

**DATES:** September 18, 2007, from 8:30 a.m. to 2 p.m. (EDT).

**ADDRESSES:** Hubert H. Humphrey Building (200 Independence Avenue, SW., Washington, DC 20201), Conference Room 800.

**FOR FURTHER INFORMATION:** Visit <http://www.hhs.gov/healthit/ahic.html>.

**SUPPLEMENTARY INFORMATION:** The meeting will include a presentation by the Population Health/Clinical Care Connections Workgroup on Recommendations; an update on the Nationwide Health Information Network Trial Implementation; a presentation from the State Alliance/National Governors Association; and a report from the AHIC Standing Committee of the Whole on the AHIC Successor.

A Web cast of the Community meeting will be available on the NIH Web site at: <http://www.videocast.nih.gov/>.

If you have special needs for the meeting, please contact (202) 690-7151.

Dated: August 15, 2007.

**Judith Sparrow,**

*Director, American Health Information Community, Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.*

[FR Doc. 07-4085 Filed 8-20-07; 8:45 am]

**BILLING CODE 4150-24-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect, (NTFFASFAE)**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announce the following meeting for the aforementioned committee:

*Times and Dates:* 9 a.m.-5 p.m., September 12, 2007. 9 a.m.-12:30 p.m., September 13, 2007.

*Place:* CDC, 1600 Clifton Road, NE., Global Communications Center, Building 19, Room 232, Auditorium B, Atlanta, Georgia 30333.

*Status:* Open to the public, limited only by the space available. The meeting room accommodates approximately 80 people.

*Purpose:* The Secretary is authorized by the Public Health Service Act, section 399G, (42 U.S.C. 280f, as added by Pub. L. 105-392) to establish a National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect to: (1) Foster coordination among all governmental agencies, academic bodies and community groups that conduct or support Fetal Alcohol Syndrome (FAS) and Fetal

Alcohol Effect (FAE) research, programs and surveillance; and (2) to otherwise meet the general needs of populations actually or potentially impacted by FAS and FAE.

*Matters To Be Discussed:* Agenda items include: Deliberations on two Task Force products: (1) Report on effective strategies to prevent alcohol-exposed pregnancies and (2) Research and Policy report on Fetal Alcohol Spectrum Disorders; discussions regarding the dissemination of Task Force products; updates from the Interagency Coordinating Committee on Fetal Alcohol Syndrome, the CDC and other Federal agencies, and liaison representatives; and discussion of possible collaborative activities after the Task Force sunsets in October 2007.

Agenda items are subject to change as priorities dictate.

*Additional Information:* In order to expedite the security clearance process at the CDC Roybal Campus located on Clifton Road, attendees are required to register online at <http://www.cdc.gov/ncbddd/fas/taskforce.htm>. Please complete all required fields before submitting your registration and submit no later than September 3, 2007.

*Please Note:* Non-U.S. citizens are required to complete the registration form online, as described above, and also to complete the "Access Request Form" no later than August 29, 2007. To receive an access request form, send an e-mail to Ms. Vowell at [jvowell@cdc.gov](mailto:jvowell@cdc.gov).

*For Further Information Contact:* Mary Kate Weber, M.P.H., Designated Federal Official, National Center on Birth Defects and Developmental Disabilities, CDC, 1600 Clifton Road, NE., M/S E86, Atlanta, Georgia 30333, Telephone 404/498-3926, Fax 404/498-3550.

The Director, Management Analysis and Services Office, has been delegated the authority to sign Federal Register notices pertaining to announcements of meetings and other committee management activities for both the CDC and the Agency for Toxic Substance and Disease Registry.

Dated: August 14, 2007.

**Elaine L. Baker,**

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

[FR Doc. E7-16292 Filed 8-20-07; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Submission for OMB Review; Comment Request**

**Proposed Projects**

*Title:* DHHS/ACF/ASPE/DOL Enhanced Services for the Hard-to-Employ Demonstration and Evaluation: Rhode Island 36-Month Data Collection.

*OMB No.:* New Collection.

*Description:* The Enhanced Services for the Hard-to-Employ Demonstration

and Evaluation Project (HtE) seeks to learn what services improve the employment prospects of low-income persons who face serious obstacles to steady work. The project is sponsored by the Office of Planning, Research and Evaluation (OPRE) within the Administration for Children and Families (ACF) and the Office of the Assistant Secretary for Planning and Evaluation (ASPE), both within the U.S. Department of Health and Human Services (HHS), and the U.S. Department of Labor (DOL).

The HtE project is a multi-year, multi-site evaluation that employs and experimental longitudinal research design to test four strategies aimed at promoting employment among hard-to-employ populations. The four include: (1) Intensive care management and job services program for Rhode Island Medicaid recipients with serious depression; (2) job readiness training, worksite placements, job coaching, job development and other training opportunities for recent parolees in New York City; (3) pre-employment services and transitional employment for long-term participants receiving Temporary Assistance for Needy Families (TANF); and (4) two-generational Early Head Start (EHS) services providing enhanced self-sufficiency services for parents, parent skills training, and high-quality child care for children in low-income families in Kansas and Missouri.

The purpose of this document is to request public comment on the proposed 36-month participant survey in Rhode Island for participating parents and their children.

The follow-up survey and direct child assessments at the 36-month follow-up in Rhode Island will be used for the following purposes: Detecting the long-term effects of a telephonic care management intervention on parents' depression and general health, as well as their employment, income, and earnings; detecting effects of a telephonic care management intervention for parents' depression on parents' parenting and on children's health, behavior, and development over time, and determining the extent to which long-term intervention effects on children's development can be attributed to changes in their parents' depressive symptomatology that result from the intervention.

*Respondents:* The respondents to these follow-up surveys will be low-income parents from the Rhode Island site currently participating in the HtE Project, and some of their children.