

d. Demonstration Grants for Developmentally Disabled Runaway and Homeless Youth

It is proposed that from two to four demonstration grants be awarded to develop models of service provision to developmentally disabled runaway and homeless youth, or to youth at risk of becoming so. The models would address issues of coordination of services, removing barriers to service delivery, identification of effective training materials, and development of policies and strategies. The grants would be funded jointly by FYSB and the Administration on Developmental Disabilities (DD) at a level of \$150,000 per year for three-year project periods. Eligible applicants would include current and potential BCP, DAPP, and TLP grantees. Funded grantees would be required to show that the funds from each appropriation were expended to serve the purposes of that appropriation.

*E. Priority for a Comprehensive Youth Development Approach*

Over the past several decades, the Federal government has established many programs designed to alleviate discrete problems identified among American youth. Examples are programs for school dropout prevention, juvenile delinquency prevention, abuse and neglect prevention, compensatory programs to improve the performance of minority and non-English-speaking youth in the public schools, adolescent pregnancy prevention, youth gang prevention, and drug abuse prevention among youth. Among these many programs are the BCP, the DAPP, and the TLP.

A shared feature of all these programs is their emphasis on undesirable behavior, with a number of negative consequences. Youth "problems" are commonly used to define and blame, even to punish, the youth. Further, the labeling of a youth as a drug abuser or a delinquent may lead to interventions too narrow to take into account the full array of causes leading to the abuse or delinquency, such as parental neglect, school failure, or poverty. Practicing youth workers are well aware that "single-problem" youth are rare, and that interventions from many different perspectives, and supports, including funding, from many different sources, are required to effectively help troubled youth.

The disjointed services that often follow from this Federal pattern of categorical funding to correct undesirable behavior (funding that targets a single problem behavior of the youth) may be avoided if interventions

grow out of a "developmental" perspective. A developmental perspective views adolescence and youth as the passage from the almost total dependence of the child into the independence and self-sufficiency of the young adult. The various changes, stages, and growth spurts of the passage may be considered as the youth's natural, healthy responses to the challenges and opportunities provided by functional families, peers, neighborhoods, schools and churches. The tasks of youth services providers are seen, thus, not as correcting the "pathologies" of troubled youth, but rather as providing for the successive "needs" of maturing individuals: the psychological need to develop a clear self-identity; the sociological need to resolve disagreements through talking and not through flight or fighting; the economic need to prepare for and enter into a career; and the familial needs for sharing, for trusting, for giving love and receiving love, for commitment, and for all that establishing a family entails.

This developmental approach will become central to all FYSB activities and programs over the next two years.

*F. Priorities for Administrative Changes*

To support the increased emphasis on youth development, a number of management or administrative changes are being considered for implementation over the coming years:

- Current holders of BCP and TLP grants may be invited to submit applications for Demonstration Grants for Developmentally Disabled Runaway and Homeless Youth, or for DD youth who are at risk of running away or becoming homeless. Holders of Consolidated Youth Services Demonstrations Grants may also be asked to incorporate DD services into their projects, always with the proviso that grantees be able to show that funds from the DD appropriation were expended to serve the purposes of that appropriation.

- The Regional Offices currently play a significant role in the assessment of grant applications. We are considering an expansion of this role that will involve allowing Regional Office staff to add from zero (0) to ten (10) additional points to the total average score of the application based on (1) the experience, effectiveness, quality, and potential of the applicant agencies and staffs and (2) the geographic distribution of the grantees in their respective States and Regions. Final funding decisions will remain the responsibility of the Commissioner of the Administration on Children, Youth and Families.

- The Administration on Children and Families (ACF) may consider changing the deadline for receipt of grant applications from the postal date of the application to the actual receipt date of the application by ACF. Applicants should carefully examine upcoming announcements to assure that they meet deadlines in the manner prescribed.

- Efforts will be continued to avoid the problems of gaps in financial support between the expiration of one grant and the beginning of a new grant for current grantees that are successful in competition.

- Procedures may be established to increase grant funding levels so that all grantees will receive an award sufficient to support the required youth services. Therefore, we suggest that all applicants examine carefully the program announcements to ensure that they request sufficient funds. A minimum annual BCP award of \$75,000 is proposed.

(Catalogue of Federal Domestic Assistance, Program Number 93.623, Runaway and Homeless Youth Program, and Program Number 93.550, Transitional Living Program for Homeless Youth.)

Dated: December 27, 1994.

**Olivia A. Golden,**

*Commissioner, Administration on Children, Youth and Families.*

[FR Doc. 95-237 Filed 1-4-95; 8:45 am]

BILLING CODE 4184-01-P

**Public Health Service**

**Office of the Assistant Secretary for Health; Privacy Act of 1974; New System of Records**

**AGENCY:** Public Health Service, HHS.  
**ACTION:** Notification of a new system of records.

**SUMMARY:** In accordance with the requirements of the Privacy Act, the Public Health Service (PHS) is publishing a notice of a new system of records, 09-37-0024, "Studies of Preventive Medicine, Health Promotion, and Disease Prevention, HHS/OASH/ODPHP." records. We are also proposing routine uses for this new system.

**DATES:** PHS invites interested parties to submit comments on the proposed routine use on or before (30 days after publication). PHS has sent a Report of New System of Records to the Congress and to the Office of Management and Budget (OMB) on December 28, 1994. The system of records will be effective 40 days after the date of publication unless PHS receives comments that

would result in a contrary determination.

**ADDRESSES:** Please submit comments to: PHS Privacy Act Officer, Room 17-45, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone: 301-443-2055 (This is not a toll-free number).

Comments received will be available for inspection at the above address from 8:30 a.m. to 4 p.m. Monday through Friday.

**FOR FURTHER INFORMATION CONTACT:** Dr. Hurdis M. Griffith, Senior Policy Advisor, Office of Disease Prevention and Health Promotion, 2132 Switzer Building, 330 C Street, SW, Washington, DC 20201, 202-205-8660 (This is not a toll-free number).

**SUPPLEMENTARY INFORMATION:** PHS proposes to establish a new system of records: 09-37-0024, "Studies of Preventive Medicine, Health Promotion, and Disease Prevention, HHS/OASH/ODPHP." This system of records will be used by the Office of Disease Prevention and Health Promotion (ODPHP) in the Office of the Assistant Secretary for Health (OASH) to study the impact of preventive medicine interventions and public education efforts on health service delivery, patient behavior, and health outcome.

The system will contain records of patients of the clinicians participating in these studies, as well as normal volunteers, relatives of the patients, and the providers of services. Examples of the information collected are: Patient or provider name, study identification number, address, relevant telephone numbers, Social Security Number (voluntary), date of birth, weight, height, sex, race; medical, psychological and dental information, laboratory and diagnostic testing results; registries; social, economic and demographic data; health services utilization; immunization status; insurance and hospital cost data, employers; characteristics and activities of health care providers.

The records in this system will be maintained in a secure manner commensurate with their content and use. The System Manager will control access to the data. Access to identifiers and to link files is strictly limited to the authorized personnel whose duties require such access. Procedures for determining authorized access to identified data are established as appropriate for each location. Personnel, including contractor personnel, who may be so authorized include those directly involved in data collection and in the design of research studies, e.g., interviewers and interviewer

supervisors; project managers; and statisticians involved in designing sampling plans. Other one-time and special access by other employees is granted on a need-to-know basis as specifically authorized by the System Manager. Researchers authorized to conduct research will typically access the system through the use of encrypted identifiers sufficient to link individuals with records in such a manner that does not compromise confidentiality of the individual. The collection and maintenance of data is consistent with legislation and regulations regarding the protection of human subjects, informed consent, and confidentiality.

The proposed routine uses are compatible with the stated purposes of the system. The first routine use permits the disclosure of information to researchers under carefully controlled conditions. The second routine use permits the disclosure of information to a member of Congress when a constituent has requested assistance. The third routine use permits HHS to disclose information to the Department of Justice in the event of litigation. The fourth routine use permits disclosure of information to a contractor for the purpose of analyzing or refining the data. The fifth routine use permits disclosure of information for the purpose of quality assessment, audit, or utilization review. The sixth routine use permits disclosure to Federal and State agencies, and private organizations for the purpose of locating individuals for follow-up studies. The seventh routine use permits the disclosure of information to student volunteers who need the records to carry out their official functions.

The following notice is written in the present, rather than the future tense, to avoid the unnecessary expenditures of public funds for republishing the notice after the system has become effective.

Dated: December 30, 1994.

**Ellen Wormser,**

*Director, Office of Organization and Management Systems.*

**09-37-0024**

**SYSTEM NAME:**

Studies of Preventive Medicine, Health Promotion, and Disease Prevention, HHS/OASH/ODPHP.

**SECURITY CLASSIFICATION:**

None.

**SYSTEM LOCATION:**

Records are located at the Office of Disease Prevention and Health Promotion (ODPHP) and Contractor research facilities that collect or provide

research data for this system. Primary record storage sites are listed in Appendix I. A current list of additional contractor sites is available by writing to the System Manager at the address below.

**CATEGORIES OF INDIVIDUALS COVERED BY THE SYSTEM:**

Patients (adults and children) of the clinicians participating in these studies; individuals who are representative of the general population or of special groups including, but not limited to: Normal controls, normal volunteers, family members and relatives; providers of services.

**CATEGORIES OF RECORDS IN THE SYSTEM:**

The system contains records about individuals as relevant to these studies: (1) Medical records (treatment, laboratory screening and diagnostic tests, and preventive services); (2) clinician surveys (use of screening, counseling and preventive services); and (3) patient surveys (height, weight, race/ethnicity, health behavior, health conditions). Examples of information include, but are not limited to: Patient or provider name, study identification number, address, relevant telephone numbers, Social Security Number (voluntary), date of birth, weight, height, sex, race; medical, psychological and dental information, laboratory and diagnostic testing results; registries; social, economic and demographic data; health services utilization; immunization status; insurance and hospital cost data, employers; characteristics and activities of health care providers.

**AUTHORITY FOR MAINTENANCE OF THE SYSTEM:**

Authorization to collect these data is provided under section 301 of the Public Health Service Act (42 U.S.C. 241), General Powers and Duties of Public Health Service.

**PURPOSE(S):**

The purpose of this system of records is to enable the study of the impact of preventive medicine interventions and public education efforts of health service delivery, patient behavior, and health outcome. Information from the system of records will be shared within the Department of Health and Human Services (DHHS) with such Public Health Service (PHS) agencies as the Centers for Disease Control and Prevention (CDC) including the National Center for Health Statistics (NCHS), the Health Resource Services Administration (HRSA), the Indian Health Service (IHS), the National Institutes for Health (NIH), the Agency for Health Care Policy and Research

(AHCPR), and the Health Care Financing Administration (HCFA).

**ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND THE PURPOSES OF SUCH USES:**

1. A record may be disclosed for a research purpose, when the Department:

(A) Has determined that the use or disclosure does not violate legal or policy limitations under which the record was provided, collected, or obtained; e.g., disclosure of alcohol or drug abuse patient records will be made only in accordance with the restrictions of confidentiality statutes and regulations (42 U.S.C. 290 (dd-2), 42 U.S.C. 241 and 405, 42 CFR part 2), and where applicable, no disclosures will be made inconsistent with an authorization of confidentiality under 42 U.S.C. 242a and 42 CFR part 2a; (B) has determined that the research purpose (1) cannot be reasonably accomplished unless the record is provided in individually identifiable form, and (2) warrants the risk to the privacy of the individual that additional exposure of the record might bring; (C) has required the recipient to (1) establish reasonable administrative, technical, and physical safeguards to prevent unauthorized use or disclosure of the record, (2) remove or destroy the information that identifies the individual at the earliest time at which removal or destruction can be accomplished consistent with the purpose of the research project, unless the recipient has presented adequate justification of a research or health nature for retaining such information, and (3) make no further use or disclosure of the record except (a) in emergency circumstances affecting the health or safety of any individual, (b) for use in another research project, under these same conditions, and with written authorization of the Department, (c) for disclosure to a properly identified person for the purpose of an audit related to the research project, if information that would enable research subjects to be identified is removed or destroyed at the earliest opportunity consistent with the purpose of the audit, or (d) when required by law; and (D) has secured a written statement attesting to the recipient's understanding of, and willingness to abide by, these provisions. Examples of organizations and agencies of which records from this system may be disclosed include, but are not limited to Health Maintenance Organizations (HMOs) and other service providers participating in the studies and various federal and state agencies, such as the Veteran's Administration, branches of the Armed Forces, and state and local health department.

2. Disclosure may be made to a congressional office from the record of an individual in response to a verified inquiry from a congressional office made at the written request of that individual.

3. In the event of litigation, where the defendant is (a) the Department, any component of the Department, or any employee of the Department in his or her official capacity; (b) the United States where the Department determines that the claim, if successful, is likely to directly affect the operations of the Department or any of its components; or (c) any Department employee in his or her individual capacity where the Justice Department has agreed to represent such employee, for example, in defending a claim against the Public Health Service, based upon an individual's mental or physical condition and alleged to have arisen because of activities of the Public Health Service in connection with such an individual, the Department may disclose such records as it deems desirable or necessary to the Department of Justice to enable that Department to present an effective defense, provided such disclosure is compatible with the purpose for which the records were collected.

4. ODPHP may contract with a private firm for the purpose of collecting, analyzing, aggregating, or otherwise refining records in this system. Relevant records may be disclosed to such contractor. The contractor shall be required to maintain Privacy Act safeguards with respect to such records.

5. Disclosure may be made to organizations deemed qualified by the Secretary to carry out quality assessments, medical audits or utilization review.

6. Information from this system may be disclosed to Federal agencies, State agencies (including the Motor Vehicle Administration and State vital statistics offices), private organizations, and other third parties (such as current or prior employers, acquaintances, relatives), in order to obtain information on morbidity and mortality experiences and to locate individuals for follow-up studies. Social Security numbers may be disclosed to the Social Security Administration to ascertain disabilities and/or location of participants. Social Security numbers may also be given to other Federal agencies, and State and local agencies for purposes of locating individuals for participation in follow-up studies.

7. Records may be disclosed to student volunteers, individuals working under a personal services contract, and other individuals performing functions

for PHS who do not technically have the status of agency employees, if they need the records in the performance of their agency functions.

**POLICIES AND PRACTICES FOR STORING, RETRIEVING, ACCESSING, RETAINING, AND DISPOSING OF RECORDS IN THE SYSTEM:**

**STORAGE:**

Records may be stored in hard copy, index cards, file folders, computer tapes and disks (including optical disks), photography media, microfiche, microfilm, and audio and video tapes. Typically, factual data with study code numbers are stored on computer tape or disk, while the key to personal identifiers is stored separately, without factual data, in locked paper files.

**RETRIEVABILITY:**

During data collection stages and follow-up retrieval is by personal identifier (e.g., name, Social Security Number, medical record or study identification number etc.). During the data analysis stage, data are normally retrieved by the variables of interest (e.g., diagnosis, age, occupation).

**SAFEGUARDS:**

1. *Authorized Users:* Access to identifiers and to link files is strictly limited to the authorized personnel whose duties require such access. Procedures for determining authorized access to identified data are established as appropriate for each location. Personnel, including contractor personnel, who may be so authorized include those directly involved in data collection and in the design of research studies, e.g., interviewers and interviewer supervisors; project managers, and statisticians involved in designing sampling plans.

Other one-time and special access by other employees is granted on a need-to-know basis as specifically authorized by the System Manager.

Researchers authorized to conduct research will typically access the system through the use of encrypted identifiers sufficient to link individuals with records in such a manner that does not compromise confidentiality of the individual.

2. *Physical Safeguards:* Records are stored in locked rooms, locked file cabinets, and/or secured computer facilities. Personal identifiers and link files are separated as much as possible and stored in locked files. Computer data access is limited through the use of key words known only to authorized personnel.

A separate key list linking ID codes to respondents will be maintained by the contractor conducting the survey,

during the data collection period in order to permit follow-up with non-respondents. This key list will be kept in a locked file when not actively in use. As soon as data cleaning is completed this key list will be destroyed. No data that could be used to identify respondents will be entered on the computer database.

Likewise the name of individual settings will not appear on data collection forms or the computerized database. Again a separate key matching the ID code to the hospital name will be maintained during the course of data collection in order to permit follow-up of non-respondents. They key listing will be kept in a secure location when not actively in use, and destroyed as soon as the data cleaning is completed.

3. *Procedural Safeguards:* Collection and maintenance of data is consistent with legislation and regulations regarding the protection of human subjects, informed consent, and confidentiality. When anonymous data is provided to research scientists for analysis, study numbers which can be matched to personal identifiers will be eliminated, scrambled, or replaced by the agency or contractor with random numbers which cannot be matched. Contractors who maintain records in this system are instructed to make no further disclosure of the records. Privacy Act requirements are specifically included in contracts for survey and research activities related to this system. The ODPHP project officers and contract officers oversee compliance with these requirements.

#### RETENTION AND DISPOSAL:

The records are maintained with individual identifiers only until analysis and follow-up are completed, generally a two- to three-year period. Removal or disposal of identifiers will be done according to the storage medium (e.g., erase computer tape, shred, pulp or burn paper records etc.). A staff person designated by the System Manager or an authorized Contractor will oversee and confirm the disposal in writing. Long-term retention is only in aggregate form without individual identifiers in accordance with the OASH Records Disposition Schedule.

#### SYSTEM MANAGER AND ADDRESS:

Senior Policy Advisor, Office of Disease Prevention and Health Promotion, 2132 Switzer Building, 330 C Street, SW, Washington, DC 20201.

#### NOTIFICATION PROCEDURE:

To determine if a record exists, write to the System Manager listed above. Notification requests should include:

individual's name; current address; date of birth; date, place and nature of participation in the research study; address at the time of participation. The System Manager may accept a written certification that the requester is who he or she claims to be and understands that the knowing and willful request for acquisition of a record pertaining to an individual under false pretenses is a criminal offense under the Act, subject to a five thousand dollar fine.

An individual who requests notification of, or access to, a medical/dental record shall, at the time the request is made, designate in writing a responsible representative who will be willing to review the record and inform the subject individual of its contents at the representative's discretion. The representative may be a physician, or other health professional, or other responsible individual. The subject individual will be granted direct access unless it is determined that such access is likely to have an adverse effect on him or her. In this case, the medical/dental record will be sent to the designated representative.

Individuals will be informed in writing if the record is sent to the representative.

A parent or guardian who requests notification of, or access to, a child's or incompetent person's medical record shall designate a family physician or other health professional (other than a family member) to whom the record, if any, will be sent. The parent or guardian must verify relationship to the child or incompetent person as well as his or her own identity.

#### RECORD ACCESS PROCEDURE:

Same as notification procedures. Requesters should also reasonably specify the record contents being sought. An individual may also request an accounting of disclosures of his/her record, if any.

#### CONTESTING RECORD PROCEDURE:

Contact the appropriate official at the address specified under Notification Procedures above and reasonably identify the record, specify the information being contested, and state the corrective action sought and the reason(s) for requesting the correction, along with supporting justification to show how the record is inaccurate, incomplete, untimely, or irrelevant.

#### RECORD SOURCE CATEGORIES:

The system contains information obtained directly from the subject individual by interview (face-to-face or telephone), written questionnaire, or observations. Information is also

obtained from other sources, including but not limited to: referring physicians; hospitals; State and local health agencies; relatives; guardians; schools, employers; and clinical research records.

#### SYSTEMS EXEMPTED FROM CERTAIN PROVISIONS OF THE ACT:

None.

#### Appendix I: System Location sites

Office of Disease Prevention and Health Promotion (ODPHP), 2132 Switzer Building, 330 C Street, SW, Washington, DC 20201

Battelle Memorial Institute, Centers for Public Health Research and Evaluation, 2101 Wilson Boulevard, Suite 800, Arlington, VA 22201

Battelle Memorial Institute, Centers for Public Health Research and Evaluation, Room 100E, 505 King Avenue, Columbus, OH 43201-2693

Battelle/SRA, 401 North Lindbergh Boulevard, Suite 330, St. Louis, MO 63141-7816

[FR Doc. 95-268 Filed 1-4-95; 8:45 am]

BILLING CODE 4160-17-M

## DEPARTMENT OF THE INTERIOR

### Bureau of Land Management

[CA-050-1220-00-24-1A]

#### Supplemental Shooting Regulations

**AGENCY:** Bureau of Land Management, Interior.

**ACTION:** Notice of proposed supplementary rules.

**SUMMARY:** The following supplemental shooting regulations would apply to developed recreational areas/sites and to undeveloped Bureau of Land Management administered public lands (that are not closed to shooting) within the Ukiah District, California.

(1) No person shall have in their possession an assault weapon(s) as defined under the California "Assault Weapons Control Act of 1989" and listed under the authority of Assembly Bill 357 (CPC 12276.5) and further identified under Senate Bill 263, Chapter 954 STATS 1991.

(2) Unless otherwise posted, no persons shall target shoot with a weapon within 50 feet of the center line of any public road. "Target Shoot" is defined as shooting a weapon for recreational purposes for which game is not being pursued. Under this definition, the shooting of clay pigeons is considered to be a form of target shooting. "Public Road" is defined as any road, dirt or otherwise, on which public vehicular traffic is permitted.