

evidence-based CDSME and self-management support programs, and support the integration and sustainability of these programs within community integrated health networks. They have a comprehensive, interactive web-based repository (<https://ncoa.org/professionals/health/center-for-healthy-aging/national-cdsme-resource-center>) of tools and resources, including—best practices documents, issue briefs, and tip sheets based on identified needs and gaps in the network, CDSME program and fidelity guidance, educational learning modules and webinars via NCOA Connect (an online platform for learning and sharing among aging professionals), articles covering topics from program planning through sustainability, and videos. NCOA also hosts special events such as the Older Adult Mental Health Awareness Day symposium, the annual Age + Action Conference (a gathering of grantees, aging professionals and others with an interest in aging to share and explore solutions to ensure equitable aging for all), facilitates the Evidence-Based Program Review Process that identifies and approves new health promotion and disease programs for implementation across the network, and they maintain the national CDSME database that tracks the delivery and impact of CDSME programs across the country. They have reached thousands of consumers and aging services providers using their comprehensive database of SUAs, AAAs, and other CDSME stakeholders. Additionally, they have worked diligently to ensure that an inclusive range of partners are in place, engaged in the work, and committed to the success of chronic disease self-management education.

Establishing a separate but parallel grant project at this time could be potentially duplicative and disruptive to the current CDSME-related activities well under way. More importantly, it could cause confusion among the Aging Network and stakeholders, and negatively impact training, implementation, communication, and support opportunities. If this supplement were not provided, the project would be unable to address the significant unmet needs of the Aging Network to engage more older adults and adults with disabilities in evidence-based CDSME programs and embed these programs within communities so they are available and accessible over time.

Dated: May 2, 2023.

Alison Barkoff,

Acting Administrator and Assistant Secretary for Aging.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report, OMB No. 0915–0172—Revision

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR should be received no later than July 5, 2023.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, Room 14N39, 5600 Fishers Lane, Rockville, Maryland 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email paperwork@hrsa.gov or call Samantha Miller, the HRSA Information Collection Clearance Officer, at (301) 443–1984.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the ICR title for reference.

Information Collection Request Title: Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report, OMB No. 0915–0172—Revision.

Abstract: The Title V Maternal and Child Health (MCH) Services Block Grant to States Program is authorized by

Sections 501–509 of Title V of the Social Security Act (42 U.S.C. 701–709). HRSA is updating the *Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report*. This Guidance is used annually by the 50 states and nine jurisdictions¹ (hereafter referred to as “State”) in applying for Block Grants under Title V of the Social Security Act and in preparing the required Annual Report. The updates being proposed by HRSA’s Maternal and Child Health Bureau (MCHB) for this edition of the Guidance continue to support the Federal-State partnership that is supported by the Title V MCH Services Block Grant and the state’s role in developing a 5-Year Action Plan that addresses its individual priority needs. These proposed updates build on and further refine the reporting structure and vision that was outlined in the previous edition. As such, they are intended to enable a state to articulate a comprehensive description of its Title V program activities and its leadership efforts in advancing and assuring a public health system that serves the MCH population. HRSA’s proposed updates to this edition of the Guidance were informed by consultation with State Title V maternal and child health agencies, and by comments received from State Title V program leadership, national Maternal and Child Health leaders and other stakeholders.

Specific updates to this edition of the *Title V Maternal and Child Health Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report* include the following:

(1) Requirements for narrative reporting have been adjusted to allow for streamlined reporting in the four interim years after the needs assessment, giving states the flexibility to update certain sections if they choose. Reporting for all narrative sections is required in the year of the Five-Year Needs Assessment.

(2) The requirements for state and program capacity narrative reporting have been reorganized and streamlined to eliminate duplication.

(3) Expectations around state Title V reporting on family and community partnerships have been clarified. These expectations include enhanced

¹ The following nine jurisdictions receive Title V Maternal and Child Health Block Grant Program funding: the District of Columbia, the Republic of the Marshall Islands, the Federated States of Micronesia, the Republic of Palau, the Commonwealth of Puerto Rico, the US Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands.

discussion on program and financial planning and activities, the impact they have on the MCH population, and their value in improving outcomes.

(4) A greater emphasis on health equity as a guiding principle of the Title V program is noted. Discussion on this principle is incorporated in the needs assessment sections and the state action plan for each MCH population. States have the option to identify and set annual targets for priority populations under each National Performance Measure (NPM) and use prepopulated, stratified data to report annual progress.

(5) Reporting on the state’s implementation of the *Blueprint for Change: A National Framework for a System of Services for Children and Youth with Special Health Care Needs* has been added for the children with special health care needs (CSHCN) domain, which includes reporting on the four critical areas in the Blueprint: health equity, family and child well-being and quality of life, access to services, and financing of services.

(6) The performance measure framework has been maintained; however, the NPMs and National Outcome Measures (NOMs) have been updated to reflect salient and emergent priorities at the state and national levels. The framework has been updated to include measure domain types for the NPMs. All NPMs are categorized by one of three types: clinical health systems; health behaviors; and social determinants of health. Within each MCH population health domain, there are at least three NPM options, with at least one NPM for each measure domain type. The exception is for CSHCN, where there is a greater focus on the need to improve clinical health systems.

(7) Two NPMs are identified as Universal NPMs that every state is required to address and report on in its Title V MCH Block Grant Application/Annual Report. The Universal NPMs serve to accelerate progress on priority areas with a focus on access and quality of primary and preventive care. The two Universal NPMs are: (1) NPM 1- Postpartum Visit in the Women/Maternal Health domain and (2) NPM 17-Medical Home in the Child Health and CSHCN domains. A state must report on a minimum of five NPMs, which includes the two Universal NPMs, with at least one NPM for each of the five MCH population domains. States have the flexibility to select as many NPMs and State Performance Measures (SPMs) as necessary to address each of its priority needs including the other NPMs within the Women/Maternal Health and CSHCN domains. There is no maximum for the number of NPMs that a state can select.

(8) A new set of Standardized Measures are available to select as SPMs. Similar to NOMs and NPMs, annual performance data for these SPMs will be prepopulated by MCHB from national data sources, if available, and provided to the states for their use. States will be able to target priority populations for MCH outcomes. The Standardized Measures set contains measures that were NPMs in the previous Guidance as well as former NOMs that function better as performance measures.

(9) A new form, Form 7: Title V Program Workforce, has been added to quantify the Title V-funded positions in the state. This form will be required only in the year of the Five-Year Needs Assessment, and these data will help

assist technical assistance efforts to support workforce development.

Need and Proposed Use of the Information: Each year, all states are required to submit an Application/Annual Report for Federal funds for their Title V MCH Services Block Grant to States Program to HRSA’s MCHB (sections 505(a) and 506(a)(1) of Title V of the Social Security Act). In addition, the state MCH Services Block Grant programs are required to conduct a state-wide, comprehensive needs assessment every five years. The information and instructions for the preparation and submission of this Application/Annual Report are contained in the *Title V MCH Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report*.

Likely Respondents: Likely respondents are state MCH agencies and other MCH stakeholders.

Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This estimate includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Total responses	Average burden per response (in hours)	Total burden hours
Application and Annual Report without Five-Year Needs Assessment Summary	59	1	59	115	6,785
Application and Annual Report with Five Year Needs Assessment Summary	59	1	59	181	10,679
Total	59	59	17,464

States will use the updated edition of the *Title V MCH Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report* to prepare and submit the fiscal year (FY) 2025, FY 2026, and FY 2027 Applications/FY 2023, FY 2024, and FY 2025 Annual Report. In calendar year 2025, states will use the updated edition

of the *Title V MCH Services Block Grant to States Program: Guidance and Forms for the Title V Application/Annual Report* to submit the next five-year needs assessment summary, as part of the FY 2026 Application/FY 2024 Annual Report.

HRSA specifically requests comments on (1) the necessity and utility of the

proposed information collection for the proper performance of the agency’s functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information

technology to minimize the information collection burden.

Maria G. Button,

Director, Executive Secretariat.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Evaluation of Programs Supporting the Mental Health of the Health Professions Workforce, OMB No. 0915-xxxx—New

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR should be received no later than July 5, 2023.

ADDRESSES: Submit your comments to paperwork@hrsa.gov or mail the HRSA Information Collection Clearance Officer, Room 14N136B, 5600 Fishers Lane, Rockville, Maryland 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email paperwork@hrsa.gov or call Samantha Miller, the acting HRSA Information Collection Clearance Officer, at 301-594-4394.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the ICR title for reference.

Information Collection Request Title: Evaluation of Programs Supporting the Mental Health of the Health Professions Workforce, OMB No. 0915-xxxx—New.

Abstract: The Public Health Service Act and the American Rescue Plan Act of 2021 authorized three programs administered by HRSA: (1) the Health and Public Safety Workforce Resiliency Training Program (the Training

Program); (2) the Promoting Resilience and Mental Health among Health Professional Workforce Program (the Workforce Program); and (3) the Health and Public Safety Workforce Resiliency Technical Assistance Center (the Technical Assistance Center). The Training Program funds resilience training activities for the health workforce in rural and underserved communities. The Workforce Program supports organizations' programs or protocols that foster resilience and wellness among the health workforce in these communities. The Technical Assistance Center provides tailored training and technical assistance to Training Program and Workforce Program awardees. The purpose of the planned evaluation is to assess the three programs with respect to their goals of promoting resiliency and mental health in the health workforce. Data collection efforts will inform HRSA leadership about the progress, costs and benefits, and impact of these efforts to support the delivery of health care in the United States.

Methods of Collection

Quantitative and qualitative de-identified data will be collected from awardees and their health care workforce. Each instrument will be administered twice over the 4-year evaluation period; once mid-way through the project period and once after the project period has ended. There will also be a one-time comparison group survey. To achieve the evaluation, the study will use the following quantitative data collection instruments:

The Healthcare Workforce Survey is a web-based survey intended to collect data on the impact and implementation of the Training Program and the Workforce Program from individuals in both programs' target populations. Respondents will only be asked questions that are relevant to their experience. The Healthcare Workforce Survey includes questions about before and after program participation to assess self-reported change.

The Fielding Tracker is an Excel-based tool that Workforce Program and Training Program awardees will help populate with information on how they distributed the Healthcare Workforce Survey (e.g., type and frequency of email communications sent to the target populations of grant-funded activities, number of individuals emailed, number of undeliverable emails received, and demographic information). It will also gather aggregated demographic information on the target population required for a non-response bias

analysis (this information is not reported to HRSA elsewhere).

The Awardee Training and Services Report is an Excel-based tool that will be used to clarify how evaluators can refer to each activity Training Program and the Workforce Program grantees implemented on the Healthcare Workforce Survey so that respondents will recognize the activities. The Awardee Training and Services Report will also request key descriptive information for each activity. Each report will include pre-populated activities or training programs that have been reported to HRSA to reduce burden on the Training Program and Workforce Program awardees, while confirming, revising, or adding details, as needed.

The Health and Public Safety Workforce Resiliency Training Program Comparison Group Survey is a web-based survey intended to assess key outcomes among those in the health workforce who did not have access to Training Program-funded activities. A third-party vendor will provide the health workforce sample. Eligibility for this survey will be assessed using a brief web-based Screener. The purpose of the screener is to identify respondents with similar characteristics as the Training Program participants.

The Awardee Survey about the Technical Assistance Center is a web-based survey intended to assess the Training Program and the Workforce Program awardees' experiences with and perceptions of the impact from technical assistance provided by the Technical Assistance Center. In addition, the Awardee Survey is designed to gather details about program implementation to inform future programming.

The Awardee Cost Workbook is an Excel-based tool that will be used to conduct a cost-benefit analysis. It will be pre-populated with existing data for the Training Program and the Workforce Program awardees to verify and update as needed. Workforce Program awardees are expected to have lower response burden because they are required to report staff turnover rates through annual reporting; the Training Program awardees are not.

The Awardee Interview Guide and Organizational Assessment Interview Protocol are qualitative data collection instruments the evaluation team will use as semi-structured interview guides to understand the awardees' perspectives on challenges, lessons learned, and organizational change. The Organizational Assessment interviews will be conducted with the Workforce Program awardees, given the grant