To: Brenda Aguilar; Office of Information and Regulatory Affairs (OIRA)

From: Office of Planning, Research and Evaluation (OPRE); Administration for Children and Families (ACF)

Date: December 6, 2012

Subject: Nonsubstantive Changes: Maternal and Infant Home Visiting Program Evaluation (MIHOPE)

0970-0402

This is a request for non-substantive changes to the OMB approved MIHOPE package. We request two updates to the approved package. The first is to the site presentation slides. The second is to logs. Each change is described below.

Site Presentation Slides

The changes proposed will help clarify some common questions we have encountered when delivering the presentation. First, we propose breaking one slide about the research design into three (7-10). The same points will be made within the same amount of time. The additional slides provide more detail. Second, we propose swapping one illustration about random assignment for another illustration (slide 14).

Logs

For the logs, we propose and provide rationale for adding three additional questions to the family service log completed weekly by MIHOPE home visitors. The family service log captures dosage, content, and referrals made during home visits, as well as preparation and planning time for visits.

Under the current plan, only primary home visitors (those that are assigned to provide regular home visiting services to a caseload) are completing family service logs. While most of the services are provided by the primary home visitor, there are two other types of frontline service providers that may be utilized by MIHOPE sites to provide occasional services to families.

The two main types of supplemental staff are:

- 1) <u>"Backup" staff</u> that conduct home visits if the primary home visitor is unable to. This service approach might be limited to EHS. We heard from one EHS site in Pennsylvania that EHS mandates that a visit is conducted every week. As a result, if the primary home visitor is unable to conduct a visit during a week, their Head Start nurse or another staff member will conduct the visit for the primary home visitor.
- 2) Specialty staff that conduct home visits to address a specific issue. Examples of specialty staff include: mental health consultants who provide services to a family identified as having mental health issues; child development specialist who works with families with child that have developmental delay/disability). These specialists either co-conduct a home visit with the primary home visitor (which is captured in the existing log) or conduct a separate visit without the primary home visitor.

The dosage provided by these supplemental staff is important for understanding the overall dosage a family receives, and specifically the dosage of enhancements to MIECHV models.

We have identified several approaches to capture the dosage (and corresponding cost of services). However, we believe that adding the three questions below to the family services log is the most burden- and cost-neutral option. These questions will only be completed by a subset of sites that utilize

remain	s the same.
The pr	oposed questions are:
1)	Excluding any group activities, did other staff/providers from <u>your program</u> have face-to-face contact with your client this week when you were not present? ☐ Yes ☐ No [SKIP TO 16]
2)	Excluding any group activities, approximately how many total minutes did other staff spend face-to-face (in-person) with your client during the past week? NUMBER OF MINUTES:
3)	What was the reason that this staff member had contact with your client? ☐ Conducted a home visit when I was unable to

supplemental staff, and for only a fraction of weeks within those sites. Average time to complete the log

We are hoping that these small changes may be considered non-substantive changes since they are aimed at accurately gaining the information that was originally intended - to estimate the full dosage of home visits that each family receives and does not increase the average time to complete.

☐ Provide additional services to client