

Instrument	Total number of respondents	Total number of responses per respondent	Average burden hours per response	Total burden hours	Annual burden hours
CSBG Annual Report 2.1 (States)	56	1	198	11,088	3,696
CSBG Annual Report 2.1 (Eligible Entities)	1,000	1	493	493,000	164,333.3
CSBG Tribal Annual Report	24	3	111	7,992	2,664
CSBG Tribal Annual Report Short Form	30	3	40	3,600	1,200
Total Estimates	1,381,568	460,522.60

Comments: The Department specifically requests comments on the following:

1. Whether the proposed collection of information is necessary for the proper performance measurement of Federal, State, or local agencies.

2. The quality of the information to be collected.

3. The clarity of the information to be collected.

4. Does the information to be collected produce significant burden? If so, how could the burden be minimized on respondents, including using automated collection techniques or other forms of technology?

5. The accuracy of the agency's estimate of the burden of the proposed collection of information.

6. What, if any, additions, revisions, or modifications to the information collection would you suggest?

Consideration will be given to comments and suggestions submitted within 30 days of this publication.

Authority: 112 Stat. 2729; 42 U.S.C. 9902(2).

Mary C. Jones,
ACF/OPRE Certifying Officer.

[FR Doc. 2024-23271 Filed 10-8-24; 8:45 am]

BILLING CODE 4184-27-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Community Living

Announcing the Intent To Award a Single-Source Supplement for University Center for Excellence in Developmental Disabilities Core Function Activities

AGENCY: Administration for Community Living, HHS.

ACTION: Notice.

SUMMARY: The Administration for Community Living (ACL) announces the intent to award a single-source supplement to the current grant held by the Oregon Health and Science University Center for Excellence in Developmental Disabilities. The purpose of this supplemental funding is

to support one or more core function activities to address the needs of and provide support for individuals with intellectual and developmental disabilities (I/DD) who use Augmentative and Alternative Communication (AAC) or could benefit from AAC to ensure access to needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration and inclusion in all facets of community life. The administrative supplement for fiscal year 2024 will amount to \$270,000.

FOR FURTHER INFORMATION CONTACT: For further information or comments regarding this program supplement, contact Pamela O'Brien, U.S. Department of Health and Human Services, Administration for Community Living, Administration on Disabilities, (202) 795-7417 or via email Pamela.OBrien@acl.hhs.gov.

SUPPLEMENTARY INFORMATION: This supplementary funding will expand the engagement and technical assistance efforts around supporting people who use AAC devices to live well in the community. It will increase the capacity of the Oregon Health and Science University for Excellence in Developmental Disabilities (OHSU UCEDD) to broaden its reach and increase its impact by carrying out activities that address the needs of an unserved/underserved population—people with I/DD who use AAC or could benefit from AAC.

As a result of this funding, ACL expects the OHSU UCEDD will carry out one or more of the four core functions activities, which could include but are not limited to:

- *Interdisciplinary Training:* Training of future practitioners about the benefits of AAC and how to support access to AAC.

- *Community Service:* Supporting a community of AAC users for peer-to-peer networking, support, and exchange of ideas for addressing barriers to accessing AAC.

- *Research:* Conducting research such as research on the benefits of peer connections amongst AAC users.

- *Information Dissemination:* Developing and disseminating materials to assist others in accessing AAC and sharing findings from research with the UCEDD network and DD Community.

This supplement will fund enhanced efforts related to developing a network of AAC users to connect them where they otherwise would not be able to connect with each other.

Program Name: University Center for Excellence in Developmental Disabilities Education, Research and Service.

Recipient: Oregon Health and Science University Center for Excellence in Developmental Disabilities.

Period of Performance: The supplement award will be issued from September 30, 2024, through September 29, 2025.

Total Supplement Award Amount: \$270,000.

Award Type: Grant.

Statutory Authority: This program is authorized under 42 U.S.C 15062(d).

Basis for Award: Due to the low incidence of communication disabilities associated with the use of AAC, there are very few experts in this specialty area. OHSU is a designated UCEDD with extensive expertise and experience in AAC. The UCEDD has conducted research and led teams on development of assistive technology, intervention planning, AAC peer support models, and assessment protocols for both children and adults. The UCEDD completed several AAC externally funded innovative projects that addressed public health, device development and evaluation, and interventions for young children. The UCEDD is currently developing a network of AAC users to connect them where they otherwise would not be able to connect with each other. The supplemental funding will leverage the experience and expertise of the OHSU UCEDD to focus on this unserved/underserved population and strengthen the UCEDD's work in this area.

Dated: October 3, 2024.

Alison Barkoff,

Principal Deputy Administrator for the Administration for Community Living, performing the delegable duties of the Administrator and the Assistant Secretary for Aging.

[FR Doc. 2024–23377 Filed 10–8–24; 8:45 am]

BILLING CODE 4154–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request; Evaluation of the Maternal and Child Health Bureau Pediatric Mental Health Care Access Program and the Screening and Treatment for Maternal Mental Health and Substance Use Disorders Program

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

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, HRSA submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA's ICR only after the 30-day comment period for this notice has closed.

DATES: Comments on this ICR should be received no later than November 8, 2024.

ADDRESSES: 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 Review—Open for Public Comments” or by using the search function.

FOR FURTHER INFORMATION CONTACT: To request a copy of the clearance requests submitted to OMB for review, email Joella Roland, the HRSA Information Collection Clearance Officer, at paperwork@hrsa.gov or call (301) 443–3983.

SUPPLEMENTARY INFORMATION:

Information Collection Request Title: Evaluation of the Maternal and Child

Health Bureau Pediatric Mental Health Care Access Program and the Screening and Treatment for Maternal Mental Health and Substance Use Disorders Program, OMB No. 0906–xxxx—New.

Abstract: This notice describes information collection requests for two of HRSA's Maternal and Child Health Bureau programs: the Pediatric Mental Health Care Access (PMHCA) program and the Screening and Treatment for Maternal Mental Health and Substance Use Disorders (MMHSUD) program. The PMHCA program aims to promote behavioral health integration into pediatric primary care by developing and supporting state, regional, and tribal pediatric mental health care teleconsultation access programs. The MMHSUD program aims to support maternity care providers and clinical practices by supporting the development, improvement, and/or maintenance of statewide or regional behavioral health networks. Both programs support health professionals (HPs)¹ in their delivery of high-quality and timely screening, assessment, treatment, and referrals for their targeted populations (e.g., children, adolescents, and young adults for PMHCA programs; pregnant and postpartum people for MMHSUD programs) through the provision of clinical behavioral health teleconsultation, care coordination support/navigation (i.e., resource identification and referrals), and training and education. Additionally, the PMHCA and MMHSUD programs focus on reducing racial, ethnic, and geographic disparities in access to care, especially in rural and other underserved areas.

The information will be collected from PMHCA and MMHSUD award recipient programs funded in 2021, 2022, or 2023 and from participants in and stakeholders of those programs:

- The 2021 and 2022 PMHCA programs are authorized by 42 U.S.C. 254c–19 (sec. 330M of the Public Health Service Act), using funding provided by Section 2712 of the American Rescue Plan Act of 2021 (Pub. L. 117–2).
- The 2023 PMHCA programs are authorized by 42 U.S.C. 254c–19 (sec. 330M of the Public Health Service Act), as amended by Section 11005 of the Bipartisan Safer Communities Act (Pub. L. 117–159).

¹ HPs may include, but are not limited to, pediatricians, family physicians, adult primary care clinicians, obstetrician-gynecologists, physician assistants, advanced practice nurses/nurse practitioners, licensed practical nurses, registered nurses, nurse midwives, counselors, behavioral health clinicians, social workers, care coordinators, medical assistants, and patient care navigators.

- The 2023 MMHSUD programs are authorized by 42 U.S.C. 247b–13a (sec. 317L–1 of the Public Health Service Act).

To evaluate progress made toward the programs' goals, this data collection will use the following eight instruments: (1) HP Survey, (2) Practice-Level Survey, (3) Program Implementation Survey, (4) Behavioral Health Consultation Provider Semi-Structured Interview (SSI), (5) Care Coordinator SSI, (6) Champion SSI, (7) Community-Based and Other Resources SSI, and (8) Program Implementation SSI.

A 60-day notice was published in the **Federal Register** on May 28, 2024, 89 FR 46143–44. HRSA received two public comments, which included 13 recommendations. All recommendations were considered, as detailed below, and no changes were made to the current information collection described in this notice as a result of the recommendations.

Two recommendations focused on defining terms. One recommended use of the term “mental and behavioral health” in place of “behavioral health” and “infant, child, and adolescent” in place of “child and adolescent” in any survey language. HRSA selected “behavioral health” as the most concise and accepted term after consideration of definitions from national associations, federal agencies, and experts in the field. HRSA noted that the “child and adolescent” terminology is not used in the surveys for the HRSA evaluation of the PMHCA and MMHSUD programs. Another recommended that HRSA define PMHCA program training activities. In the Notices of Funding Opportunity that awardees responded to, HRSA describes various modalities/formats for training (e.g., Project Extension for Community Health Care Outcomes, Resource for Advancing Children's Health, learning collaboratives, in person, synchronous, asynchronous) as well as potential topics for training (e.g., psychiatric disorders and medications, screening and treatment protocols, practice transformation processes, trauma-informed care). Reflective of training-related program requirements, HRSA will collect data on the number of trainings attended by HPs, modality for training received, the number of providers trained, the number of trainings by topic, training methods, and materials used. Training is defined in the surveys using the survey question response options (e.g., in-person training event, webinar, self-study with program resources, video conferencing, learning collaborative [Project Extension for Community Health Care Outcomes,