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.

Jackie Painter,  
Director, Division of the Executive Secretariat.

For further information contact: Jackie Painter, Director, Division of the Executive Secretariat.

This information collection is needed for eligible entities to report progress under the Home Visiting Program annually. On March 23, 2010, the President signed into law the Patient Protection and Affordable Care Act (ACA). Section 2951 of the ACA amended Title V of the Social Security Act by adding a new section, 511, which authorized the creation of the Home Visiting Program (http://frwgbgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=111_cong_bills&docid=f:hr3590enr.pdf, pages 216–225). A portion of funding under this program is awarded to participating states and eligible jurisdictions competitively. The purpose of the competitive funding is to provide additional support to entities that have already made significant progress towards establishing a high-quality home visiting program or embedding their home visiting program into a comprehensive, high-quality early childhood system and are ready to expand and maintain expanded programs.

The information collected will be used to review grantees progress on proposed project plans sufficient to permit project officers to assess whether the project is performing adequately to achieve the goals and objectives that were previously approved. This report will also provide implementation plans for the upcoming year, which project officers can assess to determine whether the plan is consistent with the grant as approved, and will result in implementation of a high-quality project that will complement the home visiting program as a whole. Progress Reports are submitted to project officers through the Electronic HandBooks (EHB). Failure to collect this information would result in the inability of the project officers to exercise due diligence in monitoring and overseeing the use of grant funds in keeping with legislative, policy, and programmatic requirements. Grantees are required to provide a performance narrative with the following sections: Project identifier information, accomplishments and barriers, state home visiting program goals and objectives, an update on the state home visiting program promising approach and evaluations conducted under the competitive grant, implementation of the state home visiting program in targeted at-risk communities, progress toward meeting legislatively-mandated reporting on benchmark areas, state home visiting quality improvement efforts, and updates on the implementation of state home visiting program.

Since federal fiscal year 2011, 48 eligible entities have received competitive grant awards. Grantees of the competitive grant program need to complete annual reports in order to comply with HRSA reporting requirements. Some grantees have been awarded up to three competitive grants to date.

In the event a new Funding Opportunity Announcement is issued annually for the competitive grant program, the application for new grant funds may take the place of completion of a non-competing continuation progress report.


Burden Statement: Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information requested. This 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 is estimated to be 500 hours.
hours estimated for this ICR are summarized in the table below.

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<th>Summary progress on the following activities</th>
<th>Number of respondents</th>
<th>Number of responses per respondent</th>
<th>Total responses</th>
<th>Hours per response</th>
<th>Total burden hours</th>
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<td>166</td>
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</table>

Jackie Painter,  
Director, Division of the Executive Secretariat.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Indian Health Service

Meeting on American Indian/Alaska Native Lesbian, Gay, Bisexual, and Transgender Health Issues

AGENCY: Indian Health Service, HHS.

SUMMARY: The Indian Health Service (IHS) is seeking broad public input as it begins efforts to advance and promote the health needs of the American Indian/Alaska Native (AI/AN) Lesbian, Gay, Bisexual, and Transgender (LGBT) community.

DATES: The meeting will be held as shown below:
1. July 27, 2015 from 9:00 a.m. EST to 4:30 p.m. EST.

ADDRESSES: The meeting location is:
1. Rockville, MD—801 Thompson Avenue, Rockville, MD 20852.

Written statements may be submitted to Lisa Noel, MPH, Program Coordinator, Office of Clinical and Preventive Services, Indian Health Service, 801 Thompson Avenue, Suite 300, Rockville, MD 20852.

FOR FURTHER INFORMATION CONTACT: Lisa Noel, MPH, Program Coordinator, Office of Clinical and Preventive Services, Indian Health Service, 801 Thompson Avenue, Suite 300, Rockville, MD 20852, Telephone 301–443–4305. (This is not a toll-free number.)

SUPPLEMENTARY INFORMATION: The meeting will be open to the public. To facilitate the building security process, those who plan to attend should RSVP to Lisa Noel at lisa.noel@ihs.gov or by telephone at 301–443–4305. (This is not a toll-free number.)

Correction

In the Federal Register of July 8, 2015, in FR Doc. 2015–16744, on page 39132, in the second column, under the heading Purpose Area 2: Suicide Prevention, Intervention, and Postvention, all the bullet points with corrections should read as follows:

• Expand available behavioral health care treatment services;
• Foster coalitions and networks to improve care coordination;
• Educate and train providers in the care of suicide screening and evidence-based suicide care;
• Promote community education to recognize the signs of suicide, and prevent and intervene in suicides and suicide ideations;
• Improve health system organizational practices to provide evidence-based suicide care;
• Establish local health system policies for suicide prevention, intervention, and postvention;
• Integrate culturally appropriate treatment services; and
• Implement trauma informed care services and programs.

Dated: July 15, 2015.

Elizabeth A. Fowler,  
Deputy Director for Management Operations, Indian Health Service.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Indian Health Service

Division of Behavioral Health, Office of Clinical and Preventive Services; Methamphetamine and Suicide Prevention Initiative; Correction

AGENCY: Indian Health Service, HHS.

SUMMARY: The Indian Health Service published a document in the Federal Register on July 8, 2015, for the FY 2015 Methamphetamine and Suicide Prevention Initiative. The notice contained four incorrect broad objectives for Purpose Area 82.

FOR FURTHER INFORMATION CONTACT: Mr. Paul Gettys, Grant Systems Coordinator, Division of Grants Management (DGM), Indian Health Service, 801 Thompson Avenue, Suite TMP 360, Rockville, MD 20852, Telephone direct (301) 443–2114, or the DGM main number (301) 443–5204. (This is not a toll-free number.)