

**Updated MCH Block Grant Application/Annual Report Guidance
California Title V Program Feedback**

Given the extreme demands on the public health workforce during the COVID-19 public health emergency, including the recent surge and vaccine planning, we are concerned about expanded reporting requirements. Now more than ever, we need to focus our limited staff capacity on serving the maternal, child and adolescent populations in our state during this time of heightened need. We plan to request an additional year to build capacity for these changes.

In response to the specific areas where HRSA requested feedback, California's Title V Program has concerns about the necessity of proposed information collection as well as the accuracy of the estimated burden. HRSA estimates a reporting burden of 120 hours, which is a severe underestimate of the time required. Given the reduced workforce and substantial reporting burden already in place, an increase in reporting will require additional staff. Feedback related to specific proposed changes is captured below.

Regarding the proposed change to *"Strengthen the narrative discussion on the State Systems Development Initiative (SSDI) grant and add a reporting form for annually assessing State Title V program capacity to access essential Maternal and Child Health data that supports timely program planning, monitoring, and evaluation"*, we fully support integration of the SSDI application process into the Title V reporting and application process and request that given this integration, the proposed form would only be needed in one of the applications.

Regarding the proposed change to *"Enhance the annual narrative reporting to include a more robust description of the State Title V workforce capacity (e.g., number/types of Full-Time Equivalents, trends/shifts in Maternal and Child Health workforce, and key external partners) and professional development efforts, while providing resources to assist State Title V programs in their ongoing assessment of Maternal and Child Health workforce and training needs"*, we feel that these topics are already addressed throughout other areas of the report. The proposed expansion in reporting seems duplicative of information provided in the needs assessment, action plan and application narrative.

Regarding the proposed change to *"Expand the annual narrative reporting to include a descriptive analysis of the State Title V program's capacity related to emergency planning and preparedness, with the intended purpose of enabling each state to better assess its capacity for responding to emerging public health threats and disasters that could potentially impact the Maternal and Child Health population"*, we agree that this is a valuable section to add but additional staffing and time to build capacity in this area are needed.