

Supporting Statement A

Maternal, Infant, and Early Childhood Home Visiting Program Performance Measurement Information System

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) is 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 (Home Visiting Program).

The Home Visiting Program is designed to support voluntary, evidence-based home visiting services during pregnancy and to parents with young children up to kindergarten entry. States, territories, and non-profit entities are eligible to receive funding from the Home Visiting 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 Home Visiting Program 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

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. No further assessments of improvement are statutorily required to be conducted.

In addition to providing data on these six benchmark areas, Home Visiting Program grantees are currently 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). This package seeks to replace the current annual performance data collected by grantees beginning on October 1, 2016 with annual performance reports aligning with the federal fiscal year. Performance data reports covering the period from 10/1/2016-9/30/2017 will first be submitted to HRSA for in October 2017.

In order to continuously monitor and provide grant oversight, quality improvement guidance, and technical assistance to Home Visiting Program grantees, as well comply with statutory requirements for benchmark performance reporting and administrative requirements under the Government Performance and Results Act (GPRA), HRSA is seeking to revise the current Home Visiting Program Performance Measurement Information System.

2. Purpose and Use of Information Collection

HRSA will use the proposed information to demonstrate program accountability and annually monitor and provide oversight to Home Visiting Program grantees. The information will also be used to provide quality improvement guidance and technical assistance to grantees and help inform the development of early childhood systems at the national, state, and local level. HRSA is seeking to collect demographic, service utilization, and select clinical indicators for participants enrolled in home visiting services. In addition, HRSA is seeking to collect a set of standardized performance and system outcome measures that correspond with the statutorily defined benchmark areas.

HRSA is seeking approval for two forms that will be used to collect data from Home Visiting Program grantees:

Form 1 – Demographic, Service Utilization, and Clinical Indicator Data (Attachment A): This section is made up of three categories of data – participant demographics, program service utilization, and insurance and clinical indicators. This form will be used by Home Visiting Program grantees to collect data from program participants when they enroll in home visiting services. This data will be used to describe the

populations served by Home Visiting Program grantees, nationally and at the state level, and to monitor grantee performance on key indicators, such as family engagement and retention, alignment with statutorily defined priority populations, coordination with medical and dental services in the community, and coordination with other community resources. Data collected through Form 1 is also used to determine key program outputs, as defined in the Home Visiting Program GPRA measures and reported to Congress annually in the HHS Congressional Justification.

Form 1 data will be reported to HRSA in the aggregate at the state/territory level. No individual or family-level data will be collected. Collecting state/territory level demographic and service utilization data will ensure an appropriate data collection and reporting burden for Home Visiting Program grantees.

Form 2 – Benchmark Performance Measures (Attachment B): This section will collect data on a discreet set of performance and system outcome measures that correspond with statutorily defined benchmark areas and will be standardized for all Home Visiting Program grantees. These measures will require grantees to collect information from program participants on key indicators, as outlined in the specification of each measure. These data will have two purposes:

- A) Performance indicators are relatively proximal to the home visiting intervention and have been shown through previous research to be sensitive to change through home visiting alone. Performance indicators will be used to: describe and monitor the performance of grantees; target technical assistance resources to grantees in areas where there are opportunities for performance improvement; assist grantees in developing required continuous quality improvement (CQI) and technical assistance plans, and; may be used in future years to demonstrate program performance accountability through assessments of improvement and/or performance. Such assessments may, but are not required, to follow the same standards as were required for the assessment of improvement following the third year of program implementation (i.e. demonstrate improvement in four of six benchmark areas). Grantee performance on these indicators may be used as one determinant in future funding formulas, which will reward high performing grantees.
- B) System outcome measures are measures that are more distal to the home visiting intervention and/or do not have strong evidence to support the effect of home visiting alone on the outcome due to many factors, including confounding influences or differences in available system infrastructure at the state or community level. System outcome measures will be used to: describe and monitor systems-level change at the state-level (not solely attributed to home visiting interventions); target technical assistance to state-level systems building and coordination efforts of Home Visiting Program grantees, and; compare the outcomes of home visiting service populations with appropriate comparison

populations using available state or nationally representative data sources. System outcome measures will not be used for assessments of improvement, should they be conducted in the future, either through requirements of statute or program policy.

Forms 1 and 2 will not be linked for the purposes of description or analysis. While HRSA acknowledges the analytic benefits to linking participant demographic, service utilization, and benchmark outcomes, we feel that the associated burden for grantees is not appropriate for the purposes of performance measurement. HRSA looks forward to the results of the MIHOPE study which will link participant information with program outcomes and to engaging in future evaluation and research which will expand our knowledge of the interaction between participant characteristics and program outcomes.

The objective for this data collection activity is to provide HRSA with annual updates on demographic, service utilization, and performance data. HRSA will use this information to describe and report the performance of the program at a national and state level, assist in grants monitoring and oversight activities, to target technical assistance resources to underperforming grantees, and to reward high performance through future funding opportunities. Performance data may also be used to summarize demographic, service utilization, and performance indicators in public and academic settings, such as conference presentations or peer-reviewed publications.

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 Home Visiting Information System (HVIS), which is currently under development. The system will be an electronic reporting tool used by Home Visiting Program grantees for annual and quarterly performance reporting, and will allow for the appropriate storage and extraction of performance data by federal staff.

4. Efforts to Identify Duplication and Use of Similar Information

The information collected through this request is not available from another source. Only Home Visiting Program grantees can supply the requested information. This information collection request seeks to replace the current Home Visiting Program Performance Measurement Information System, which is the current mechanism to collect performance data from Home Visiting Program grantees. Grantees will submit their final performance reports using the current system in October 2016 and will begin collecting data aligned with this information collection request on October 1, 2016 to be reported to HRSA beginning October 2017.

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 non-profit 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 and to demonstrate programmatically important outputs and outcomes.

6. Consequences of Collecting the Information Less Frequently

The information collected through this request will be reported on an annual basis. The intended use of this information is to assist HRSA in describing and reporting program performance, monitoring and grants oversight activities, and to target technical assistance resources more efficiently. This information is required to demonstrate grantee performance related to the statutorily defined benchmark areas and to comply with GPRA reporting requirements.

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 September 8, 2015, vol. 80, No. 173; pp. 53811-53812 (see Attachment C). HRSA received comments from 49 individuals/organizations providing feedback on definitions of key terms, form format, and reporting mechanisms. The feedback was reviewed and synthesized. HRSA has provided summaries of comments and actions taken to address public comments in Attachment D (Form 1 comments) and Attachment E (Form 2 comments).

In general, public commenters were supportive of HRSA's efforts to redesign the Home Visiting Program performance measurement system. This redesign reduces the total number of performance and systems outcomes measures from 37 to 20 and introduces standardization of measurement for these measures for the first time, which was lauded by many commenters. Commenters generally requested more specification related to measure definitions, including definitions of key terms and time points for measurement. HRSA has provided much of that information in this clearance package.

However, because of the nature of the Home Visiting Program, which relies on the implementation of multiple evidence-based home visiting models selected by each grantee, HRSA is limited in our ability to provide a high level of specification for many performance and systems outcome measures. HRSA must maintain enough flexibility in measure definitions to allow for each measure to be operationalized with fidelity to each eligible evidence-based home visiting model. For example, HRSA

cannot specify any particular validated instrument to measure a construct because each model may have different measurement tools that meet that model's fidelity standards.

Once OMB approval is received, HRSA plans to partner with the evidence-based home visiting model developers to operationalize the measures with fidelity to each model, as well as provide extensive technical assistance to grantees to assist them in making decisions about measure specification that align with the evidence-based home visiting models they implement and are consistent with HRSA-specified definitions.

Section 8B:

HRSA worked collaboratively with federal partners to define the requirements for this information collection request and to develop the data collection form. A number of federal staff from multiple agencies with HHS were consulted during the development. In addition, the following Home Visiting Program grantee staff were consulted to provide feedback on the clarity and estimated overall annual burden of the data collection instrument.

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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

Several demographic questions related to race/ethnicity, household income, educational attainment, or housing status may be considered sensitive to some home visiting participants.

Performance and systems outcomes measures related to the presence of interpersonal violence, child injury or maltreatment, and tobacco use may be considered sensitive to some home visiting participants.

However, these questions are vitally important to understanding the needs of the at-risk and statutorily defined priority populations served by the Home Visiting Program. Home visiting programs are uniquely qualified to serve these populations and assist families with overcoming challenges related to these sensitive questions. Home visitors are trained to assess family readiness to open up about sensitive topics and programs are required to engage in reflective supervision with home visitors to assist in the processing of challenging information. HRSA has the utmost confidence that home visitors funded through this program will approach these topics with sensitivity and care, in fidelity to the evidence-based home visiting model they are implementing.

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
Home Visiting Program Grantees	Form 1: Demographic, Service Utilization, and Select Clinical Indicators	56	1	425	23,800
Home Visiting	Form 2: Performance	56	1	425	23,800

Program Grantees	and Systems Outcome Benchmark Data				
Total		56	1	850	47,600

12B.

Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Home Visiting Program Grantees	47,600	\$35.82 ¹	\$1,705,032

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

Other than their time, there is no cost to home visiting program participants. It is anticipated that Home Visiting Program grantees will devote time and resources to the development and/or update of management information systems used to collect, aggregate, and report performance data in order to align with the information requested under this request. HRSA will provide technical assistance to grantees in order to promote efficiencies in this development work. Additionally, HRSA has exempted grantee costs related to these updates from the programmatic ceiling for infrastructure costs. Grantees may use grant funds to pay for this development/updates.

14. Annualized Cost to Federal Government

Costs to the federal government fall into the following categories:

- Cost of developing and maintaining the reporting system
- Cost of federal staff time for project oversight and development
- Cost of federal staff time for technical assistance and review and approval of annual performance reports

¹ Wages for State Home Visiting data collection and entry staff are based on the 2014 Bureau of Labor Statistics data for the median hourly wage for Social and Community Service Managers.

- Cost of contractual support for data cleaning and analysis

Type of Cost	Description of Services	Annual Cost
HVIS Development – Contracted	Development and maintenance of the electronic reporting system for quarterly data collection	\$1,000,000 in Year 1 \$400,000 in all future years
Government Program Analyst (25%)	Project management and oversight, consultation, and development	\$25,340
Government Project Officers (10%)	10 regional project officers provide TA to grantees and review and approve annual reports	\$104,416
Data Cleaning and Analysis – Contracted	Data aggregation and analysis	\$65,750
Total Estimated Annual Cost		\$1,195,506 in Year 1 \$595,506 in all future years

HRSA estimates the average annual cost for the federal government will include personnel costs for project and contract oversight, instrument design, and analysis. This will include federal program analyst at Grade 13 Step 4 (\$48.73 hourly rate) for 520 hours.

Government costs will also include personnel costs for providing technical assistance to grantees and time for federal project officers to review and approval annual reports. These tasks will be completed by 10 federal project officers at Grade 13 Step 5 (\$50.20 hourly rate) for 208 hours each, or a total annual level of effort of 2080 hours.

The total annual cost to the Federal Government in the first year of this requirement is \$1,195,506.

The total annual cost to the Federal Government in all future years of this requirement is \$595,506.

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 annual demographic and 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 performance and systems outcome benchmark performance data will be made for the grantees. Performance values will be compared to baseline values in order to determine whether the grantee has made improvement in each benchmark construct. Where appropriate and applicable, systems outcome performance data will be compared to state or national representative data sources. Summary benchmark performance data may be made public through data briefs, fact sheets, professional presentations, and/or published manuscripts.

HRSA is requesting a three-year clearance for this data collection activity.

Project Timeline

Activity	Time Schedule
Distribute data collection forms and instructions to Home Visiting Program grantees	Immediately following OMB approval
Initiate HVIS reporting system development	March 2016
Home Visiting Program grantees begin data collection	October 1, 2016
Annual Performance Report due	October 30, 2017
Annual Performance Report due	October 30, 2018
Data collection and 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.