and consistent with the intended use of the funds. Extent to which the budget includes itemizations, justifications, scope, and deliverables for consultants or contractors.

H. Other Requirements

Technical Reporting Requirements

An original and two copies of semi-annual progress reports are required. Timelines for the semi-annual reports will be established at the time of award. Final financial status and performance reports are required no later than 90 days after the end of the project period. All reports are submitted to the Grants Management Branch, CDC.

At the completion of 2 years of funding, recipients will be expected to share prevention packages with representatives of the original agencies that conducted the interventions on which the products are based, if different from those of the recipient.

The following additional requirements are applicable to this program. For a complete description of each, see Attachments.

AR98–1 Human Subjects Requirements
AR98–2 Requirements for Inclusion of Women, Racial and Ethnic Minorities in Research
AR98–4 HIV/AIDS Confidentiality Provisions
AR98–5 HIV Program Review Panel Requirements
AR98–7 Executive Order 12373 Review
AR98–8 Public Health System Reporting Requirements
AR98–9 Paperwork Reduction Act Requirements
AR98–10 Smoke-Free Workplace Requirements
AR98–11 Healthy People 2000
AR98–12 Lobbying Restrictions

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under sections 301 and 317(k), of the Public Health Service Act [42 U.S.C. 241 and 247b], as amended. The Catalog of Federal Domestic Assistance number is 93.941.

J. Where to Obtain Additional Information

To receive additional written information, call (888) 472-6874. You will be asked to leave your name, address, and telephone number. Please refer to Program Announcement 98098 when you request information. For a complete program description, information on application procedures, an application package, and business management technical assistance, contact: Maggie Slay Warren, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office Announcement 98098, Centers for Disease Control and Prevention (CDC), Room 300, 255 East Paces Ferry Road, NE., M/S E–15, Atlanta, GA 30305–2209 telephone (404) 842–6797. Email address http://www.MCS9@CDC.gov

See also the CDC home page on the Internet: *http://www.cdc.gov*

For program technical assistance, contact: Robert Kohmescher, Division of HIV/AIDS Prevention, National Center for HIV/STD/TB Prevention, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, NE., Mailstop E–44, Atlanta, GA 30333 telephone (404) 639–8302 email: www.rnk1@cdc.gov

Please refer to Announcement number 98098 when requesting information and submitting an application.

Dated: July 6, 1998.

John L. Williams,

Director, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 98–18389 Filed 7–9–98; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Notice of Program Announcement No. ACF/ACY/CB–98–05]

New Child Welfare Demonstration Project Proposals Submitted by States for Waivers Pursuant to Section 1130 of the Social Security Act (the Act); Titles IV–E and IV–B of the Act; Public Law 103–432

AGENCY: Administration for Children and Families, HHS.

ACTION: Notice.

SUMMARY: This notice lists new proposals for child welfare waiver demonstration projects submitted to the Department of Health and Human Services pursuant to the guidance contained in Information Memorandum ACYF–CB–IM–98–01 dated February 13, 1998, public notice of which was given in the **Federal Register** of March 4, 1998, Vol. 63, No. 42, page 10637.

COMMENTS: We will accept written comments on these proposals, but will not provide written responses to comments. We will neither approve nor disapprove any new proposal for at least 30 days after the date of this notice to allow time to receive and consider comments. Direct comments as indicated below.

ADDRESSES: For specific information or questions on the content of a project or requests for copies of a proposal, contact the State contact person listed for that project.

Comments on a proposal should be addressed to: Michael W. Ambrose, Administration on Children, Youth and Families, Children's Bureau, 330 C Street, SW, Mary E. Switzer Building, Room 2058, Washington, D.C., 20201. FAX: (202) 260–9345.

SUPPLEMENTARY INFORMATION:

I. Background

Under Section 1130 of the Social Security Act (the Act), the Secretary of Health and Human Services (HHS) may approve child welfare waiver demonstration project proposals with a broad range of policy objectives.

In exercising her discretionary authority, the Secretary has developed a number of policies and procedures for reviewing proposals. The most recent expression of these policies and procedures may be found in the February 13, 1998 Information Memorandum cited above, a copy of which may be found at the ACF website at http://www.acf.dhhs.gov/program/cb/demonstrations or may be obtained from the National Clearinghouse on Child Abuse and Neglect Information, (800) 394–3366, internet address <nccanch@calib.com>. We are committed to a thorough and expeditious review of state proposals to conduct child welfare demonstrations.

II. Listing of New Proposals

As part of our procedures, we are publishing a notice in the **Federal Register** of all new proposals. This notice contains summaries of 17 proposals received by April 30, 1998. Each of the proposals contains an assurance that the proposed demonstration effort will be cost neutral to the federal government over the life of the proposed effort; and each proposal contains an evaluation component designed to assess the effectiveness of the project.

State: Arkansas

Description: The State of Arkansas proposes to use title IV–E funds to enhance mental health services available for children in foster care and children at risk of being placed in foster care, and thereby reduce barriers to permanency for those children. The State intends, in October, 1998, to implement a system for mental health managed care for all title XIX eligible children, and all children in DCFS foster care. Under this demonstration, the State would use title IV–E funds to

provide supplemental payment to the managed care capitated rate to (1) allow for previously unallowable services to title IV–E eligible children (Managed Care component); (2) provide specialized, collaborative case management services to a group of randomly selected foster children (some of whom may not be IV–E eligible) and children who are at risk for being placed in foster care because of their service needs, to identify and address barriers to permanency (FOCUS component); and (3) provide training to child welfare staff as well as others in the community to enhance participation in the project from agencies and persons outside DCFS.

Arkansas proposes to conduct a process evaluation as well as an evaluation to produce outcome data, and a cost/benefit analysis. The evaluation design for the collaborative case management services portion of the project is proposed as a design based on random assignment of children or families to treatment or control conditions.

The State requests waivers of title IV–E to allow the State to conduct a portion of the Demonstration on less than a Statewide basis, to allow the State to expend title IV–E funds for children and families who are not normally eligible, to allow the State to make payments for services that are not normally covered under Part E of title IV of the Act, and to allow the State to expend title IV–E funds for training of persons who are not normally eligible. The State also has requested a title XIX waiver under the authority of section 1915(b) of the Social Security Act to establish a mental health managed care system to reduce costs, prevent unnecessary and inappropriate utilization, and ensure access to quality mental health care for Medicaid recipients.

Contact Person: Lee Frazier, Director, Arkansas Department of Human Services, 329 Donaghey Plaza South, P.O. Box 1437, Little Rock, Arkansas 72203–1437, Phone: (501) 682–8650, Fax: (501) 682–6836.

State: Connecticut

Description: Connecticut's proposal has two distinct program components. The first proposes to use title IV–E funds to implement a subsidized guardianship program and to change case work practice to provide increased emphasis and support for guardianship as a viable permanency option for cases where reunification or adoption of children living with relative care givers is neither appropriate nor feasible. The second component proposes to conduct pilot demonstrations of a service delivery model in which a single lead agency would organize, manage and provide an array of services to address the specific needs of children who require placement in residential or group homes.

The goal of the proposed guardianship program is to provide another means of attaining permanency for children who would otherwise remain in foster care. The program would be implemented state-wide and would focus on children residing with relative caregivers. It would provide: (1) A monthly subsidy on behalf of the child payable to the guardian equal to the prevailing appropriate foster care rate; (2) a medical subsidy comparable to the medical subsidy for subsidized adoption (if the child has no private health insurance); and (3) a lump sum payment for one-time expenses resulting from the assumption of care for the child (when other resources are unavailable). Waivers would be required to allow for Federal IV–E reimbursement for payments to relative caregivers when a child leaves legal custody of the State agency, and for program administration and services that are not currently allowable under IV–E.

The proposed ''single contact/continuum of care'' program's goal is to test the effectiveness of the service delivery model in which the State's Child and Family agency (DCF) would contract with a single Lead Service Agency that would manage subcontracts and create an expanded network of regular and specialized services for children and youth with behavioral problems who are referred to residential or group homes.

The State hypothesizes that this demonstration project would decrease the length of stay in restrictive settings; increase treatment options for children and families; improve permanency outcomes for children and provide long-term stability in the community; and establish a more flexible, incentive-oriented fiscal environment for service providers. One or two pilot programs would be established to serve 30 children per pilot over a five year project period. The program would be targeted to DCF children aged 7 to 15. A 15 month service period, which includes a minimum of 3 months of aftercare, is projected for each child. Waivers are requested to allow the administrative and services costs to be IV–E reimbursable.

Contact Person: Robert Dakers, Department of Children and Families, 505 Hudson Street, Hartford, CT 06106–7107, Phone: (860) 550–6542, Fax: (860) 566–7947.

State: District of Columbia

Description: The District of Columbia proposes to test the ability of a partnership between the Child and Family Services Agency (CFSA) and neighborhood-based community collaboratives to improve service delivery for children in kinship placements. Teams of CFSA social workers matched with trained collaborative community workers would provide family preservation services to the kinship triad: the kinship caregiver, the parent and the child. CFSA hypothesizes that this public-private partnership would increase the number of children who achieve permanency, speed the permanency process, increase stability in kinship care families, increase outreach and education that promotes child safety and reduce the incidence of further abuse or neglect for children and families receiving these services, and reduce time in out-of-home placements and the number of new foster care placements.

To test its hypotheses, CFSA has requested waivers to permit title VI–E funds to be expended for services and individuals that are not eligible under existing law. The requested waiver would allow the District to be reimbursed for foster care services provided to children who are not IV–E eligible, including those who are living with kinship caregivers, and to allow adoption subsidy payments for children who are not IV–E eligible.

The District's proposed evaluation design would randomly assign eligible kinship triads to experimental and control groups. The experimental group would receive the team approach and the control group would receive traditional services from a social worker. The evaluation would measure: Changes in Child Safety through the number of new allegations, allegations after a case is closed, disruptions in placement, entries or re-entries into non-kinship foster care; Child Well-Being through the Child and Adolescent Functional Assessment Scale; and Child Permanency as indicated by adoption, legal custody or re-unification.

Contact Person: Ernestine Jones, General Receiver, Office of the General Receiver, Child and Family Services Agency, 900 Second Street, N.E., Suite 221, Washington, DC 20002, Phone: (202) 842–0888, Fax: (202) 842–2335.

State: Florida

Description: Florida proposes to demonstrate whether children and families can achieve better outcomes through: privatization, managed care, and Medicaid therapeutic service

integration. In response to a 1996 legislative mandate to private child welfare services, the Florida Department of Children and Families allowed community-based providers to operate five pilot projects. Waivers under a demonstration project would enable these providers to use State funds and federal title IV–E funds to purchase therapeutic services for children who do not meet Medicaid ''medical necessity'' restrictions for therapeutic services. In addition, at least one demonstration site would receive a capitation payment linked to the number of children living in poverty. Each site would then utilize this funding flexibility to reconfigure services. The state hypothesizes that this would expedite all aspects of permanency, improve family capacity to care for children, increase family involvement and the range of supports available to families, and increase youths' preparation for independence.

Florida proposes to compare the performance of selected comparison counties to the performance of the demonstration counties. The State's evaluation design would include outcome evaluation, process evaluation, cost analysis and cost benefit analysis. Outcome measures include safety and protection, permanency goals, stability and functioning and customer satisfaction. Process measures would examine policies, procedures, client flow, staffing expertise and levels, service types, duration, mix, timing and accessibility, assessment processes, and court, community and media relationships. A cost analysis would study all costs associated with the project and comparison counties. The cost-benefit analysis merges cost data with outcome data to determine the overall value of the outcomes.

Contact Person: Margaret Taylor, Florida Department of Children and Families, 1317 Winewood Boulevard, Tallahassee, Florida 32399–0700, Phone: (850) 922–0149, Email: Taylor __Margaret@dcf.state.fl.us.

State: Iowa

Description: Iowa proposes to fund community-based services to improve outcomes for children and families in the child welfare system using title IV-E funds. The State plans to build on the existing Decategorization Project areas and Innovation Zones to increase the capacity of local organizations to care for children and families and build service strategies for children and families in the child welfare system. The State believes this demonstration would efficiently reduce the amount of time children spend in out-of-home care and move children into permanent placements more quickly.

The State proposes to implement this demonstration in several counties or clusters and use a comparison group of counties to evaluate both the impact and the cost of using title IV-E funds flexibly. Under the State's plan, counties would present proposals for participating in the IV-E demonstration that focus on: (1) Diverting children from out-of-home care, including foster care, group care, residential care, and mental health or juvenile justice institutions; (2) providing for permanency for children quickly and effectively; and/or (3) reducing re-entry into out-of-home care. For each county's or cluster's proposal, the State is proposing that the eligibility determination for title IV-E be eliminated under the demonstration. To assess the demonstration project, the State proposes to compare demonstration counties or clusters to children in comparison counties or clusters. The evaluation would produce process, outcome, and cost/benefit information.

The State is requesting waivers of certain provisions of title IV-E which would allow Iowa to: (1) Use title IV-E funds to pay for additional services for children and families; and (2) spend title IV-E funds on children and families who would not normally be eligible for title IV-E.

Contact Person: Mary Nelson, Division Administrator for Adult, Children and Family Services, Iowa Department of Human Services, Hoover State Office Building, Des Moines, IA 50319–0114, Phone: (515) 281–5521, Fax: (515) 281–4597.

State: Kansas

Description: Kansas proposes to fund a demonstration project intended to ''support and enhance'' the new performance-based administration of the Kansas Child Welfare System. The Kansas Department of Social and Rehabilitation Services (SRS) intends to conduct a multi-faceted project consisting of a subsidized guardianship program, integrated child welfare training, enhanced drug/alcohol services, and subsidized family reintegration upon return home (aftercare). In addition, the initiative would compare the new case rate, performance-based payment system (already in place statewide) with the traditional fee-for-service payment system in order to determine which payment method produces better outcomes.

The State hypothesizes that: (1) The subsidized guardianship project would facilitate the permanency of children when adoption and reunification with their family is not feasible; (2) an integrated child welfare training project for private and public social service professionals aimed at supporting an integrated social service model with a ''single worker per family'' concept would provide social service staff with the tools needed to meet the needs of families, including preventing out-of-home placement; (3) a strengthened approach to drug and alcohol dependency assessment and treatment planning directed to IV-E eligible children and families would decrease the number of disruptions to placement and decrease the length of stay in out-of-home placement; and (4) a project making resources and services such as respite care, family support services, parenting education, family, individual, and group therapy, available to families upon reintegration of a child would prevent further disruption.

The proposed evaluation design would compare the fee-for-service delivery system to the case rate performance based delivery system. Since the SRS has already shifted all of the adoption and foster care delivery systems into the latter, it would be necessary to randomly select children to be placed ''outside the case rate.'' The random selection process would be applied to selected area offices which collectively represent 40% of the children served, and three of the five foster care regions. The State would measure outcomes such as amount of time for children to be placed with adoptive families, percentage of finalized adoptions within 12 months, disrupted placements, number of siblings placed together, number of placement changes, new substantiated claims of abuse or neglect, percentage of children placed within Regional boundaries, percentage of children returned to family or achieving permanence, re-entry into foster care, percentage of children achieving permanency and family satisfaction with services.

The proposed project would be cost neutral and would run for five years.

Contact Person: Teresa Markowitz, Commissioner, Kansas Department of Social and Rehabilitation Services, 915 SW Harrison Street, Topeka, Kansas 66612, Phone: (785) 368–6448, Fax: (785) 368–8159, Email: tamasrcfs.wpo.state.ks.us.

State: Maine

Description: Maine proposes a two-phase demonstration project. The first phase would involve the design and implementation of an adoption training

curriculum for mental health professionals and other service providers who would become expert in working with families in need of post-adoption services. The second aspect of the demonstration would phase in the purchase and delivery of post-adoption support services for families who adopt special needs children. The overall goals of the project are to increase the number of special needs children who are adopted and to decrease the number of disrupted adoptions. It is the State's hypothesis that increasing the array of supportive services available to families who elect adoption would promote family stability and reduce disruptions, as well as encourage other community members to consider adopting children with special needs. The State has proposed a five-year demonstration period.

The demonstration would be conducted in four test sites, two urban and two rural, from among the Department of Human Services district offices. At present, Maine has about 535 IV–E eligible children free for adoption.

The evaluation design calls for establishing a control and experimental group in each pair of selected sites, i.e., one urban control, one urban experimental, one rural control and one rural experimental. The State expects that a total of 200 children and families (100 control and 100 experimental) would participate in the study over the life of the demonstration. The experimental group would receive the expanded post-adoption services, while the control group would receive the current service mix.

Outcome measures would include the number of special needs adoptions, the incidence of disrupted adoptions, the average length of stay in foster care and the stability of the adoptive families.

Waivers are requested to enable the State to use title IV–E funds to provide services which are not normally allowed under title IV–E Adoption Assistance or title IV–E Foster Care.

Contact Person: Dawn Stiles, Department of Human Services, State House Station #11, Augusta, Maine 04333, Phone: (207) 287–5060, Fax: (207) 287–5282, TDD: (207) 287–4479.

State: Mississippi

Description: Mississippi proposes to expand the use of title IV–E funds to non-IV–E eligible children and families and to use title IV–E funds for any items or activities that would eliminate or reduce harm to children and families. The demonstration proposes to implement a Child-Focused Family Centered Practice Methodology, which emphasizes the safety and best interests of children through the elimination of harm-causing factors. The proposed project involves using title IV–E funds to provide services for children and families whether children are in State custody or not, including children in residential care. This project would involve the identification of services, the development of a service delivery system, the development of a business plan, the building of multi-disciplinary case management teams, and ongoing evaluation and program modification. It is the State's hypothesis for the demonstration that the expenditure of funds to benefit any child, regardless of IV–E eligibility, to reduce or eliminate factors that cause harm to that child, would demonstrate a reduction in harm to children. The demonstration would result in safer children due to the reduction of harm to children who are a part of the demonstration. The State has proposed a five year demonstration period. The demonstration would be conducted in eight selected counties, which are located in two Division of Family and Children's Services' (DFCS) regions.

The State proposes an evaluation design in which eligible children and families would be randomly assigned to experimental and control groups. The experimental group would receive a combination of existing or modified services along with newly created services. The control group would be served by the existing services only. The evaluation would compare results from the experimental group and control group. Outcome measures include: decrease in the proportion of children who experience subsequent abuse or neglect; increase in the proportion of children who remain permanently with their parental family; among those children placed outside of their parental home, increase in the proportion who are in placements in the community of their parental family and who are placed with relatives; decrease in the proportion of children placed in foster care; decrease in the average number of placements for children in foster care; decrease in the amount of time spent in foster care; an increase among children awaiting adoption in the proportion of children adopted and the speed of the process; where two or more siblings are placed outside of their parental home, increase in the proportion of sibling groups where siblings are placed in the same setting; and increase in the well-being of children.

Waivers are requested to allow the State to use title IV–E funds for children and families who are not normally eligible under title IV–E and to use title IV–E funds, including funds which would be reimbursed as costs of administration, for the provision of services.

Contact Person: Henry Goodman, Department of Human Services, 750 North State Street, Jackson, Mississippi 39202, Phone: (601) 873–6144, Fax: (601) 359–4477.

State: Montana

Description: Montana's Department of Public Health and Human Services (DPHHS) is requesting approval of a Child Welfare Demonstration Project, which would allow title IV–E funds to be used for a subsidized guardianship program. The demonstration would authorize a subsidized guardianship program for eligible children; provide a monthly guardianship subsidy, Medicaid and non-recurring costs associated with establishing legal guardianship, and provide federal financial participation in the costs of administration and training associated with the guardianship program.

Montana postulates that guardianship provides the child and family a legally recognized relationship, increases the sense of family by granting the caretakers in the family the right and responsibility to make important decisions regarding a child in their home, provides a more stable placement than does long term foster care and is less costly, due in part to a reduction in the administrative costs associated with foster care. The demonstration project would be statewide, for five years, and would include children on the state's seven reservations. The project would serve children 12 years old or older and would mirror the adoption assistance program as much as possible. The project is expected to be cost neutral. Comparison of the costs associated with the demonstration group and the control group will be used to determine the fiscal effect of the demonstration.

The Montana DPHHS is also considering joining a consortium of states in Region VIII, which would seek to demonstrate the impact of allowing IV–E funds to be provided as a direct pass through of federal funds to one or more tribes in Montana and in each of the other consortium States.

The State requests waivers to allow title IV–E funds to be used for children who are not IV–E eligible and for services which are not ordinarily reimbursable under title IV–E. The DPHHS intends to use random assignment of children to either a service or a control group, and will use an independent contractor to conduct the required evaluation.

Contact Person: Hank Hudson, Administrator, Child and Family

Services Division, Department of Public Health and Human Services, State of Montana, P.O. Box 8005, Helena, Montana 59604–8005, Phone: (406) 444–5900, Fax: (406) 444–2547.

State: Nebraska

Description: The Nebraska Health and Human Services System proposes to test local approaches to child welfare system change through a demonstration project. It is the State's hypothesis that the combination of flexible use of title IV–E funds and local integrated networks would: (1) Promote positive social and health outcomes and prevent negative outcomes for children and families; (2) improve the well-being of children who are at risk of, or actually require out-of-home placement; and (3) improve the family functioning and participation of child welfare involved families. The project would involve entities across the State, including three which have existing relationships with the State system, by forming local integrated networks to facilitate a better use of resources. The State would provide technical assistance, support and expectations for systems management. The effort is part of an ongoing Network Development Strategy that is being implemented Statewide.

The state estimates that a total of 3,240 children would be served through the demonstration project. Each site would utilize the flexible funds differently, so the outcome measures for each would be different. Sites are expected to use the waiver authority for purposes which include: promoting the wraparound process for each child and adolescent at high risk of out-of-home placement; focusing on community-based prevention, intensive community-based services, community re-integration of out-of-area high-needs children, and child and community safety and community ownership by developing a Managed Care Child Welfare system in the third year of the project; sustaining and enhancing the local service network, increasing parental, family and civic involvement, co-locating staff and integrated services, expanding choice and opportunities, and increasing communication and networking.

Nebraska is requesting waivers of title IV–E to permit reimbursement for expenditures made on behalf of children who are not IV–E eligible, and for purposes that do not ordinarily qualify for reimbursement under IV–E.

The State proposes to compare the demonstration sites with geographical areas that do not have flexible use of funds. The State would examine child safety, permanence, child and family well-being and community safety and responsibility outcomes.

Contact Person: John Mader, Program Specialist, Protection and Safety Division, Nebraska Health and Human Services System, 2345 North 60th Street, Lincoln, NE 68507, Phone: (402) 471–9364, Fax: (402) 471–9034, Email:john.mader@hhss.state.ne.us.

State: New Hampshire

Description: New Hampshire proposes to use title IV–E funds to hire a substance abuse specialist with expertise regarding child protective services who would conduct substance abuse assessments of parents where alcohol or other drug abuse is believed to be a factor contributing to the child's abuse or neglect. For those families in need of ongoing services, this staff person would also assist them in accessing intensive, community based substance abuse treatment services. It is the State's hypothesis that the provision of these immediate, targeted and intensive services would enable families better to provide a safe, nurturing environment for their children, resulting in the prevention of placement or a reduction in the length of time children remain in out-of-home care. The State has proposed a five year demonstration period.

The demonstration would be conducted in two District Offices of the State's child welfare agency: those located in Manchester and Nashua. December 1997 statistics showed 245 children in foster care in these districts who were IV–E eligible. Of these, 56% had caretakers in which substance abuse was a factor in their maltreatment.

The State proposes an evaluation design in which eligible families would be randomly assigned to experimental and control groups. The experimental group would receive the services of the substance abuse specialist while the control group would receive the current services mix. Outcomes for each group would be tracked. The State would examine outcomes including placement prevention, more timely reunification, more timely alternate permanency planning for children unable to return home, and cost savings as a result of improved permanency planning. The State expects approximately 120 children in the experimental condition and 120 in the control condition.

Waivers are requested in order to (a) serve children not otherwise eligible for IV–E (children at risk of but not in foster care); and (b) provide services not normally covered by IV–E (substance abuse assessment, referral and case management services).

Contact Person: Nancy Rollins, Division for Children, Youth and Families, New Hampshire Department of Health and Human Services, 6 Hazen Drive, Concord, NH 03301–6522, Phone: (603) 271–4451, Fax: (603) 271–4729, Email: nrollins@dhhs.state.us.

State: New Jersey

Description: New Jersey seeks to implement concurrent permanency planning and the use of the fost-adopt model of foster care. In New Jersey, the average length of stay for children who are six years old or less with a goal of adoption is 25 months in their current placement. The State proposes to use title IV–E funding for services and activities designed to reduce to 15 months, the time in foster care preceding the initiation of termination of parental rights/initiation of permanency, for children whose permanency goal is adoption as envisioned by the Adoption and Safe Families Act. The state would hire case managers specifically dedicated to the project to apply the permanency reform/fost-adopt model for both title IV–E eligible and non-eligible children. Funds would also be used for enhanced legal services and substance abuse services.

The proposed demonstration builds upon and further elaborates the permanency reform project underway in Union, Middlesex and Essex counties funded by the Children's Bureau under the Adoption Opportunities program. Now completing its second year of a planned three years of operation, this program utilizes a variety of methods including concurrent permanency planning by child protection and adoption staff, mediation services, recruitment and training of special fost-adopt homes, and use of post-adoption counseling therapists to address the issues of the birth and fost-adopt families. By building on the curriculum development, cross training, outreach to the legal community, and recruitment and support of fost-adopt homes already underway, the demonstration project would facilitate acceleration of the project schedule to Essex county, which contributes the largest number of children to the State's foster care caseload.

New Jersey hypothesizes that allocating case management staff and other resources to the dedicated units would reduce foster care costs and lengths of stay and lead to more adoptive placements and/or more stable relative placements than would occur in the comparison groups over the five years of the project. Assignment to comparison groups will be randomized,

and the evaluation would produce process and outcome data, as well as cost/benefit information.

The State requests waivers to permit the use of title IV–E funds for purposes not ordinarily eligible for federal funding, and for children or families who are not IV–E eligible.

Counties not involved in the project would serve as the control group, and after the first year the project would be extended to other randomly selected counties.

Contact Person: Michele K. Guhl, Deputy Commissioner, Division of Youth and Family Services, P.O. Box 717, Trenton, New Jersey 08625–0717, Phone: (609) 292–6920, Fax: (609) 984–0507.

State: New Mexico

Description: The New Mexico project would provide title IV–E funding as a direct pass through of federal funds to identified Tribes, simulating direct federal funding of Tribes under title IV–E in order to test this concept. In addition, the State is proposing the establishment of a subsidized guardianship program for Tribal children, which the State says would allow permanency while respecting Tribal customs. The demonstration project would test both simulated direct funding and flexible use by Tribes of IV–E funds.

Currently, title IV–E funding is extended by the State to five Indian Tribes through a Joint Powers Agreement (JPA). The JPA spells out procedures to be followed in cases of child abuse and neglect, including how investigations are to be conducted, how and when jurisdiction is to be transferred, and how and when parties are to be notified. It also provides that the State would pay Tribes to cover the foster care maintenance and adoption assistance for IV–E eligible children in Tribal custody.

The State proposes a comparison design for the evaluation. The five Tribes currently operating under JPA's would serve as the comparison sites. Five additional Tribes would be selected as the pilot sites. The selection of the pilot sites would be purposive, based on the Tribes' willingness to participate and their capacity in terms of the human and material resources and infrastructure currently in place to manage the IV–E Program. A five year project is proposed.

Title IV–E waivers are requested to allow for the provision of non-recurring expenses and ongoing assistance payments for guardians assuming responsibility in those instances where Tribal Courts are reluctant to terminate parental rights, to provide Federal Financial Participation for individuals and purposes that are not IV–E eligible.

Contact Person: Maryellen Strawniak, Acting Director, Protective Services Division, PO Drawer 5160, Santa Fe, New Mexico 87502, Phone: (505) 827–8400, Fax: (505) 827–8480.

State: Oklahoma

Description: Oklahoma proposes a project to provide assisted guardianship to the permanency continuum for long-term foster care children for whom adoption or reunification is not an option. The goal of the project is twofold: to determine if quality, permanency outcomes can be achieved for these children; and to assess the impact of providing services, e.g., post-placement services, on achieving these outcomes.

The State anticipates that assisted guardianships would provide a permanency plan option for children in long-term foster care; alleviate the financial barriers for persons who desire to obtain guardianship, thereby enhancing the prospects of permanency for these children; and provide stability for children. In addition, the demonstration would provide an opportunity to test the impact of different levels of services and supports to children and families served by the project in achieving quality permanency outcomes for children. The State also anticipates that the project would reduce the workload for child welfare staff, allowing them time to do expedited permanency planning for the remaining children.

The State currently has approximately 1,100 children statewide in long-term foster care; 15 percent of these children are Native American. Some of the Native American children are in the legal custody of the Department while others are in tribal custody. The State estimates that 550 of these children would be potentially eligible for this project, with approximately 200 children and families actually served under the project. The State proposes three different levels or categories of services and supports to children and families who participate in the demonstration, with each category having 50–100 children and families assigned to it. The State would test the permanency outcomes for children in relation to the level or category of services provided to each family. The State proposes a statewide, five-year demonstration project.

Oklahoma proposes to randomly assign children to one of the following: a control group, which would receive the current service mix; Target Group I, which would receive all identified waiver services and a full range of on-going post placement services; or Target Group II which would receive all initial services included in the waiver, but limited on-going post placement services. To assess the project, Oklahoma proposes to measure outcomes, processes and cost-benefits.

The State requests waivers of title IV–E provisions regarding use of title IV–E funds to pay: a monthly subsidy for children in guardianship arrangements; the cost of legal fees required to obtain guardianship; and the costs of providing a range of services and supports to families and children in guardianship situations (similar to the services received by adoptive families and children).

Contact Person: Mike Moore, Division of Children and Family Services, P.O. Box 25352, Oklahoma City, OK 73125, Phone: (405) 522–4487, Fax: (405) 521–4373.

State: Texas

Description: Texas proposes a Child Welfare Demonstration project with three components over five years. The components affect kinship care, adoption and Texas' Permanency Achieved through Coordinated Efforts (PACE) project.

First, Texas proposes to implement a kinship care program as part of Protective and Regulatory Services (PRS) and requests a waiver of title IV–E to utilize otherwise restricted funds for foster care assistance, in conjunction with title IV–B funds, to provide upfront financial assistance and services for kinship care placements. The state hypothesizes that if families are provided financial assistance for the costs of integrating the child into the home during the first year of care and then supplementing caretaker expenses thereafter to support the child's care, are trained, and take part in support groups, more placements would be made and would succeed, to the benefit of the families and children served by PRS. The length of time in foster care would decline, freeing up funds devoted both to staff and foster care maintenance.

Texas proposes to implement the kinship initiative in El Paso and in Corpus Christi, Laredo and the Lower Rio Grande Valley. To evaluate this component, the State would implement a matched-group comparison of three groups: (1) Those that received the Integration Package, which would consist of startup money, and the Training and Services Package; (2) those that received only the Training and Services Package; and (3) those that receive neither package. The state

would measure: implementation through qualitative means; process outcomes through the provision and use of incentives, provision and use of services and parenting skills and knowledge; and outcome through case flow, duration of time in care, patterns of disruption and rate of dissolution and/or re-entry. A cost-benefit analysis would asses whether the costs of the demonstration project are justified by the benefit produced.

The second proposed component of Texas' demonstration project is to use title IV–E funds for the assessment of prospective adoptive children and families and to allow for joint training with Child Placing Agencies (CPA) of CPA professionals providing adoption and permanency services. The state's hypotheses are that a more comprehensive assessment would reduce the disruption and dissolution rate of PRS adoptions, decrease the average length of time that children spend in foster care prior to adoptive placement, increase satisfaction among children and families, decrease the number of placements before placement in an adoptive home, and increase the number of children leaving foster care for placements with adoptive families. These improvements would speed permanency and reduce expenditure of IV–E funds.

Texas proposes to implement this demonstration project in Harris County, Houston and the counties surrounding Houston. To evaluate this project, the state proposes to compare one region which would receive an Enhanced Training condition and an Enhanced Assessment condition, to other regions and to statewide historical data. The evaluation would include implementation measures of a qualitative nature; process measures including pool of potential families, assessment, quality of placements and extension of training; and outcome measures such as case flow, duration of time in care, patterns of disruption and rate of dissolution and/or reentry into the Child Protective Services System. A cost benefit analysis would assess whether the costs of the project are justified by the benefits produced.

The third component of the proposal is to utilize title IV–E funds flexibly as part of Phase II of the State's PACE project. The state-funded Phase I of PACE is designed to contract for a network of private providers to provide a continuum of services designed to improve substitute care service and enhance PRC permanence initiatives. The State requests a waiver of title IV–E for Phase II of PACE, to pay for foster care services and child and family services on a per-child case rate or capitated rate, to the network of providers established in Phase I. PRS would test the impact of the case rate on an expansion of service delivery model that is developed in Phase I.

The state hypothesizes that the new service delivery system would result in improved child functioning, increased stability of placements, shortened duration of care, reduced rate of return to foster care, and maintenance of least restrictive placements. The state hypothesizes that for Phase II, capitated rates would result in: cost neutrality, the ability to provide a case rate for daily care and supervision reimbursement, increased incentives for providers to provide treatment and services to improve children's level of care (LOC), increased ability to provide wraparound services for children for quicker movement to permanency or for placement in the least restrictive environment and increased incentive to provide preventive services to lessen the need for high cost treatment/residential services. Children would be placed by random assignment into an equal number of PRS and Primary Contractor foster homes.

The state evaluation proposal would compare the outcomes of four subgroups of LOC children in PACE Phase II, to three types of comparison groups: randomly assigned control groups, statistically matched cross-sectional comparison groups, and historical comparison-sectional comparison. The state would measure: implementation through qualitative means; process through continuity of care, expanded services and satisfaction with services; and outcome through change in LOC, change in level of care domains, change in rated individual goals, duration of time, patterns of disruption, rate of reentry and rate of maltreatment recurrence. A cost-benefit analysis would assess whether the costs of the demonstration project are justified by the benefits produced.

Contact Persons: Texas Department of Protective and Regulatory Services, 701 W. 51st Street, P.O. Box 149030, Austin, TX 78714–9030, Karen Eells (Kinship Care & Adoption), Judy Rouse (PACE), Phone: (512) 438–5712, Fax: (512) 438–3394.

State: Washington

Description: Washington State proposes to adopt a managed care approach for services such as mental health and family preservation to children who are IV–E eligible and children who are not. Under the demonstration project, the State would make monthly payments for the care of children with complex needs who have been screened into the project. These funds would be pooled with other resources to contract with local service providers for oversight of treatment plan development, implementation, screening and training. The State postulates that such coordination between the State and various local service providers might result in a better use of resources, while also providing individualized and comprehensive wraparound services. The State hopes that such an approach would enable it to tailor services to meet the real needs of families and children particularly those children with special needs and problems.

Washington State would begin the project in Spokane county and phase in other counties until a maximum of ten counties were included in the demonstration project. The State would randomly assign children to either the control or demonstration. The State proposes to evaluate the project through random assignment comparison, pre/post comparison and a cost-benefit analysis.

The State requests waivers of certain sections of title IV–E and related regulations to allow expenditures on behalf of children and families not normally eligible under title IV–E, and to allow expenditures for services not normally permitted under title IV–E. The State is also considering the possibility that it might request a waiver of title XIX pertaining to Behavioral Rehabilitation Services.

Contact Person: Tammi Erickson, Office Chief, Office of Federal Funding and Victims' Assistance, State of Washington Department of Social and Health Services, P.O. Box 45710, Olympia, WA 98504–5710, Phone: (360) 902–7936, Fax (360) 902–7903.

State: West Virginia

Description: West Virginia proposes a school based services project, the Cabell County Adopt-A-Middle-School project. The project would provide a variety of services for children in middle schools (grades 6, 7, and 8) and their families, whether or not they would otherwise qualify for the title IV–E. The purpose of the service provision is to create a seamless social support system that strengthens the ability of children and families to handle stress affecting their lives by: facilitating school-based support for child victims of abuse and neglect who can be kept in the home and community; providing early identification of youth with delinquent tendencies in order to link the child and family with services prior to the initiation of court action; utilizing home

and community-based services whenever possible; ensuring EPSDT screening and appropriate treatment for children in foster care; and assisting the Department in maintaining linkages with schools for out-of-home placement, facilitate return to school for the child and family, and assist students who are new to the school district due to foster or adoptive placements.

To accomplish these services, WV proposes a two-phase demonstration. Phase one would pair community social services agencies with middle schools in Cabell County as resources for information, assessments, and referrals. Phase two proposes the hiring of full-time prevention coordinators for each school, beginning with two schools and phasing in additional schools as resources permit. Coordinators would be school-based during the school year, would serve as initial case managers and advocates for the child/family, provide direct services, and provide follow-up with families over the summer months.

The State's hypothesis is that middle school-based prevention and early intervention programs would result in a reduction of the number of children in foster care, the average expense and intensity of foster care, and the average number of days children are in foster care. This project would be limited to Cabell County, in southwestern WV, which includes six middle schools. The project is proposed to begin in September 1998 and would run through August 2003.

The State requests waivers of title IV–E to permit reimbursement for amounts expended for children and families and for purposes that are not normally eligible under IV–E.

For evaluation purposes, the state proposes to identify a control-group county. Outcome measures would include the number of children entering foster care, the number of placements in community-based or family settings, and the number of days the children are in foster care. Process evaluation components include frequency and types of intervention activities. An outside evaluator would conduct the evaluation.

Contact Person: Joan E. Ohl, Secretary, Department of Health and Human Resources, Bureau of Children & Families/Office of Social Services, Charleston, West Virginia 25305, Phone: (304) 558–0684, Fax: (304) 558–1130.

Dated: June 25, 1998.

James A. Harrell,

Deputy Commissioner, Administration on Children, Youth and Families.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 98N–0482]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on information collection provisions relating to the regulation of FDA's adverse experience reporting (AER) for licensed biological products and general records.

DATES: Submit written comments on the collections of information by September 8, 1998.

ADDRESSES: Submit written comments on the collections of information to the Dockets Management Branch (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: Jonnalynn P. Capezzuto, Office of Information Resources Management (HFA–250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–4659.

SUPPLEMENTARY INFORMATION: Under the PRA (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. ''Collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information before submitting the collection to OMB for approval. To comply with this requirement, FDA is publishing notice of the proposed collections of information listed below.

With respect to the following collection of information, FDA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of FDA's functions, including whether the information will have practical utility; (2) the accuracy of FDA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques, when appropriate, and other forms of information technology.

Adverse Experience Reporting for Licensed Biological Products—21 CFR 600.80, 600.81, and 600.90; and General Records—21 CFR 600.12 (OMB Control Number 0910–0308)—Extension

Under the Public Health Service Act (42 U.S.C. 262), FDA is required to ensure the marketing of only those biological products that are safe and effective. FDA must therefore be informed of all adverse experiences occasioned by the use of licensed biological products. FDA issued the adverse experience reporting requirements to enable FDA to take actions necessary for the protection of the public health in response to reports of adverse experiences related to licensed biological products. The primary purpose of FDA's adverse experience reporting system is to flag potentially serious safety problems with licensed biological products, focusing especially on newly licensed products. Although premarket testing discloses a general safety profile of a new drug's comparatively common adverse effects, the larger and more diverse patient populations exposed to the licensed biological product provides the opportunity to collect information on rare, latent, and long-term effects. Reports are obtained from a variety of sources, including patients, physicians, foreign regulatory agencies, and clinical investigators. Information derived from