

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center website at [www.ffiec.gov/nic/](http://www.ffiec.gov/nic/).

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than December 23, 2003.

**A. Federal Reserve Bank of Atlanta** (Sue Costello, Vice President) 1000 Peachtree Street, N.E., Atlanta, Georgia 30303:

1. *Citizens Banking Corporation*, Frostproof, Florida; to acquire 12.63 percent of the voting shares of American Banking Corporation, Lake Wales, Florida, and thereby indirectly acquire American Bank and Trust Company, Lake Wales, Florida.

**B. Federal Reserve Bank of Kansas City** (James Hunter, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

1. *First Okmulgee Corporation*, Okmulgee, Oklahoma; to acquire 12.65 percent of the voting shares of Coffeyville Bancorp, Inc., and thereby indirectly acquire CSB Bancorp, Inc., and Community State Bank, all of Coffeyville, Kansas.

Board of Governors of the Federal Reserve System, November 24, 2003.

**Robert deV. Frierson,**

*Deputy Secretary of the Board.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Practices To Improve Training Skills of Home Visitors

*Announcement Type: New.*

*Funding Opportunity Number:* PA 04053.

*Catalog of Federal Domestic Assistance Number:* 93.136.

*Key Dates:* \_\_\_\_\_.

*Letter of Intent Deadline:* December 31, 2003.

*Application Deadline:* February 19, 2004.

#### I. Funding Opportunity Description

**Authority:** This program is authorized under section 391 (a) of the Public Health Service Act (42 U.S.C. 280b (a)), as amended.

##### *Purpose*

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2004 funds for a cooperative agreement program to conduct a systematic examination of the impact of home visitor training and factors related to the implementation (*i.e.*, competency of visitors providing services, adequate coverage of content according to a pre-specified protocol) of an existing efficacious or effective home visiting program on family outcomes of child maltreatment and risk behaviors for youth violence (*e.g.*, poor parent-child relations; harsh, lax, or inconsistent discipline). This program addresses the "Healthy People 2010" focus area of Injury and Violence Prevention.

Measurable outcomes of the program will be in alignment with the following performance goal for the National Center for Injury Prevention and Control (NCIPC): Conduct a targeted program of research to reduce injury-related death and disability.

##### *Research Objectives*

Home visiting programs to assist at-risk families have existed for more than a century and are widespread throughout the United States and Europe (United States General Accounting Office, 1990). Home-based programs have been reported to be effective in preventing child maltreatment (Guide to Community Preventive Services, 2002; MacLeod & Nelson, 2000; Roberts, 1997; Thornton *et al.*, 2000) and have been recommended as a child maltreatment prevention strategy (Guide to Community Preventive Services, 2002). In addition, evaluations have suggested that home visiting programs may positively impact children's physical health and well-being (*e.g.*, Bidgood & van de Sande, 1990; United States General Accounting Office, 1990). The literature suggests home visiting is a promising strategy to promote healthy family relationships and children's social, cognitive and character

development, thereby decreasing children's risk for subsequent youth violence and delinquency (Thornton, Craft, Dahlberg, Lynch, & Baer, 2000).

However, effects of home visiting can be modest or short-lived (MacLeod & Nelson, 2000; Bidgood & van de Sande, 1990; Roberts, 1997), and the relative effectiveness of home visiting at preventing child maltreatment varies widely with the particular program being evaluated (Chaffin, 2001; Gomby, Culross, & Behrman, 1999; MacLeod & Nelson, 2000; MacMillan, MacMillan, Offord, Griffith, & MacMillan, 1994; Guterma, 1997). For most home visiting programs, information on the quality and implementation of services is limited, if not altogether lacking, suggesting the need to systematically examine: (1) training of service providers and (2) program implementation, as these variables may be key to home visiting's effectiveness.

Recommendations to improve the effectiveness of home visiting programs frequently include improved training, implementation, and quality and structure of services (*e.g.*, Gomby *et al.*, 1999; Roberts, 1997; United States General Accounting Office, 1990).

Research funded under this announcement is expected to address one of two research questions:

(1) Do performance criteria measures; fidelity measures, or other training practices (separately or together) improve staff performance and family outcomes in home visiting programs? Performance criteria measures require trainees to demonstrate mastery of skills to pre-determined standards. Fidelity measures require that those standards are maintained during follow-up observations, with retraining as needed to maintain the standards. Family outcomes relevant to this project would necessarily include but are not limited to incidents of child maltreatment, parenting behaviors, and children's behavioral, emotional, and cognitive adjustment.

(2) What training practices improve or enhance paraprofessionals' performance compared to professionals' performance and family outcomes in home visiting programs? Paraprofessionals are individuals without advanced training in the fields of mental health or medicine, such as peer mentors whereas professionals are individuals with advanced training in the fields of mental health or medicine, such as master's level social workers, psychologists, nurses, *etc.*

If a grantee chooses to respond to both questions, two separate applications should be submitted.