	1	15	2	30
<b>Total .....</b>	<b>90</b>	<b>.....</b>	<b>.....</b>	<b>.....</b>	<b>180</b>

There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

*Request for Comments:* Your written comments and/or suggestions are invited on one or more of the following points: (a) Whether the information collection activity is necessary to carry out an agency function; (b) whether the agency processes the information

collected in a useful and timely fashion; (c) the accuracy of the public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information); (d) whether the methodology and assumptions used to determine the estimates are logical; (e) ways to enhance the quality, utility, and clarity of the information being collected; and

(f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

*Send Comments and Requests for Further Information:* Send your written comments, requests for more information on the proposed collection, or requests to obtain a copy of the data