SOUTH DAKOTA HEALTH

DIVISION OF FAMILY & COMMUNITY HEALTH

Office of Lifespan Health

July 20, 2026

U.S. Department of Health and Human Services

Health Resources and Services Administration

Maternal and Child Health Bureau

Division of State and Community Health

5600 Fishers Lane

Room 11N35

Rockville, MD 20857

Re: 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

To Whom it May Concern:

The South Dakota Department of Health Maternal and Child Health Program respectfully submits the following comments regarding the proposed Title V MCH Services Block Grant Application/Annual Report Guidance, as published in the Federal Register on May 19, 2026.

We appreciate ongoing efforts to reduce state burden and welcome the opportunity to provide feedback based on our experience. Our comments focus on improving efficiency, reducing duplication and enhancing overall flow and readability of the report. Most recommended revisions are minor and do not change the intent of the guidance but aims to support a more streamlined and coherent reporting process.

To increase efficiencies, the following changes are recommended:

- Combine section III.A.2. *How Title V Funds Support State MCH Efforts* with III.D.1. *Expenditures* and III.D.2. *Budget*.
  Creates a unified “funding section”, improving narratives flow and aligns expenditures directly with how Title V funds support state MCH activities.

- Expand the space allotted for III.A.3. *MCH Success Story*

  Additional room is needed to adequately describe program achievements and the processes that led to those successes.

- Combine III.B.2.a. *Purpose and Design* and III.B.2.b *Organizational Structure*.

  Bringing these sections together provides a comprehensive view of the MCH Program's purpose and organizational framework.

- Combine III.B.3.a. *Systems of Care for Mothers, Children, and Families* and III.B.3.b *System of Services for CYSHCN*

  Combining these sections reduces redundancies and allows states to more effectively convey a full, integrated picture of statewide systems of care.

- Combine III.C.1.b.i. *MCH Population Health and Wellbeing* with III.B.1. *State Description*

  Presents a clearer and more complete picture of the MCH population and its needs within the state.

- Combine III.C.1.b.ii.a. *Impact of Organizational Structure*, III.C.1.b.ii.b. *Impact of Agency Capacity* and III.C.1.b.ii.c. *Title V Workforce Capacity and Workforce Development*

  These sections address related concepts and could be consolidated to reduce duplication and state burden.

- Combine III.C.1.b.iii. *Title V Program Partnerships, Collaboration and Coordination* and III.C.1.b.iv. *Family and Community Partnerships*

  Streamlines content to better present the breadth of state partnerships and value of community-based, family led partnerships.

We appreciate the opportunity to provide input on the Title V reporting process. Please feel free to contact me with any questions or further clarification.

Abigail Callan

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South Dakota Department of Health