

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Comment Request for Review of ACF Disaster Case Management Implementation Guide; Office of Human Services Emergency Preparedness and Response

AGENCY: Administration for Children and Families, Department of Health and Human Services.

ACTION: Notice

SUMMARY: In accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104–13, May 22, 1995), this notice announces that the Administration for Children and Families (ACF), Office of Human Services Emergency Preparedness and Response (OHSEPR) intends to submit to notice in the **Federal Register** for comments on the ACF Disaster Case Management Implementation Guide, dated December 10, 2008.

Disaster case management is the process of organizing and providing a timely, coordinated approach to assess disaster-related needs as well as existing healthcare, mental health and human services needs that may adversely impact an individual's recovery if not addressed. Disaster case management facilitates the delivery of appropriate resources and services, works with a client to implement a recovery plan and advocates for the client's needs to assist him/her in returning to a pre-disaster status while respecting human dignity. If necessary, disaster case management helps transition the client with pre-existing needs to existing case management providers after disaster-related needs are addressed. This is facilitated through the provision of a single point of contact for disaster assistance applicants who need a wide variety of services that may be provided by many different organizations.

The purpose of disaster case management is to rapidly return individuals and families who have survived a disaster to a state of self-sufficiency. This is accomplished by ensuring that each individual has access to a case manager who will capture information about the individual's situation and then serve as his/her advocate and help him/her organize and access disaster-related resources, human services, healthcare and mental healthcare that will help him/her achieve pre-disaster levels of functioning and equilibrium. The service is particularly critical in

situations where large-scale mortality, injuries, or personal property damage have occurred. Disaster case management is based on the principles of self-determination, self-sufficiency, federalism, flexibility and speed, and support to States.

Comments are particularly invited on: the program guidelines of the ACF Disaster Case Management Pilot Program; and recommendations on program improvements based on valid evidence and methodology.

For a copy of the ACF Disaster Case Management Implementation guide, please contact Kaee Ross at 202–401–9331, or visit <http://www.acf.hhs.gov/ohsepr/dcm/dcm.guide.html>.

DATES: Comments must be received on or before October 8, 2009.

ADDRESSES: Send or deliver comments to—CAPT Roberta P. Lavin, Director, Office of Human Services Emergency Preparedness and Response, Administration for Children and Families, 370 L'Enfant Promenade, SW., 6th Floor West, Washington, DC 20447 or via email to Roberta.Lavin@acf.hhs.gov.

ADDITIONAL INFORMATION: Contacts: CAPT Roberta P. Lavin, Director, Office of Human Services Emergency Preparedness and Response (OHSEPR), at roberta.lavin@acf.hhs.gov or 202–401–9306; Sylvia R. Menifee, Deputy Director (Operations), OHSEPR, at sylvia.menifee@acf.hhs.gov or 202–401–1448; Kaee Ross, Project Officer, OHSEPR, at kaee.ross@acf.hhs.gov or 202–401–9331.

SUPPLEMENTARY INFORMATION: The Administration for Children and Families (ACF), within the Department of Health and Human Services (HHS) is responsible for Federal programs that promote the economic and social well-being of families, children, individuals, and communities. ACF programs aim to achieve the following:

- Families and individuals empowered to increase their own economic independence and productivity;
- Strong, healthy, supportive communities that have a positive impact on the quality of life and the development of children;
- Partnerships with individuals, front-line service providers, communities, American Indian tribes, Native communities, States, and Congress that enable solutions which transcend traditional agency boundaries;
- Services planned, reformed, and integrated to improve needed access; and

- A strong commitment to working with people with developmental disabilities, refugees, and migrants to address their needs, strengths, and abilities.

Dated: September 16, 2009.

David A. Hansell,

Acting Assistant Secretary for Children and Families.

[FR Doc. E9–22946 Filed 9–22–09; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects:

Title: Cross-Site Evaluation of Children's Bureau Child Welfare Implementation Centers and National Resource Centers.

OMB No.: New Collection.

Description: The Cross-Site Evaluation of the Child Welfare Implementation Centers (IC) and National Resource Centers (NRC) is sponsored by the Children's Bureau, Administration for Children and Families of the U.S. Department of Health and Human Services and involves the conduct of a five-year, cross-site evaluation that examines the effectiveness of the ICs' and NRCs' activities and service provision and the relation of their training and technical assistance activities to organizational and systems change in State and Tribal child welfare systems. Additionally, the evaluation will examine the degree to which networking, collaboration, information sharing, adherence to common principles, and common messaging occurs across all members of the Children's Bureau Training and Technical Assistance (T/TA) Network, which is designed to improve child welfare systems and to support States and Tribes in achieving sustainable, systemic change that results in greater safety, permanency, and well-being for children, youth, and families. The Children's Bureau desires to assess the quality and effectiveness of the technical assistance it supports, and several of these programs and projects are required to be evaluated, including those funded under Section 105 of The Child Abuse Prevention and Treatment Act, as amended [42 U.S.C. 5106] and Parts B and E of Title IV of the Social Security Act. Beginning in fiscal year (FY) 2010, the T/TA Network will comprise a group of 30 T/TA providers

funded entirely or partially by the Children's Bureau through grants, contracts, and interagency agreements.

The cross-site evaluation uses a mixed-method, longitudinal approach to examine the ICs (funded in FY 2009) and a new cohort of NRCs (funded in FY 2010). Proposed data collection methods are a longitudinal telephone survey of State child welfare directors (or their designees) and Tribal Child Welfare/Social Service Directors (or their designees), a web-based survey of State

and Tribal T/TA recipients, and aggregation of outputs from a web-based technical assistance tracking system (OneNet) that will be used by the five ICs and 11 NRCs. A web-based survey will be also administered to members of the T/TA Network. Data collected through these instruments will be used by the Children's Bureau to evaluate the effectiveness of technical assistance delivered to State, local, Tribal, and other publicly administered or publicly supported child welfare agencies and

family and juvenile courts and the overall functioning of the T/TA Network.

Respondents: Respondents to two of the survey instruments will be State and Tribal governments. Respondents to the third survey instrument will be private institutions, including universities, not-for-profit organizations, and private companies. Private institutions, including universities and not-for-profit organizations will be respondents to the forms in the OneNet tracking system.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Agency Results Survey	74	1	1	74
Training and Technical Assistance (T/TA) Activity Survey	600	1	0.25	150
Web-Based Network Survey	30	1	0.25	7.50
OneNet Form: Implementation Project (IP) Description	5	5.40	0.50	13.50
OneNet Form: IP Technical Assistance (TA) Activity	5	280.80	0.33	463.32
OneNet Form: Implementation Center (IC) General TA Event	5	4	0.33	6.60
OneNet Form: IP Monthly Report	5	62.40	0.17	53.04
OneNet Form: National Resource Centers (NRC) TA Intake Form	11	45	0.13	64.35
OneNet Form: NRC TA Work Plan	11	45	0.20	99
OneNet Form: NRC TA Close-Out	11	45	0.08	39.60
OneNet Form: NRC TA Activity	11	528	0.20	1,161.60
OneNet Form: NRC General TA Event	11	36	0.25	99

Estimated Total Annual Burden Hours: 2,231.51.

In compliance with the requirements of Section 506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded 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. E-mail address: infocollection@acf.hhs.gov. All requests should be identified by the title of the information collection.

The Department specifically requests comments on: (a) Whether the proposed collection of information is 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) 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. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: September 18, 2009.

Robert Sargis,

Reports Clearance Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, Public Health Service, HHS.

ACTION: Notice.

SUMMARY: The inventions listed below are owned by an agency of the U.S. Government and are available for licensing in the U.S. in accordance with 35 U.S.C. 207 to achieve expeditious commercialization of results of federally-funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing.

ADDRESSES: Licensing information and copies of the U.S. patent applications listed below may be obtained by writing to the indicated licensing contact at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852-3804; *telephone:* 301/496-7057; *fax:* 301/402-0220. A signed Confidential Disclosure Agreement will be required to receive copies of the patent applications.

A Plasmid System for Monitoring Double-Stranded DNA Breaks in the Live Cell

Description of Technology: This technology is useful for studying the role of chromosomal breaks in cancer and for drug and assay development related to treating cancer. The technology is a two-plasmid system for inducing and monitoring individual double-stranded DNA breaks in the nuclei of live cells. The first plasmid, lac-I-SceI-tet, which is stably transfected into cells, has a rare 18 base pair restriction endonuclease site called ISceI. This site is flanked by an array of 256 copies of the lac-repressor binding site and 96 copies of the tetracycline response element. Plasmids expressing tet and lac repressor proteins labeled in a complementary fashion can be cotransfected to visualize these arrays of repressor binding sites. The second