

- Parent training (for LOC eating in children and adolescents)
- Behavioral weight loss interventions
- Virtual reality therapy
- Nutritional counseling or low-calorie diet (or both)
- Exercise
- Health education
- Complementary and alternative medicine (CAM) interventions
- Nutraceuticals and dietary supplements
- Acupuncture
- Combinations of pharmacotherapies; combinations of psychological interventions; combinations of CAM interventions; combinations of pharmacotherapy, psychological, behavioral, and/or CAM interventions
- Characteristics of interventions
- Pharmacotherapy and CAM: Dosages, duration of treatment
- Psychological or behavioral: Format (e.g., individual or group, therapist-led or self-help), frequency, duration of treatment

Comparators

Applies only to KQs on effectiveness and harms of BED treatment in adults (KQs 1, 2, and 3), LOC treatment in bariatric patients (KQs 6, 7, and 8), and LOC treatment in children (KQs 11, 12, and 13).

- Placebo or usual care
- Any active intervention or combination of active interventions from among those listed above

Outcomes

- Intermediate outcomes
- Change in weight or body mass index (BMI) (or both)
- Appetite-regulating peptide hormones
- Blood lipids (cholesterol, triglycerides)
- Blood glucose, hemoglobin Alc
- Blood pressure
- Final health outcomes
- Behavioral
- Binge eating: Frequency of binge episodes, frequency of binge days, binge abstinence
- LOC eating: Frequency of LOC eating episodes, LOC eating abstinence
- Psychological
- Shape and weight concerns, restraint, hunger, disinhibition
- Depressive disorders and symptoms
- Anxiety
- Substance abuse
- Physical health and functioning
- BMI, weight status or stabilization
- Hypertension
- Type 2 diabetes, impaired glucose tolerance, insulin resistance
- Dyslipidemia
- Heart disease
- Gastric reflux (gastroesophageal reflux disorder), gastroparesis, other gastrointestinal diagnoses or problems

- Irritable bowel syndrome
- Menstrual problems (female), hormonal problems (male or female)
- Reproductive function
- Social and occupational functioning
- Work or school days lost
- Marital or partner status
- Quality of life: Health-related quality of life or patient-reported outcomes not otherwise listed above
- Harms: Applies only to harms of treatment (KQs 2, 7, and 12)
- Pharmacotherapy and CAM: Sedation, dry mouth, headache, nausea, insomnia, diarrhea, fatigue, increased urinary frequency, sexual dysfunction, abnormal dreams, sweating, palpitations, arrhythmia, cramping, diffuse pain, weight gain
- Psychological or behavioral therapy: Negative effects of disclosing symptoms during initial evaluation or therapy
- Worsening of BED or LOC eating (or associated symptoms)
- Health care use and costs
- Use of health care services: Emergency room visits, hospitalizations (psychiatric hospitals, residential institutions, general hospitals), ambulatory physician visits (medical care, psychiatric care), ambulatory visits to other health care professionals (e.g., clinical psychologists), nutritional counseling
- Costs of services: Emergency room visits, hospitalizations (psychiatric hospitals, residential institutions, general hospitals), ambulatory physician visits (medical care, psychiatric care), ambulatory visits to other health care professionals, pharmacotherapies, and treatment costs for any harms

Timing

- Treatment studies: No minimum duration
- Course of illness studies: 1-year minimum followup

Settings

- Inpatient, including hospitals and residential treatment centers
- Outpatient, including schools and homes

The relationship between the patient population, interventions, comparators, outcomes and timing of outcomes assessment (PICOTs) is depicted for each of the treatment KQs (Figure 1 in <http://effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=1942#9028>) and each of the course of illness KQs (Figure 2 in [\[guides-reviews-and-reports/?pageaction=displayproduct&productID=1942#9028\]\(http://effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productID=1942#9028\)\).](http://effectivehealthcare.ahrq.gov/search-for-</p>
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Dated: October 6, 2014.

Richard Kronick,
AHRQ Director.

[FR Doc. 2014-24507 Filed 10-15-14; 8:45 am]

BILLING CODE 4160-90-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[CFDA Number: 93.508]

Announcing the Award of Four Single-Source Expansion Supplement Grants Under the Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program for the Tribal Early Learning Initiative

AGENCY: Office of Child Care, ACF, HHS.

ACTION: Notice of the award of four single-source program expansion supplement grants to Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grantee participants in the Tribal Early Learning Initiative.

SUMMARY: This announces the award of single-source program expansion supplement grants to the following Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grantees to support their ongoing participation in the Tribal Early Learning Initiative, by the Office of Child Care, in the Administration for Children and Families (ACF): Choctaw Nation of Oklahoma in Durant, OK, Pueblo of San Felipe in San Felipe Pueblo, NM, Confederated Salish and Kootenai Tribes in Pablo, MT, and White Earth Band of Chippewa Indians in White Earth, MN.

The program expansion supplement awards will support expanded efforts by the grantees to identify and analyze systems to improve their effectiveness and efficiency as models for use across early childhood programs; to share their action plans to improve outcomes; to continue the implementation of, and expand the development of, concrete community plans; and to develop peer learning relationships.

DATES: The period of support is September 30, 2014–September 29, 2015.

FOR FURTHER INFORMATION CONTACT: Shannon Rudisill, Director, Office of Child Care, 901 D Street SW., Washington, DC 20447. Telephone:

(202) 401-6984; Email: shannon.rudisill@acf.hhs.gov.

SUPPLEMENTARY INFORMATION: One of the stated goals of the Tribal MIECHV program is to support and strengthen cooperation and coordination, and promote linkages among various programs that serve pregnant women, expectant fathers, young children, and families, resulting in the establishment of coordinated and comprehensive early childhood systems in grantee communities. The Tribal MIECHV program expansion supplements for the Tribal Early Learning Initiative will allow for more integrated and efficient activities among the four grantees who currently receive grants from the 3 early learning programs administered by ACF (American Indian/Alaska Native Head Start/Early Head Start, Tribal Child Care and Development Fund, and Tribal MIECHV).

The continued activities of the four grantees are expected to result in models for tribal early learning systems that can be replicated in other tribal communities. In addition, the supplements will expand the reach and impact of technical assistance efforts by supporting and strengthening existing coordination and collaboration activities and expanding the scope of additional such activities in tribal communities.

A supplemental award of \$45,000 is made to White Earth Band of Chippewa Indians in White Earth, MN, to support the building of an early childhood system and their focused efforts in implementing a cross-tribe care coordination data system, known as WE-CARE (White Earth Coordinated Assessment, Resources, and Education).

A supplemental award of \$35,000 is made to Choctaw Nation of Oklahoma in Durant, OK, to support the building of connections across tribal early childhood programs, including the development of a tribal resource directory for families, and the very large service area they are attempting to reach.

Supplemental awards of \$25,000 each are made to the Confederated Salish and Kootenai Tribes in Pablo, MT, and to Pueblo of San Felipe in San Felipe, NM, to support their continuing efforts to build early childhood systems. These efforts have included joint professional development activities, community events to highlight the importance of early childhood and the available programming, and strong relationship-building across Head Start, child care, and home visiting programs.

Statutory Authority: Awards are supported by section 511(h)(2)(A) of Title V of the Social Security Act, as added by Section

2951 of the Patient Protection and Affordable Care Act, Pub. L. 111-148, also known as the Affordable Care Act (ACA).

Melody Wayland,

Senior Grants Policy Specialist, Office of Administration, Office of Financial Services, Division of Grants Policy.

[FR Doc. 2014-24554 Filed 10-15-14; 8:45 am]

BILLING CODE 4184-43-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[CFDA Number: 93.676]

Announcement of the Award of Two Single-Source Program Expansion Supplement Grants To Support Legal Services to Refugees Under the Unaccompanied Alien Children's Program

AGENCY: Office of Refugee Resettlement, ACF, HHS.

ACTION: The Administration for Children and Families (ACF), Office of Refugee Resettlement (ORR), announces the award of two single-source program expansion supplement grants to the United States Conference of Catholic Bishops in Washington, DC, and to the U.S. Committee for Refugees and Immigrants in Arlington, VA, under the Unaccompanied Alien Children's (UAC) Program to support post-release legal services.

SUMMARY: The Administration for Children and Families (ACF), Office of Refugee Resettlement (ORR) announces the award of two single-source program expansion supplement grants totaling of \$4,261,268. The expansion supplement grants will support the need for legal services by unaccompanied alien children released from the custody of ORR.

FOR FURTHER INFORMATION CONTACT: Jallyn Sualog, Director, Division of Children's Services, Office of Refugee Resettlement, 901 D Street SW., Washington, DC 20447, Telephone (202) 401-4997. Email: jallyn.sualog@acf.hhs.gov

SUPPLEMENTARY INFORMATION: The Unaccompanied Alien Children's program ensures the appropriate placement of all Department of Homeland Security (DHS) UAC referrals within specified timeframes and requires that a range of custodial/residential shelter care and services are provided to the minor detainees and, in certain cases, continued services are authorized after a child is released from

ORR residential shelter care. The supplemental awards will support and expand direct legal representation services for unaccompanied minor children after their release from ORR custody.

As part of this administration-wide effort, HHS is proposing a \$9 million direct legal representation project that will provide representation to 2,600 unaccompanied children throughout their immigration proceedings. In order to implement this Departmental priority, ORR is awarding supplemental funds totaling \$4,261,268 in FY 2014 to provide direct representation to 1,222 children and plans to provide the remaining funds for this project in FY 2015. The initial program will address legal services to post-release alien minor children in Los Angeles, CA; Houston, TX; Miami, FL; Baltimore, MD; Arlington, VA; Dallas, TX; Memphis, TN; New Orleans, LA; and Phoenix, AZ. Recognizing that this will cover only a portion of children released to sponsors in these cities, HHS is committed to continuing to work with DHS and the Department of Justice (DOJ) to determine how best to prioritize the use of these 2,600 slots in the provision of legal services to this vulnerable population.

Under the FY 2014 supplemental awards, the United States Conference of Catholic Bishops in Washington, DC, will receive a supplemental award of \$2,226,513 and to the U.S. Committee for Refugees and Immigrants in Arlington, VA, will receive a supplemental award of \$2,034,755.

DATES: Supplemental award funds will support activities from September 30, 2014 through September 29, 2015.

Statutory Authority: This program is authorized by—

(A) Section 462 of the Homeland Security Act of 2002, which in March 2003, transferred responsibility for the care and custody of Unaccompanied Alien Children from the Commissioner of the former Immigration and Naturalization Service (INS) to the Director of ORR of the Department of Health and Human Services (HHS).

(B) The Flores Settlement Agreement, Case No. CV85-4544RJK (C. D. Cal. 1996), as well as the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008 (Pub. L. 110-457), which authorizes post release services under certain conditions to eligible children. All programs must comply with the Flores Settlement Agreement, Case No. CV85-4544-RJK (C.D. Cal. 1996), pertinent