

HPSAs were revised and published on March 2, 1989 (54 FR 8735). The criteria for psychiatric HPSAs were expanded to mental health HPSAs on January 22, 1992 (57 FR 2473). Currently funded PHS Act programs use only the primary medical care, mental health, or dental HPSA or relevant sub-score designations such as Maternity Care Target Areas.

HPSA designation offers access to potential federal assistance. Public or private nonprofit entities are eligible to apply for assignment of National Health Service Corps personnel to provide primary medical care, mental health, or dental health services in or to these HPSAs. National Health Service Corps health professionals enter into service agreements to serve in federally designated HPSAs. Entities with clinical training sites located in HPSAs are eligible to receive priority for certain residency training program grants administered by HRSA's BHW. Other federal programs also utilize HPSA designations. For example, under authorities administered by the Centers for Medicare & Medicaid Services, certain qualified providers in geographic area HPSAs are eligible for increased levels of Medicare reimbursement.

Content and Format of Lists

The three lists of designated HPSAs are available on the HRSA Data Warehouse shortage area topic web page and include a snapshot of all geographic areas, population groups, and facilities that were designated HPSAs as of December 2, 2023. This notice incorporates the most recent annual reviews of designated HPSAs, which can be located on HRSA's data.hrsa.gov website, and supersedes the HPSA lists published in the **Federal Register** on July 3, 2023 (88 FR 42725).

In addition, all Indian Tribes that meet the definition of such Tribes in the Indian Health Care Improvement Act of 1976, 25 U.S.C. 1603, are automatically designated as population groups with primary medical care and dental health professional shortages. Further, the Health Care Safety Net Amendments of 2002 provides eligibility for automatic facility HPSA designations for all federally qualified health centers (FQHC) and rural health clinics that offer services regardless of ability to pay. Specifically, these entities include FQHCs funded under section 330 of the PHS Act, FQHC Look-Alikes, and Tribal and urban Indian clinics operating under the Indian Self-Determination and Education Act of 1975 (25 U.S.C. 450) or the Indian Health Care Improvement Act. Many, but not all, of these entities are included on this

listing. Since they are automatically designated by statute, absence from this list does not exclude them from HPSA designation; facilities eligible for automatic designation are included in the database when they are identified.

Each list of designated HPSAs is arranged by state. Within each state, the list is presented by county. If only a portion (or portions) of a county is (are) designated, a county is part of a larger designated service area, or a population group residing in a county or a facility located in the county has been designated, the name of the service area, population group, or facility involved is listed under the county name. A county that has a whole county geographic or population group HPSA is indicated by the phrase "County" following the county name.

Development of the Designation and Withdrawal Lists

Requests for designation or withdrawal of a particular geographic area, population group, or facility as a HPSA are received continuously by BHW. Under a Cooperative Agreement between HRSA and the 54 state and territorial Primary Care Offices (PCO), PCOs conduct needs assessments and submit applications to HRSA to designate HPSAs. BHW also receives other requests for designation from other sources and refers them to PCOs for review. As part of the HPSA designation process, interested parties, including Governors, state Primary Care Associations, and state professional associations, are notified of requests so that they may submit their comments and recommendations.

BHW reviews each recommendation for possible addition, continuation, revision, or withdrawal. Following review, BHW notifies the appropriate agency, individuals, and interested organizations of each designation of a HPSA, rejection of recommendation for HPSA designation, revision of a HPSA designation, and/or advance notice of pending withdrawals from the HPSA list. Designations (or revisions of designations) are effective as of the date on the notification from BHW and are updated daily on the HRSA Data Warehouse website. While this list is a snapshot of HPSAs at a point in time, HPSA designations are regularly being updated so the best source of current designation status is the HRSA Data Warehouse website at (<https://data.hrsa.gov/tools/shortage-area>).

In 2024, BHW will publish two **Federal Register** notices to inform the public of the availability of the complete lists of all geographic areas, population groups, and facilities designated as

primary medical care, dental health, and mental health professional shortage areas. The first notice will be on or before May 1, 2024, and will list all designated HPSAs and those that are proposed for withdrawal HPSAs that will remain in a designated status until the second **Federal Register** notice which will be scheduled on or before November 1, 2024. The second **Federal Register** notice will withdraw all HPSAs that were proposed for withdrawal and do not meet the requirements for designation. This two-step process provides greater clarity for jurisdictions and facilities to prepare for any changes in HPSA designation.

Carole Johnson,
Administrator.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276-0361.

Project: Survey of Current and Alumni SAMHSA Fellows of the Minority Fellowship Program (MFP) (OMB No. 0930-0304)—REVISION

In 1973, in response to a substantial lack of ethnic and racial minorities in the mental health professions, the Center for Minority Health at the National Institute of Mental Health established the MFP. Since the MFP's transition to SAMHSA in 1992, the program has continued to facilitate the entry of graduate students and psychiatric residents into mental health careers and has increased the number of psychology, psychiatry, nursing, and social work professionals trained to provide mental health and substance abuse services to minority groups. The traditional MFP offers sustained grants to six national behavioral health professional associations: the American Association of Marriage and Family Therapy (AAMFT), American Nurses Association (ANA), American Psychiatric Association (APsychA),

American Psychological Association (APA), Council on Social Work Education (CSWE), and National Board for Certified Counselors (NBCC). In addition, the NBCC also administers the MFP for the Association for Addiction Professionals (NAADAC). A more recent program, The Interdisciplinary MFP, is also administered by the American Psychological Association.

This data collection includes two survey instruments, the Survey of Current SAMHSA MFP Fellows and the Survey of Alumni SAMHSA MFP Fellows. The two online surveys (with the option for a hard copy mailed through the U.S. Postal Service) will be used with the following stakeholders in the MFP grant programs:

1. *Current SAMHSA MFP Fellows* (n=411)

a. *Current MFP fellows* (doctoral-level fellows) and *master's-level fellows* currently receiving support during their doctoral-level, master's-level, psychiatric residency, or certificate training programs will be asked about their experiences in the MFP (from recruitment into the program through their participation in the various activities provided by the grantees).

2. *MFP Alumni* (n=1,280)

a. *MFP Alumni* who participated in the MFP during the time the program was administered by SAMHSA will be asked about their previous experiences as fellows in the MFP, their subsequent involvement and leadership in their professions, and intentions to stay in the behavioral health field.

The information gathered by these two surveys will be used to document contributions and impacts of current and former MFP fellows. The current fellows survey includes questions to assess the following measures: background items on training specialty and demographics, practicum and internship experiences, professional development activities (e.g., number of certifications obtained, types of professional development/contributions to the field such as number of presentations or publications), and learning opportunities related to MFP fellows' preparation to provide culturally competent mental and substance use disorder services to underserved populations. The alumni fellows survey includes questions to measure: background items on specialization and demographics, status of degree completion, employment experiences and settings where providing culturally competent mental and substance use disorder services to underserved populations, contributions to the field, application of MFP learning opportunities in current employment

experiences, mentoring and other support received during the MFP, satisfaction with their preparation during MFP for their current employment or educational placement, intentions to stay in or leave the behavioral health field, and suggestions for improving the MFP.

This request amends the OMB approval that expired August 31, 2019, by omitting questions that gathered information on number of mentors and total mentored hours; as well as self-reported impacts on current and alumni fellows such as increased knowledge, skills, and aptitude. Both the current and alumni fellows' surveys are revised accordingly. For the alumni survey, the respondent pool has been limited only to those who have completed the MFP within the past five years. Additionally, to further streamline this data collection SAMHSA has also deleted eleven other questions that are not critical to assessing the program's progress. In turn, the following questions have been added to the survey instruments to help better assess the program's progress with meeting stated goals and plan for future cohorts of fellows:

(1) *Specialization*

Response choices were modified and added to align with position titles in HRSA's annual behavioral workforce survey.

My specialization would best prepare me/prepared me for positions such as those held by (check more than one if applicable):

- Adult psychiatrists
- Child and adolescent psychiatrists
- Psychiatric nurse practitioners
- Physician assistants
- Psychologists
- Social workers
- Marriage and family therapists
- Addictions counselors
- Mental health counselors
- School counselors
- Other: *Please specify* [text box]

(2) *Personal Background*

Items and response choices were added or revised to align with how these are asked in federal national data collections (e.g., American Community Survey or NIH's PhenX Toolkit).

The next set of questions will help SAMHSA understand the variation in responses based on characteristics of MFP fellows.

(5) *What is your gender?*

- Male
- Female
- Non-binary,
- Two-Spirit
- TF (Transgender Female)

- TM (Transgender Male)/
- Other (*please specify*): [text box] *
- Prefer not to answer

(6) *Are you of Hispanic, Latina/Latino, or Spanish origin? **

- No, not of Hispanic, Latino, or Spanish origin
- Yes
 - Mexican, Mexican Am., Chicano
 - Puerto Rican
 - Cuban
 - Another Hispanic, Latino, or Spanish origin—for example, Salvadoran, Dominican, Colombian, Guatemalan, Spaniard, Ecuadorian, etc.) [text box]*
- Prefer not to answer

(7) *What is your race? For this survey (as in the U.S. Census), Hispanic origins are not races. Check all that apply. **

- White—for example, German, Irish, English, Italian, Lebanese, Egyptian, etc.
- Black, African, or African American—for example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.
- American Indian or Alaska Native—Print name of enrolled or principal tribe(s), for example, Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, etc.
- Asian or Asian American
- Chinese
- Filipino
- Asian Indian
- Vietnamese
- Korean
- Japanese
- Other Asian—for example, Pakistani, Cambodian, Hmong, etc.
- Native Hawaiian, Samoan, Chamorro, or Other Pacific Islander—for example, Tongan, Fijian, Marshallese, etc.
- Some other race—specify race or origin: [text box]*
- Prefer not to answer

The following items will help us understand the immigrant status of our trainees and the extent to which we are diversifying our trainees to respond to the growing needs of immigrant families.

(8) *Are you from an immigrant family?*

- NO
- YES
- Prefer not to answer
- a. *Was either of your parents born outside of the U.S.?*
 - YES, one parent
 - YES, both parents
 - NO, neither parent
 - Prefer not to answer

b. Was at least one of your grandparents born outside of the U.S.?
 YES
 NO
 Prefer not to answer

c. Were you born outside of the U.S.?
 YES
 NO
 Prefer not to answer

(9) List any language(s), other than English, in which you have at least minimum professional speaking proficiency (i.e., can participate effectively in most formal and informal conversations on practical and professional topics). Check all that apply.*

English only
 African-other than Amharic (please specify below)
 Amharic
 Chinese-Mandarin
 Chinese-Other
 French
 German
 Hindi
 Japanese
 Korean
 Kreyol
 Portuguese
 Russian
 Spanish

Other language (please specify): [text box]
 Prefer not to answer

(10) Do you have a disability or require accommodations to perform essential professional functions? *
 Yes
 No
 Prefer not to answer

(3) Learning Opportunities
 Added items or response choices (e.g., use of telehealth) to reflect changes in behavioral practices and service delivery due to COVID-19 restrictions.

20. During the past MFP year, as part of your program, please check the types of learning opportunities you had for each of the following topics.

(a) Working with individuals from racially and ethnically diverse backgrounds?
 (Please select all that apply.)
 Opportunities to learn via telehealth
 Observation of clinical encounters in-person
 Observation of clinical encounters via telehealth
 Clinical experience with the population(s)
 Education about the CLAS standards and their impact on the delivery of care

Instruction in cultural humility/competence and its impact on the delivery of care
 Distance learning (virtual learning, web-based learning)
 Supervision of the clinical experience with the population(s)

(4) Intentions to Stay/Leave Behavioral Health Field (alumni only)

Additional items were added to better understand how the stress and burnout being witnessed in the health care workforce generally and behavioral health workforce in particular (due to COVID-19 pandemic) may have impacted alumni fellows' intentions to stay in or leave the field.

The following questions ask about your intentions to stay in the mental or behavioral health field. Using the scales provided, indicate how often you think about leaving and the likelihood that you would leave.

(31). Do you consider your current job/practice/training as in the mental and behavioral health field?
 ___ No: Which field are you in? TEXT BOX (then skip to Q34)
 ___ Yes (ANSWER INTENTIONS 1 and 2 below)

31. INTENTIONS-1	1-Never	2-A few times a year or less	3-Once a month or less	4-A few times a month	5-Once a week	6-A few times a week	7-Every day
a. How often do you think about leaving your job/training program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How often do you think about leaving for another job/training program in the field?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. INTENTIONS-2	1-Extremely unlikely	2-Very unlikely	3-Somewhat unlikely	4-Neutral/unsure	5-Somewhat likely	6-Very likely	7-Extremely likely
a. How likely is it that you will search for a job in the same primary role—e.g., clinical care, practice, teaching, research, prevention, administration/policy development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How likely is it that you will actually leave the mental and behavioral health field next year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(33) If you are considering leaving the mental and behavioral health field, what is/are the primary driver(s)?

(34) What changes are needed that would convince you to stay? [Limit characters to 450]

Burden Estimate

The total annual burden estimate for conducting the surveys is shown below:

Survey name	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total burden hours
SAMHSA MFP Current Fellows Survey	411	1	411	0.42	173

Survey name	Number of respondents	Responses per respondent	Total number of responses	Hours per response	Total burden hours
SAMHSA MFP Alumni Survey	1,280	1	1,280	0.42	538
Totals	1,691 ^a	1,691	711

^a This is an unduplicated count of total respondents.

Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function.

Alicia Broadus,
Public Health Advisor.

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DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

[FWS-R7-ES-2023-N092;
FXES111607MMTRP-245-FF07CAMM00;
OMB Control Number 1018-0066]

Agency Information Collection Activities; Submission to the Office of Management and Budget; Marine Mammal Marking, Tagging, and Reporting Certificates, and Registration of Certain Dead Marine Mammal Hard Parts

AGENCY: Fish and Wildlife Service, Interior.

ACTION: Notice of information collection; request for comment.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995, we, the U.S. Fish and Wildlife Service (Service), are proposing to renew an information collection without change.

DATES: Interested persons are invited to submit comments on or before February 1, 2024.

ADDRESSES: Written comments and recommendations for the proposed information collection should be submitted within 30 days of publication of this notice at <https://www.reginfo.gov/public/do/PRAMain>. Find this particular information collection by selecting “Currently under Review—Open for Public Comments” or by using the search function. Please provide a copy of your comments to the Service Information Collection Clearance Officer, U.S. Fish and Wildlife Service, MS: PRB (JAO/3W),

5275 Leesburg Pike, Falls Church, VA 22041-3803 (mail); or by email to Info_Coll@fws.gov. Please reference “1018-0066” in the subject line of your comments.

FOR FURTHER INFORMATION CONTACT: To request additional information about this ICR, contact Madonna L. Baucum, Service Information Collection Clearance Officer, by email at Info_Coll@fws.gov, or by telephone at (703) 358-2503. Individuals in the United States who are deaf, deafblind, hard of hearing, or have a speech disability may dial 711 (TTY, TDD, or TeleBraille) to access telecommunications relay services. Individuals outside the United States should use the relay services offered within their country to make international calls to the point-of-contact in the United States.

SUPPLEMENTARY INFORMATION: In accordance with the Paperwork Reduction Act of 1995 (PRA, 44 U.S.C. 3501 *et seq.*) and 5 CFR 1320.8(d)(1), we provide the general public and other Federal agencies with an opportunity to comment on new, proposed, revised, and continuing collections of information. This helps us assess the impact of our information collection requirements and minimize the public’s reporting burden. It also helps the public understand our information collection requirements and provide the requested data in the desired format.

On July 26, 2023, we published in the **Federal Register** (88 FR 48260) a notice of our intent to request that OMB approve this information collection. In that notice, we solicited comments for 60 days, ending on September 25, 2023. In an effort to increase public awareness of, and participation in, our public commenting processes associated with information collection requests, the Service also published the **Federal Register** notice on [Regulations.gov](https://www.regulations.gov) (Docket No. FWS-R7-ES-2023-0097) to provide the public with an additional method to submit comments (in addition to the typical U.S. mail submission methods). We received one anonymous comment in response to that notice which did not address the information collection requirements. No response to that comment is required.

As part of our continuing effort to reduce paperwork and respondent burdens, we are again soliciting comments from the public and other Federal agencies on the proposed ICR that is described below. We are especially interested in public comment addressing the following:

- (1) Whether or not the collection of information is necessary for the proper performance of the functions of the agency, including whether or not the information will have practical utility;
- (2) The accuracy of our estimate of the burden for this 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) How might the agency minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.*, permitting electronic submission of response.

Comments that you submit in response to this notice are a matter of public record. Before including your address, phone number, email address, or other personal identifying information in your comment, you should be aware that your entire comment—including your personal identifying information—may be made publicly available at any time. While you can ask us in your comment to withhold your personal identifying information from public review, we cannot guarantee that we will be able to do so.

Abstract: Under section 101(b) of the Marine Mammal Protection Act of 1972, as amended (MMPA; 16 U.S.C. 1361-1407), Alaska Natives residing in Alaska and dwelling on the coast of the North Pacific or Arctic Oceans may harvest polar bears, northern sea otters, and Pacific walrus for subsistence or handicraft purposes. Section 109(i) of the MMPA authorizes the Secretary of the Interior to prescribe marking, tagging, and reporting regulations applicable to the Alaska Native subsistence and handicraft take.