

MEMORANDUM

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

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

DATE: 10/8/2014

SUBJECT: Request for non-substantive change to “*Building Capacity to Evaluate Interventions for Youth/Young Adults with Child Welfare Involvement at Risk of Homelessness*”. OMB approval # 0970-0445

This memo requests approval for a non-substantive change to “*Planning Grans to Develop a Model Intervention for Youth/Young Adults with Child Welfare Involvement At-Risk of Homelessness*” **OMB Control # 0970-0445**. The current request is for approval of ***Discussion Guide for Interviews*** and ***Discussion Guide for Focus Groups*** developed for administration in winter 2015.

Background and Justification

Approval for the informed consent document, baseline and follow-up survey administration, and email and communication letters was granted on March 12, 2014. In response to the comment from OIRA, quoted below, the site visit content and burden hours were described in the Supporting Statements of the original ICR. We are now submitting the final site visit discussion guides, and requesting approval as a non-substantive change. We note, as before, that the anticipated burden for site visit protocols (semi-structured interviews and focus group guides) was presented in the 60-day federal register notice for this package, but not in the 30-day notice. The currently anticipated burden is significantly lower than what was described in the 60-day notice. The 60-day notice included an estimate of 405 annual burden hours for each protocol. We now anticipate total annual burden hours of 68 for the semi-structured interviews and 162 hours for focus groups.

OIRA Comment

I see that a separate ICR will be submitted for the site visit component of this planning study. I wonder if the agency had considered describing the site visits content and including the burden hours for that activity in this submission, with the protocols to be submitted as a nonsub change when complete (since the particulars of those protocols may not be able to be fully developed until the initial instruments have been fielded)? Assuming that the site visits are described in the federal register notices, and that about 1 hour is planned for each site visit to 18 grantees, this difference in burden might be considered minimal. If the nonsub change method were to be used to fold in the site visits, this would reduce mandatory review periods that would be required with a separate ICR submission.

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Previously Submitted Materials

The approved submission included *Attachment 4: YARH Discussion Guide for Individual Interviews* (March 2014) and *Attachment 5: YARH Discussion Guide for Focus Groups*. Each attachment included an introductory script and a list of topics for discussion (see Table 1).

Revised Attachments

Attachments 4 and 5 were revised in October 2014 to provide a list of potential questions. The same introductory script and discussion guide will be used for both individual interviews and focus groups conducted during site visits to each grantee. The introductory script, which describes the purpose of the interview or focus group, was revised slightly for clarity. It will be used at all sites. The discussion guide, which will be used for all sites, covers topics related to the planning team structure, function, and partners, data access and analysis, identifying target populations and services required, as well as evaluation planning.

There are no changes to the proposed timing of the site visit, which will be coordinated with grantees to ensure minimal disruption to the work of planning team members. The interviews and focus groups will be conducted during the site visit.

Attachment 7 is a new attachment that documents the request for a waiver of consent. This request was approved by the New England Institutional Review Board, which approved the proposed study.

Amendment Request

We are requesting approval of the attached discussion guides to be administered by members of the study team in individual interviews (Attachment 4 – Revised) and focus groups (Attachment 5 – Revised) during the site visits.

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Table 1: Topics of Discussion Proposed in March 2014

- **Planning team and partner relationships**
 - Identifying and engaging the planning team members
 - Establishing structure of planning team
 - Establishing formal relationships with partners
 - Developing informal relationships with partners
 - Establishing a communication system
 - Establishing a decision-making process
- **Administrative and primary data sources**
 - Accessing administrative data sources
 - MOU/DUA in place
 - MOU/DUA in progress
 - Analysis of administrative data
 - Integrating individual-level or case/family-level data
 - Analysis of integrated data
 - Access to youth surveys or focus groups
 - Analysis of youth data
 - Identifying new insights and/or providing support for existing ideas
- **Defining and identifying at-risk youth**
 - Documenting starting definition of at-risk
 - Refining definition of at-risk
 - Developing rationale for changes in definition
 - Identification of at-risk youth
- **Current service provision**
 - Assessing current services
 - Conducting gap analysis
 - Documenting partner reaction
- **Comprehensive Service Model**
 - Documenting theory of change – partnership
 - Documenting theory of change – service delivery
 - Developing a logic model for the service delivery
 - Identifying evidence-based or evidence-informed interventions
 - Continuing current evidence-based or evidence-informed interventions
 - Adapting or modifying the evidence-based or evidence-informed services selected by your community
 - Referral and Service Priorities
 - Identifying screening and assessment tools
- **Evaluation Design**
 - Describing intended rigorous evaluation design
 - Describe intervention services to be evaluated
 - Describe the comparison services – to what will the new services be compared?
 - Describe the youth/young adults who will be the target of the intervention
 - Assessing partner support for evaluation design
 - Selecting outcomes for the evaluation
 - Determining target sample size
 - Developing recruitment and enrollment processes
 - Developing consent processes