

## Supporting Statement A

### Maternal, Infant, and Early Childhood Home Visiting Program Quarterly Data Collection

OMB Control No. 0906-XXXX-New

Terms of Clearance: None

#### A. Justification

##### 1. Circumstances Making the Collection of Information Necessary

The Health Resources and Services Administration (HRSA) and Administration for Children and Families (ACF) are requesting the Office of Management and Budget (OMB) to review and approve several categories of information collection for the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV).

The MIECHV program is designed to support voluntary, evidence-based home visiting services during pregnancy and to parents with young children up to kindergarten entry. States and tribal entities are eligible to receive funding from the MIECHV program and have the flexibility to tailor the program to serve the specific needs of their communities.

Section 511 of the Social Security Act (42 U.S.C. 701), as amended by the Patient Protection and Affordable Care Act of 2010 requires that MIECHV grantees collect data to measure improvements for eligible families in six specified benchmark areas that encompass the major goals of the program. These areas are:

- 1) Improved maternal and newborn health
- 2) Prevention of child injuries, child abuse, neglect, and maltreatment, and reduction in emergency department visits
- 3) Improvement in school readiness and achievement
- 4) Reduction in crime and domestic violence
- 5) Improvement in family economic self-sufficiency
- 6) Improvement in the coordination and referrals for other community resources and supports

In addition to providing data on these six benchmark areas, MIECHV grantees are required to submit annual reports that summarize the demographic, service

utilization, and other administrative data related to program implementation (OMB control number 0915-0357, expiration 7/31/2017).

Grantees are required by law to demonstrate improvement in at least four of the six benchmark areas after the third year in which an entity conducts the program. If improvement is not demonstrated at that time, grantees are required to complete a Corrective Action Plan (Improvement Action Technical Assistance Plan) in order to improve outcomes in the benchmark areas. The third year of implementation ended in September 2014 and nine state and territory grantees did not demonstrate improvement.

According to the authorizing legislation, MIECHV grants to tribes, tribal organizations, and urban Indian organizations, *to the extent practicable*, are to be consistent with the grants to states and territories. The statute requires that Tribal MIECHV grantees establish 3- and 5-year benchmarks for demonstrating improvement. Tribal MIECHV grantees that did not demonstrate improvement after three years are not required to complete an Improvement Action Plan.

In order to continuously monitor, provide grant oversight, quality improvement guidance, and technical assistance to MIECHV grantees, HHS is seeking to collect two categories of information on a quarterly basis: Service Utilization Data and Improvement Action Benchmark Data.

## **2. Purpose and Use of Information Collection**

HRSA and ACF are seeking approval for one form (two sections) that will be used to collect data from MIECHV grantees:

Section A - Service Utilization Data (Attachment A): This section is made up of four categories of data – Program capacity, place-based services, family engagement, and staff recruitment and retention. This form will be used by MIECHV grantees, including tribes, tribal organizations, and urban Indian organizations that receive grants under the Tribal MIECHV program administered by ACF, to collect data in order to determine the caseload capacity grantees are achieving, where services are being delivered, the retention and attrition of enrolled families, and the retention and attrition of program staff on a quarterly basis.

Collection of quarterly Service Utilization data represents an administrative requirement by HRSA for the ongoing and continuous monitoring and oversight of grant activities. These data will assist HRSA in demonstrating grantee compliance with several program policies, including the maintenance of service caseloads and targets for service capacity.

Section B - Improvement Action Benchmark Data (Attachment A): This section will capture data from MIECHV state and territory grantees who have not demonstrated

improvement in at least four of the six benchmark areas, as established by the statute. Grantees will be required to report quarterly on the benchmark data where they did not demonstrate improvement and which are the foci of their Improvement Action Technical Assistance Plans. Tribal grantees administered by ACF will not be required to complete this section.

For the purposes of defining improvement for the assessment conducted after the third year of program implementation and for the quarterly monitoring of Improvement Action Benchmark data, several factors were/will be considered. Grantees are required to demonstrate improvement in four of six benchmark areas and among at least half of the constructs within each benchmark. Improvement is defined as any change in the value in the defined direction of improvement, or maintaining a value at the maximum for a construct. If a target has been set, any value that met or exceeded that target is defined as improvement, even if the overall change was not in the defined direction.

The objective for this data collection activity is to provide HRSA and ACF with timely updates to service utilization and performance data variables that have the potential to change on a frequent basis. HRSA and ACF will use this information to assist in grants monitoring activities and to target technical assistance resources to underperforming grantees. In addition, this information will allow HRSA to verify that the communities identified as most in need of home visiting services by grantees in their statutorily required needs assessments are receiving MIECHV funded services.

### **3. Use of Improved Information Technology and Burden Reduction**

Improved information technology will be utilized where appropriate. Grantees will collect information from home visiting participants using their own established methods. Grantees will aggregate and report this information to HRSA using the Discretionary Grants Information System – Home Visiting (DGIS-HV), which is an electronic reporting tool currently used by all MIECHV and Tribal MIECHV program grantees for annual performance reporting. This system will be modified to include the form that constitutes this information collection request.

### **4. Efforts to Identify Duplication and Use of Similar Information**

The information collected through this request is not available from another source. Only MIECHV grantees can supply the requested information.

This request for information supplements existing performance measurement information collection requests (OMB control number 0915-0357, expiration 7/31/2017 and OMB control number 0906-XXXX, pending approval). These requests represent annual performance measurement reports that contain demographic, service utilization and benchmark performance data for Home Visiting Program participants. Service utilization data related to family engagement is contained in both the annual and quarterly information collection requests because it

has the potential to change frequently and is a key indicator of program performance. HRSA will use quarterly family engagement data to provide oversight and technical assistance to Home Visiting Program grantees and will use cumulative annual reports of family engagement for reporting purposes and to assess the effectiveness of technical assistance.

**5. Impact on Small Businesses or Other Small Entities**

Information will be collected from individuals by staff at Local Implementing Agencies. Local Implementing Agencies are contracted by the state, territorial, or tribal grantee to provide home visiting services and may be small businesses. Because information collection may involve small businesses, the information being requested has been held to the absolute minimum necessary for the intended use of the data.

**6. Consequences of Collecting the Information Less Frequently**

The information collected through this request will be reported on a quarterly basis. The intended use of this information is to assist HRSA and ACF in monitoring and oversight activities and to target technical assistance resources more efficiently. This information is also likely to change more frequently than the measures MIECHV grantees are required to report on an annual basis. As such, quarterly reporting is required in order for HRSA and ACF to have the most accurate information possible when assessing grantee performance and making decisions about program policy and resources.

There are no legal obstacles to reduce the burden.

**7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5**

The request fully complies with the regulation.

**8. Comments in Response to the Federal Register Notice/Outside Consultation**

**Section 8A:**

A 60-day Federal Register Notice was published in the *Federal Register* on May 13, 2015, vol. 80, No. 92; pp. 27327-27328 (see Attachment B). There were four public inquiries requesting a copy of the draft data collection instrument and eight inquiries providing feedback on definitions of key terms, form format, and reporting mechanisms. The feedback was reviewed and integrated into definitions to improve clarity, where appropriate. Attachment C provides a summary of the public comments and HRSA's responses.

**Section 8B:**

HRSA and ACF worked collaboratively to define the requirements for this information collection request and to develop the data collection form. A number of federal staff at both agencies were consulted during the development. In addition,

the following MIECHV grantee staff were consulted to provide feedback on the clarity and estimated overall annual burden of the data collection instrument.

Angela Watkins, MBA, MPH  
Program Assessment and Evaluation Specialist  
Oklahoma State Department of Health  
[AngelaW@health.ok.gov](mailto:AngelaW@health.ok.gov)  
405-271-5279

Kristine Campagna, MEd  
Chief Program Development  
Rhode Island Department of Health  
[Kristine.Campagna@health.ri.gov](mailto:Kristine.Campagna@health.ri.gov)  
401-222-5927

Cynthia Suire, DNP, MSN, RN  
MIECHV Program Manager  
Louisiana Office of Public Health  
[Cynthia.suire@la.gov](mailto:Cynthia.suire@la.gov)  
337-898-6097

**9. Explanation of any Payment/Gift to Respondents**

Respondents will not receive any payments or gifts.

**10. Assurance of Confidentiality Provided to Respondents**

No personally identifiable information (PII) is being collected through this information collection request. All data will be reported in aggregate by the grantee. This project does not require IRB approval.

**11. Justification for Sensitive Questions**

No questions of a sensitive nature will be asked of respondents.

**12. Estimates of Annualized Hour and Cost Burden**

**12A. Estimated Annualized Burden Hours**

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours

<b>MIECHV Grantees (state, territory, and tribal)</b>	Service Utilization Form	125	4	24	12,000
<b>MIECHV Grantees (state and territory)</b>	Improvement Action Benchmark Form	9	4	40	1,440
<b>Total</b>					<b>13,440</b>

**12B.**

**Estimated Annualized Burden Costs**

<b>Type of Respondent</b>	<b>Total Burden Hours</b>	<b>Hourly Wage Rate</b>	<b>Total Respondent Costs</b>
MIECHV Grantees	13,440	\$28.11	\$377,798.40

**13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs**

Other than their time, there is no cost to respondents.

**14. Annualized Cost to Federal Government**

Costs to the federal government fall into three categories:

- Cost of developing the reporting system
- Cost of federal staff time for project oversight and development
- Cost of contractual support for data cleaning and analysis

Type of Cost	Description of Services	Annual Cost
DGIS-HV Development –	Development and	\$141,000

Contracted	maintenance of the electronic reporting system for quarterly data collection	
Government Program Analyst (10%)	Project management and oversight, consultation, and development	\$9,990
Data Cleaning and Analysis – Contracted	Data aggregation and analysis	\$65,750
Total Estimated Annual Cost		\$216,740

Government costs include personnel costs for federal staff involved in project and contract oversight, instrument design, and analysis which includes approximately 10% of a GS-13 Program Analyst.

**15. Explanation for Program Changes or Adjustments**

This is a new information collection.

**16. Plans for Tabulation, Publication, and Project Time Schedule**

Aggregation and descriptive statistics on quarterly service utilization data will be conducted in order to summarize the performance of both grantees, as well as the program as a whole. This summary information may be made public through data briefs, fact sheets, professional presentations, and/or published manuscripts.

Time series comparisons of benchmark performance data will be made for the grantees participating in improvement action plans. Performance values will be compared to baseline values in order to determine whether the grantee has made improvement in each benchmark construct. Grantees are required to demonstrate an absolute increase or decrease (depending on the measure definition) in the value of the measure when compared to baseline. No statistical analysis will be conducted on benchmark performance data.

HRSA and ACF are requesting a three-year clearance for this data collection activity.

**Project Timeline**

<b>Activity</b>	<b>Time Schedule</b>
Distribute data collection forms and instructions to MIECHV grantees	Immediately following OMB approval
Initiate DGIS-HV reporting system development	September 2015

Quarterly Report 1 due (Oct.-Dec. 2015)	February 2016
Quarterly Report 2 due (Jan.-March 2016)	May 2016
Quarterly Report 3 due (Apr.-June 2016)	August 2016
Quarterly Report 4 due (July-Sept. 2016)	November 2016
Quarterly reporting will continue on an annual schedule throughout the OMB approved clearance timeframe.	

**17. Reason(s) Display of OMB Expiration Date is Inappropriate**

The OMB number and Expiration date will be displayed on every page of every form/instrument.

**18. Exceptions to Certification for Paperwork Reduction Act Submissions**

There are no exceptions to the certification.