

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Administration for Children and Families**

**Proposed Information Collection Activity; Comment Request**

**Proposed Projects**

*Title:* Procedural Justice Informed Alternatives to Contempt (PJAC).  
*OMB No.:* 0970—NEW.

**Description**

The Office of Child Support Enforcement (OCSE) within the Administration for Children and Families (ACF) is proposing data collection activity as part of the Procedural Justice Informed Alternatives to Contempt Demonstration (PJAC). In September 2016, OCSE issued grants to six child support agencies to provide alternative approaches to the contempt process with the goal of increasing parents' compliance with child support orders by building trust and confidence in the child support agency and its processes. PJAC is a five-year project (the first year of which is dedicated to planning) that will allow grantees to learn whether incorporating principles of procedural justice into child support business practices increases reliable child support payments. In addition to increasing reliable payments, the PJAC intervention aims to reduce arrears, minimize the need for continued enforcement actions and sanctions, and reduce the inefficient use of contempt proceedings.

The PJAC evaluation will yield information about the efficacy of applying procedural justice principles via a set of alternative services to the current contempt process. It will generate extensive knowledge regarding how PJAC programs operate, the effects the programs have, and whether their benefits exceed their costs. The information gathered will be critical to informing future policy decisions related to contempt.

The PJAC evaluation will include the following three interconnected components or "studies":

1. *Implementation Study.* The goal of the implementation study is to provide a detailed description of the PJAC programs—how they are implemented, their participants, the contexts in which they are operated, and their promising practices. The implementation study will also assess whether the PJAC interventions are implemented as intended (implementation fidelity) as well as how the treatment implemented differed from the status quo (treatment contrast). The detailed descriptions will assist in interpreting program impacts and identifying program features and conditions necessary for effective program replication or improvement. Key activities of the implementation study will include: (1) A Management Information System (MIS) for collection and analysis of program participation data to track participant engagement in PJAC activities; (2) semi-structured interviews with program staff and staff from selected community partner organizations; (3) semi-structured interviews with program participants to learn about their experiences in PJAC; and (4) a staff questionnaire to gather broader quantitative information on program implementation and staff experiences.

2. *Impact Study:* The goal of the impact study is to provide rigorous estimates of the effectiveness of the six programs using an experimental research design. Program applicants who are eligible for PJAC services will be randomly assigned to either a program group that is offered program services or to a control group that is not offered those services. The random assignment process will require child support program staff to complete a brief data entry protocol. The impact study will rely on administrative data from state and county child support systems, court records, criminal justice records, and data from the National Directory of New Hires. Administrative records data will be used to estimate impacts on child support payments, enforcement actions, contempt proceedings, jail stays, and employment and earnings. The impact study will also include a follow-up survey of participants that will be administered approximately 12 months after random

assignment to a subset of the sample. The survey will gather information on participant experiences with the child support program and family court, family relationships, parenting and co-parenting, informal child support payments, and job characteristics. In an effort to enhance response rates, the PJAC survey firm will attempt to track survey sample members at a few points over the 12-month follow-up period in order to stay in touch with them and gather updated contact information from them.

3. *Benefit-Cost Study:* The benefit-cost study will estimate the costs and benefits associated with the implementation and impact of the PJAC interventions. The study will examine the costs and benefits from the perspective of the government, noncustodial parents, custodial parents and their children, and society. Once measured, particular impacts or expenditures will constitute benefits or costs, depending on which analytical perspective is considered. For each of the perspectives, pertinent benefits and costs will be added together to determine the net value of the program. Key hypothesized benefits and costs to be assessed include increased PJAC intervention costs, reduced costs for contempt actions, increased payments from non-custodial parents, reduced court costs, and reduced jail time, among others. The benefit-cost study will rely on the results of the impact study, analysis of participation data from the MIS, and results of a staff time study in order to quantify various PJAC-related costs and benefits.

*This 60-Day Notice covers the following data collection activities:* (1) Staff data entry for random assignment; (2) Study MIS to track program participation; (3) Staff and community partner interview topic guide; (4) Participant interview topic guide; and (5) Participant survey tracking letter.

**Respondents**

Respondents for the first information collection phase include study participants and grantee staff and community partners. Specific respondents per instrument are noted in the burden table below.

**ANNUAL BURDEN ESTIMATES**

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours	Total annual burden hours
Staff data entry for random assignment .....	120	150	0.05	900	300

ANNUAL BURDEN ESTIMATES—Continued

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours	Total annual burden hours
Study MIS to track program participation .....	120	150	1.00	18,000	6,000
Staff and community partner interview topic guide .....	150	2	1.00	300	100
Participant interview topic guide .....	180	1	1.00	180	60
Participant survey tracking letter .....	3,000	3	0.10	900	300

*Estimated Total Annual Burden Hours:* 6,760.

In compliance with the requirements of the Paperwork Reduction Act of 1995 (Pub. L. 104–13, 44 U.S.C. Chap 35), 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 Planning, Research and Evaluation, 330 C Street SW., Washington DC 20201. Attn: ACF Reports Clearance Officer. Email 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 the 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.

**Robert Sargis,**

*Reports Clearance Officer.*

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**BILLING CODE 4184–41–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Indian Health Service**

**Notice To Propose the Re-Designation of the Service Delivery Area for the Tolowa Dee-ni’ Nation, Formerly Known as Smith River Rancheria**

**AGENCY:** Indian Health Service, HHS.

**ACTION:** Notice; extension of comment period.

**SUMMARY:** This document extends the comment period for the Tolowa Dee ni’ redesignation of the Tribe’s Service Delivery Area (SDA), which was published in the **Federal Register** on March 31, 2017. The comment period for the notice, which would have ended on May 1, 2017, is extended for 60 days.

**DATES:** The comment period for the proposed SDA expansion published in the March 31, 2017, **Federal Register** (82 FR 16051) is extended to June 30, 2017.

**ADDRESSES:** Because of staff and resource limitations, we cannot accept comments by facsimile (FAX) transmission. You may submit comments in one of four ways (please choose only one of the ways listed):

1. *Electronically.* You may submit electronic comments on this regulation to <http://www.regulations.gov>. Follow the “Submit a Comment” instructions.

2. *By regular mail.* You may mail written comments to the following address ONLY: Evonne Bennett-Barnes, Indian Health Service, 5600 Fishers Lane, Mailstop: 09E70, Rockville, Maryland 20857.

Please allow sufficient time for mailed comments to be received before the close of the comment period.

3. *By express or overnight mail.* You may send written comments to the above address.

4. *By hand or courier.* If you prefer, you may deliver (by hand or courier) your written comments before the close of the comment period to the address above.

If you intend to deliver your comments to the Rockville address, please call telephone number (301) 443–1116 in advance to schedule your arrival with a staff member.

Comments will be made available for public inspection at the Rockville address from 8:30 a.m. to 5:00 p.m., Monday–Friday, two weeks after publication of this notice.

**SUPPLEMENTARY INFORMATION:** *Inspection of Public Comments:* All comments received before the close of the comment period are available for

viewing by the public, including any personally identifiable or confidential business information that is included in a comment.

**FOR FURTHER INFORMATION CONTACT:** Terri Schmidt, Acting Director, Office of Resource Access and Partnerships, Indian Health Service, 5600 Fishers Lane, Mailstop: 10E85C, Rockville, Maryland 20857. Telephone 301–443–2694 (This is not a toll free number).

*Background:* The IHS currently provides services under regulations codified at 42 CFR part 136, subparts A through C. Subpart C defines a Contract Health Service Delivery Area, now known as PRC Service Delivery Area, as the geographic area within which PRC will be made available by the IHS to members of an identified Indian community who reside in the Service Delivery Area. Potential eligibility for services alone, or residence in a PRC Service Delivery Area by a person who is within the scope of the Indian health program, as set forth in 42 CFR 136.12, does not create a legal entitlement to PRC. Services needed, but not available at an IHS/Tribal facility, are provided under the PRC program depending on the availability of funds, the person’s relative medical priority, and the actual availability and accessibility of alternate resources in accordance with the regulations.

As applicable to the Tribes, these regulations provide that, unless otherwise designated, a PRC Service Delivery Area shall consist of a county which includes all or part of a reservation and any county or counties which have a common boundary with the reservation, 42 CFR 136.22(a)(6) (2016). The regulations also provide that after consultation with the Tribal governing body or bodies on those reservations included within the PRC Service Delivery Area, the Secretary may from time to time, re-designate areas within the United States for inclusion in or exclusion from a PRC Service Delivery Area. The regulations require that certain criteria must be considered before any re-designation is made. The criteria are as follows: