

pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

**Gary J. Johnson,**

*Acting Director, Management Analysis and Services Office Centers for Disease Control and Prevention.*

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**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Comment Request**

*Title:* Federal Strategic Action Plan on Services for Victims of Human

Trafficking: Enhancing the Health Care System's Response to Human Trafficking.

*OMB No.:* New Collection.

*Description:* In 2013, the U.S.

Department of Health and Human Services co-chaired an inter-agency process with the Departments of Justice and Homeland Security to create the first Federal Strategic Action Plan on Services for Victims of Human Trafficking in the United States. The Plan addresses the needs for the implementation of coordinated, effective, culturally appropriate and trauma informed care for victims of human trafficking. The purpose of this initiative is to develop a pilot training project that will strengthen the health systems' response to human trafficking in four key ways:

1. Increase knowledge about human trafficking among health care providers;

2. Build the capacity of health care providers to deliver culturally appropriate and trauma-informed care to victims of human trafficking;

3. Increase the identification of victims of human trafficking; and

4. Increase services to survivors of human trafficking.

The evaluation is an impact evaluation, measuring immediate outcomes, e.g., from pre-intervention to post-intervention, as well as intermediate outcomes at a 3 month post intervention.

*Respondents:* The target audience for training and evaluation will be 300 health care providers from hospitals, clinics, and private health practices. The health care providers will be from federal, state/territorial, and local health departments, the Veterans' Administration, professional associations, and tribal institutions.

**ANNUAL BURDEN ESTIMATES**

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Training .....	300	1	2.0	600.00
Pre-training .....	300	1	.40	120.00
Post-training .....	300	1	.40	120.00
Email Follow-up .....	60	1	.40	120.00
Telephone Follow-up .....	60	1	.40	24.00
Telephone Follow-up .....	60	1	.40	984.00

*Estimated Total Annual Burden Hours:*

*Additional Information:* Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 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. Email 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, Email: [OIRA\\_SUBMISSION@OMB.EOP.GOV](mailto:OIRA_SUBMISSION@OMB.EOP.GOV), Attn:

Desk Officer for the Administration for Children and Families.

**Robert Sargis,**

*Reports Clearance Officer.*

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Proposed Information Collection Activity; Comment Request**

*Title:* Health Profession Opportunity Grants (HPOG) program.

*OMB No.:* 0970-0394.

*Description:* The Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS) is proposing data collection activities as part of the Health Profession Opportunity Grants (HPOG) program. The proposed data collection activities described in this notice will provide data for the Impact Studies of the Health Profession Opportunity Grants (HPOG-Impact) and the National

Implementation Evaluation of the Health Profession Opportunity Grants to Serve TANF Recipients and Other Low-Income Individuals (HPOG-NIE).

The goal of HPOG-Impact is to evaluate the effectiveness of approaches used by 20 of the HPOG grantees to provide TANF recipients and other low-income individuals with opportunities for education, training and advancement within the health care field. HPOG-Impact also is intended to evaluate variation in participant impact that may be attributable to different HPOG program components and models. The impact study design is a classic experiment in which eligible applicants will be randomly assigned to a treatment group that is offered participation in HPOG and a control group that is not permitted to enroll in HPOG. In a subset of sites, eligible applicants will be randomized into two treatment arms (a basic and an enhanced version of the intervention) and a control group.

The goal of HPOG-NIE is to describe and assess the implementation, systems change, and outcomes and other important information about the operations of the 27 HPOG grantees

focused on TANF recipients and other low-income individuals. To achieve these goals, it is necessary to collect information about the composition and intensity of services received, participant characteristics and HPOG experiences, and participant outputs and outcomes.

HPOG-Impact and HPOG-NIE are two projects within the broader portfolio of research that OPRE is utilizing to assess the success of the career pathways programs and models. This strategy includes a multi-pronged research and evaluation approach for the HPOG program to better understand and assess the activities conducted and their results as well as the Innovative Strategies for Improving Self-Sufficiency (ISIS) project. In order to maximize learning across the portfolio, survey development for the HPOG and ISIS baseline and follow up surveys is being coordinated, and the majority of the data elements collected in these surveys are similar.

Three data collection efforts related to HPOG research were approved by OMB,

including approval of a Performance Reporting System (PRS) (approved September 2011), for collection of additional baseline data for the HPOG-Impact study (approved October 2012), and for collection of data for the National Implementation Evaluation (approved August 2013). Additionally, two data collection efforts for ISIS were approved (November 2011 and August 2013), and a new request is being submitted at the same time as this request (under OMB #0970-0397).

This **Federal Register** Notice provides the opportunity to comment on proposed new information collection activities for HPOG-Impact and HPOG-NIE: (1) *The HPOG-Impact second follow-up survey (at 36 months post-random assignment) of both treatment and control group members.* The purpose of the HPOG-Impact 36 month follow-up survey is to follow-up with study participants to document their education and training experiences, employment experiences, and parenting practices and child outcomes for participants with children. (2) *A HPOG-*

*NIE screening questionnaire and semi-structured discussion guide for use in interviews with grantees about their use of performance measurement information.*

Data collection activities to submit in a future information collection request include: A third follow-up survey for HPOG-Impact study participants approximately 60 months after study enrollment.

Previously approved collection activities under 0970-0394 will continue this new request, including additional data collection using the following previously approved instruments: The Performance Reporting System (PRS); the HPOG-Impact 15-month follow-up survey of treatment and control group members; and the HPOG-NIE 15-month Participant Follow-Up survey.

*Respondents:* Individuals enrolled in HPOG interventions and control group members; HPOG program managers and staff.

**Annual Burden Estimates**

**ESTIMATED TOTAL ANNUAL BURDEN HOURS**

[This information collection request is for a three-year period]

Instrument	Total number of respondents	Annual number of respondents	Number of responses per respondent	Average burden hours per response	Annual burden hours
<b>Previously Approved Instruments</b>					
PRS .....	32	11	4	31.2	1,373
HPOG-Impact 15-month Participant Follow-Up survey .....	5,600	1,867	1	0.7	1,307
HPOG-Impact 15-month Control Group Member Follow-Up survey .....	2,800	933	1	0.6	560
HPOG-NIE 15-month Participant Follow-Up survey .....	600	200	1	0.7	140
<b>Current Request for Approval</b>					
HPOG-Impact 36-month Participant Follow-Up survey .....	5,600	1,867	1	1	1,867
HPOG-Impact 36-month Control Group Member Follow-Up survey .....	2,800	933	1	1	933
HPOG-NIE Performance Measurement Screening Questionnaire .....	49	16	1	.2	3
HPOG-NIE Performance Measurement Semi-Structured Discussion Guide .....	20	7	1	1	7

Estimated Annual Response Burden Hours: 6190.

In compliance with the requirements of Section 3506(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 can be forwarded by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 370 L'Enfant

Promenade SW., Washington, DC 20447, Attn: OPRE Reports Clearance Officer. Email address: [OPREinfocollection@acf.hhs.gov](mailto:OPREinfocollection@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.

**Karl Koerper,**

*Reports Clearance Officer.*

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