

physical and mental health and performance.

3. Stimulate and support research to further understanding of the biochemical and cellular effects of dietary supplements on biological systems and their physiological impact across the life cycle.

4. Promote and support the development and improvement of methodologies appropriate to the scientific study of dietary supplement ingredients.

5. Expand and conduct outreach efforts that inform and educate the public, health care providers, and scientists about the benefits and risks of dietary supplements.

ODS is re-examining its Strategic Plan and desires public comment on the progress of its programs and on future needs and opportunities for program activities. A background paper, *A Report to the Public*, has been prepared that summarizes progress in four key areas of ODS activities. ODS solicits comments on and suggestions for its future activities. The background paper and related information are available on the ODS Web site at <http://ods.od.nih.gov/strategicplan>. Guidance is being requested from all interested parties on these important issues.

- Are the current strategic goals adequate?
- Is ODS meeting its stakeholders' needs?
- In the future, should some of ODS's current programs or activities be given higher (or lower) priority?
- How can ODS more effectively provide useful information to the ODS user community, including consumers, investigators, practitioners, industry, media, policy makers, government, and other interested parties?

#### Public Participation

ODS will hold a series of four Webinars at the times and topics listed below to hear comments on and suggestions for ODS initiatives for possible inclusion in the 2010–2014 ODS Strategic Plan. The topic is taken from the four areas described in the background paper, *A Report to the Public*. Each Webinar will begin with brief comments by a Federal partner and a stakeholder on the topic of that Webinar. The remainder of each Webinar will be devoted to hearing public comments.

*Research Support*—Thursday, January 29, 2009, 1–2 p.m. EST.

Research support is through cofunding of NIH grants, including botanical research centers, individual research grants, training, and conferences.

*Research Tools*—Tuesday, February 3, 2009, 2–3 p.m. EST.

Research tools refers to the promotion and support for the development and improvement of methodologies appropriate to the scientific study of dietary supplement ingredients, including analytic methodologies and reference materials, surveys of dietary supplement use, databases to analyze survey results, and evidence-based reviews of key dietary supplements.

*Science-Policy*—Wednesday, February 11, 2009, 1–2 p.m. EST.

Science-policy covers current ODS collaborations to collect information on scientific issues that is needed for policy discussions. Three current collaborations include the vitamin D initiative, the use of dietary supplements by military personnel, and nutrient reference intake values.

*Communications*—Thursday, February 19, 2009, 2–3 p.m. EST.

Communications includes outreach and education on dietary supplements through the ODS Web site and information developed by fact sheets, newsletters, and through databases on scientific literature and research on dietary supplements.

The Webinars are open to the public with attendance limited by individual access to the Internet and a phone and by the availability of open teleconference phone lines. Members of the public who wish to make an oral comment should indicate this when registering for the meeting. Instructions for registering can be found on the ODS Web site: <http://ods.od.nih.gov/strategicplan>.

Oral comments will be limited to three minutes and may be accompanied by a PowerPoint presentation provided that the presentation is submitted no later than 2 days before the scheduled Webinar. Individuals who register to speak will be assigned in the order in which they registered. Due to time constraints, only one representative from each organization will be allotted time for oral presentation. If time permits, those who wish to make a brief oral statement and have not pre-registered to make a comment, will be able to do so.

Archives of the Webinars will be posted on the ODS Web site and may be viewed at any time. We encourage individuals unable to participate in a live Webinar and all interested parties to send written comments by mail, fax, or electronically (see **CONTACT INFORMATION**, above.) When mailing or faxing written comments, please provide, if possible, an electronic version via e-mail.

Dated: November 10, 2008.

**Paul M. Coates,**

*Director, Office of Dietary Supplements, Office of the Director, National Institutes of Health.*

[FR Doc. E8–27791 Filed 11–21–08; 8:45 am]

**BILLING CODE 4140–01–P**

## 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: GPRA Client Outcomes for the Substance Abuse and Mental Health Services Administration (SAMHSA)—(OMB No. 0930–0208)—Revision

SAMHSA's Center for Substance Abuse Treatment (CSAT) is responsible for collecting data from discretionary services grants and contracts where client outcomes are to be assessed at three points (intake, discharge, and post-intake). SAMHSA's CSAT-funded projects are required to submit these data as a contingency of their award. The analysis of the data also will help determine whether the goal of reducing health and social costs of drug use to the public is being achieved.

The primary purpose of this data collection activity is to meet the

reporting requirements of the Government Performance and Results Act (GPRA) by allowing SAMHSA to quantify the effects and accomplishments of SAMHSA's CSAT programs.

CSAT requests approval to increase the number of questions in the instrument due to the agency's need for additional information from its programs to satisfy reporting needs. The additional information needed is the following:

- *Co-Occurring disorders screening*—Over the years, CSAT has focused attention on co-occurring disorders and has established programs designed specifically for persons with both mental health and substance abuse problems. CSAT wants to make sure that all clients are screened regardless of the types of program they enter in order to get the treatment they need. CSAT has not had a formal way of assessing whether all programs screen clients for co-occurring disorders and consequently, these mental health problems potentially go untreated. CSAT will be able to monitor if clients are screened and for those who screen positive, monitor their outcomes and activities per the NOMS.

- *Veteran Status*—Collection of these data will allow CSAT to identify the

number of veterans served and the types of services they may receive. Identifying a client's veteran status allows CSAT and the grantees to monitor these clients and explore whether special services or programs are needed to treat them for substance abuse and other related issues. Identification of veteran status will also allow coordination between SAMHSA and other Federal agencies in order to provide a full range of services to veterans. CSAT will also be able to monitor their outcomes and activities per the NOMS.

- *HIV Test Status*—SAMHSA is committed to addressing the twin epidemics of HIV and substance abuse; the agency has received funding to augment the HIV testing program and hopes to reduce the number of new cases. The goal is for at least 80 percent of the clients to be tested for HIV. The test results give clients and programs an important piece of information needed for their substance abuse treatment plans. With the testing information, CSAT will monitor the numbers of treatment clients who have been tested.

In addition, we will add a response option to an existing item:

- *Housing for College Students*—Housing stability is one of the NOMS and should be calculated as accurately as possible, particularly for programs

that target college students such as Campus SBIRT. There currently is no way to distinguish the housing status of students living on campus from those housed elsewhere. This additional information can be captured by adding a new response option for the existing housing question.

CSAT requests approval to add a grant program to this data collection:

- CSAT will add the Access to Recovery (ATR) grant program to this data collection for the CSAT Government Performance and Results Act (GPRA) Client Outcome Measures for Discretionary Programs instrument. The Voucher Information Form and Voucher Transaction Form (OMB 0930–0266, Expiration Date 5/31/11) will remain under separate data collections. ATR requires the integration of evidence-based practices and a systematic federal scrutiny of outcomes through GPRA. The GPRA focuses on results or outcomes in evaluating the effectiveness of Federal activities and on measuring progress toward achieving national goals and objectives.

The estimated annual response burden for this data collection is provided in the table below:

ESTIMATES OF ANNUALIZED HOUR BURDEN <sup>1</sup>  
[CSAT GPRA Client Outcome Measures for Discretionary Programs]

Center form respondent type	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden	Added burden proportion <sup>2</sup>	Total annual burden hours
<b>Clients</b>							
Adolescents .....	3,900 .....	4	15,600	.35 .....	5,460	.37	2,020
Adults:							
General (non ATR or SBIRT).	28,000 .....	3	84,000	.35 .....	29,400	.37	10,878
ATR .....	53,333 .....	3	159,999	.35 .....	56,000	.37	20,720
SBIRT3 Screening Only ...	150,618 .....	1	150,618	.13 .....	19,580	0	0
SBIRT Brief Intervention ...	27,679 .....	3	83,037	.20 .....	16,607	0	0
SBIRT Brief Tx & Refer to Tx.	9,200 .....	3	27,600	.35 .....	9,660	.37	3,574
Client Subtotal .....	272,730 .....		520,854		136,707		37,192
<b>Data Extract <sup>4</sup> and Upload</b>							
Adolescent Records .....	73 grants .....	53 × 4	212	.18 .....	38		38
Adult Records:							
General (non ATR or SBIRT).	400 grants .....	70 × 3	210	.18 .....	38		38
ATR Data Extract .....	53,333 .....	3	160,000	.16 .....	25,600		25,600
ATR Upload <sup>5</sup> .....	24 grants .....	3	160,000	1 hr. per 6,000 records.	27		27
SBIRT Screening Only Data Extract.	7 grants .....	21,517 × 1	21,517	.07 .....	1,506		1,506
SBIRT Brief Intervention Data Extract.	7 grants .....	3,954 × 3	11,862	.10 .....	1,186		1,186
SBIRT Brief Tx&Refer to Tx Data Extract.	7 grants .....	1,314 × 3	3,942	.18 .....	710		710

ESTIMATES OF ANNUALIZED HOUR BURDEN <sup>1</sup>—Continued  
 [CSAT GPRA Client Outcome Measures for Discretionary Programs]

Center form respondent type	Number of respondents	Responses per respondent	Total responses	Hours per response	Total hour burden	Added burden proportion <sup>2</sup>	Total annual burden hours
SBIRT Upload <sup>6</sup> .....	5 grants .....	.....	171,639	1 hr. per 6,000 records.	29		29
Data Extract and Upload Subtotal.	53,856 .....	.....	529,382	.....	29,134	.....	29,134
Total .....	326,586 .....	.....	1,050,236	.....	165,841	.....	66,326

**Notes:**

1. This table represents the maximum additional burden if adult respondents, for the discretionary services programs including ATR, provide three sets of responses/data and if CSAT adolescent respondents, provide four sets of responses/data.
2. Added burden proportion is an adjustment reflecting customary and usual business practices programs engage in (e.g., they already collect the data items).
3. Screening, Brief Intervention, Treatment and Referral (SBIRT) grant program:
  - \* 150,618 Screening Only (SO) respondents complete section A of the GPRA instrument, all of these items are asked during a customary and usual intake process resulting in zero burden; and
  - \* 27,679 Brief Intervention (BI) respondents complete sections A & B of the GPRA instrument, all of these items are asked during a customary and usual intake process resulting in zero burden; and
  - \* 9,200 Brief Treatment (BT) & Referral to Treatment (RT) respondents complete all sections of the GPRA instrument.
4. Data Extract by Grants: Grant burden for capturing customary and usual data.
5. Upload: All 24 ATR grants upload data.
6. Upload: 5 of the 7 SBIRT grants upload data; the other 2 grants conduct direct data entry.

The estimates in this table reflect the maximum annual burden for currently funded discretionary services programs. The number of clients/participants served in following years is estimated to be the same assuming level funding of the discretionary programs, resulting in the same annual burden estimate for those years.

Send comments to Summer King, SAMHSA Reports Clearance Officer, Room 7-1044, One Choke Cherry Road, Rockville, MD 20857 AND e-mail her a copy at [summer.king@samhsa.hhs.gov](mailto:summer.king@samhsa.hhs.gov). Written comments should be received within 60 days of this notice.

Dated: November 17, 2008.

**Elaine Parry,**

Acting Director, Office of Program Services.  
 [FR Doc. E8-27838 Filed 11-21-08; 8:45 am]

BILLING CODE 4162-20-P

**DEPARTMENT OF HOMELAND SECURITY**

**Coast Guard**

[Docket No. USCG-2008-0333]

**Delaware River and Bay Oil Spill Advisory Committee; Meeting**

**AGENCY:** Coast Guard, DHS.

**ACTION:** Notice of inaugural meeting and announcement of membership.

**SUMMARY:** The Delaware River and Bay Oil Spill Advisory Committee (DRBOSAC) will hold its inaugural meeting in Philadelphia, PA to discuss various issues to improve oil spill prevention and response strategies for

the Delaware River and Bay. During the inaugural meeting, the items concerning the Committee's organization and administration will be discussed. This meeting will be open to the public.

**DATES:** The Committee will meet on Wednesday, December 17, 2008, from 9 a.m. to 4 p.m. This meeting may close early if all business is finished. Written material should reach the Coast Guard on or before December 11, 2008.

**ADDRESSES:** The Committee will meet at Coast Guard Sector Delaware Bay, 1 Washington Ave., Philadelphia, PA 19147. Send written material to Gerald Conrad, liaison to the Designated Federal Officer (DFO) of the DRBOSAC, at the address above. This notice and any documents identified in the **SUPPLEMENTARY INFORMATION** section as being available in the docket may be viewed online, at <http://www.regulations.gov>, using docket number USCG-2008-0333.

**FOR FURTHER INFORMATION CONTACT:** Gerald Conrad, liaison to the DFO of the DRBOSAC, telephone 215-271-4824.

**SUPPLEMENTARY INFORMATION:** Notice of this meeting is given under the Federal Advisory Committee Act, 5 U.S.C. App. (Pub. L. 92-463).

**Agenda of the Meeting**

The agenda for the inaugural meeting will be as follows:

- (1) Opening comments.
- (2) Introduction and swearing in of the new members.
- (3) Election of the Chair and Vice-Chair.
- (4) Indoctrination into Federal Advisory Committee Procedures.

(5) Membership Administration issues.

(6) Establishment and purpose of sub-committees (if applicable).

(7) Indoctrination into technical terminology, and basic oil spill response and removal procedures.

(8) Future Committee business.

(9) Closing.

**Procedural**

This meeting will be open to the public. All persons entering the building will have to present identification and may be subject to screening. Please note that the meeting may close early if all business is finished.

The public will not be able to make oral presentations during the meeting. The public may file written statements with the committee; written material should reach the Coast Guard no later than December 11, 2008. If you would like a copy of your material distributed to each member of the committee in advance of the meeting, please submit 35 copies to the liaison to the DFO no later than December 11, 2008.

**Information on Services for Individuals With Disabilities**

For information on facilities, or services for individuals with disabilities, or to request special assistance at the meeting, contact the Liaison to the DFO as soon as possible.