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**HEALTH RESOURCES AND SERVICES ADMINISTRATION
MATERNAL AND CHILD HEALTH BUREAU
PERFORMANCE MEASURES
FOR DISCRETIONARY GRANT INFORMATION SYSTEM (DGIS)
Revision- 0915-0298**

1. Circumstances of Information Collection (Background)

The Health Resources and Services Administration (HRSA) is proposing to continue using reporting requirements for grant programs administered by the Maternal and Child Health Bureau (MCHB), including national performance measures, previously approved by the Office of Management and Budget (OMB), and in accordance with the “Government Performance and Results Act (GPRA) of 1993” (Pub. L. 103-62). This Act requires the preparation of an annual performance plan covering each program activity set forth in the agency's budget, which includes establishment of measurable goals and may be reported in an annual financial statement, which supports the linkage of funding decisions with performance. Performance measures for MCHB discretionary grants were initially approved in January 2003, and have been approved several times subsequently. Approval from OMB is being sought to continue the use of performance measures. Most of these measures are specific to certain types of programs and will not be required of all grantees. The measures will be categorized by domains (Adolescent Health, Capacity Building, and Child Health, Children with Special Health Care Needs, Lifecourse/Crosscutting, Maternal/Women Health, and Perinatal/Infant Health). Grant programs would be assigned domains based on their activities. In addition, there are three core measures and financial/demographic forms that will be utilized by all grantees. MCHB programs are authorized by Section 501 of Title V of the Social Security Act, PL 101-239 (see attachment A) and are administered by HRSA's MCHB. This system, the Discretionary Grants Information System (DGIS), is used for grants related to program initiatives such as those listed above. The OMB number for this activity is 0915-0298 and the current expiration date is 3/31/2016.

Because MCHB discretionary grant programs are diverse, grant reporting forms and performance measures have been designed and revised to capture information across the variety of grants. The attached common grant documents include the entire set of forms to address the range of information needed from different MCHB discretionary grant programs. However, each grantee will only be required to complete forms in this package that are applicable to its initiative. Specific measures and forms will be assigned by the Project Officer when the grant competition is announced.

History and Legislative Requirements

The Maternal and Child Health Bureau evolved from the Children's Bureau established in 1912. The enactment of Title V of the Social Security Act of 1935, specifically Section 509, which states that “the Secretary shall designate an identifiable administrative unit with expertise in maternal and child health within the Department of Health and Human Services, which ... shall be responsible for ... promoting coordination at the Federal level of the activities authorized under this Title [V],” sanctioned the Maternal and Child Health program (MCH) as well as

provided the foundation and overall structure for the MCHB.¹ Situated within the Health Resources and Services Administration (HRSA), MCHB continues to administer Title V and leads the nation in efforts to improve and promote the health of mothers and children.

With the establishment of Title V, many programs aimed at extending health and welfare services to mothers and children were enacted. These programs have evolved since 1935 with passage of many legislative amendments.

In 1981, the Omnibus Budget Reconciliation Act of 1981 (OBRA '81), Public Law (PL) 97-35, amended Title V of “the Social Security Act to establish a [block grant] program for maternal and child health services ... by consolidating specified [categorical] programs of Federal assistance to States.” This amendment resulted in the creation of the Maternal and Child Block Grant. The categorical programs consolidated under the block grant program included: Maternal and Child Health and Children with Special Needs Services, Lead-Based Paint Poisoning Prevention Program, Genetic Disease Programs, Sudden Infant Death Syndrome Programs, Hemophilia Treatment Centers, and Adolescent Pregnancy Grants. Additionally OBRA '81 authorized a set-aside of discretionary federal funds for SPRANS as part of the MCH Block Grant, “by setting forth provisions concerning: (1) the allotment of such funds; (2) payments to States; (3) use of grant money” in addition to other provisions. The set-aside of federal funds permits withholding of some of the MCH Block Grant appropriations each fiscal year to support certain categorical programs.

The Omnibus Budget Reconciliation Act of 1989 (OBRA '89), Public Law (PL) 101-239 specifically defined two set-asides for discretionary programs, SPRANS and CISS, by amending Section 502 of Title V to state:

[The] Secretary shall retain an amount equal to 15 percent for the purpose of carrying out activities described in section 501(a) (2) [and] of the amounts appropriated under section 510(a) for the fiscal year in excess of \$600,000,000, and the Secretary shall retain an amount equal to 12 ¾ percent thereof for the projects described in subparagraphs (A) through (F) of section 501(a) (3)” respectively.

The MCHB Block Grant is the base on which SPRANS and CISS grants rest. The passage of OBRA '81 provided more discretion to states in using federal funds. State governments, the recipients of the MCH Block Grants, have the discretion to self-direct block grant funds to areas they identify as needing funding. The SPRANS and CISS grants, under MCHB, complement the state MCH Block Grants. They also enable MCHB to fulfill its leadership mission to facilitate research, policy, programs, and practice.

The common performance measures used for the discretionary grant programs meet mandated reporting requirements. The attached forms and performance measures are intended to cover all the discretionary grant programs managed by MCHB.

Description of Reporting Forms

¹ Section 509, Title V: Maternal and Child Block Health Services Block Grant, Social Security Act (US Code §§701-710, subchapter V, chapter 7, Title 42)

DGIS electronically captures data from the approximately 600 discretionary grant awardees made each year. Many of these grants are supported under the Title V Maternal and Child Health Block Grant Federal set-aside programs (SPRANS and CISS). The DGIS electronically captures performance measure, program, annual financial, and abstract data for the Bureau's discretionary grants. These data help to demonstrate the impact of these discretionary grants, assess the effectiveness of these programs, inform programmatic planning, and to ensure that quality health care is available to the Nation's maternal and child health populations. Originally released in October 2004, the DGIS is a web-based system that allows grantees to report their data online to the Maternal and Child Health Bureau through the Health Resources and Services Administration's Electronic Handbooks as part of the grant application and performance reporting processes. The data captured in the performance measures and the financial forms are aggregated to display program data.

The common performance measures used for the discretionary grant programs meet mandated reporting requirements. The attached forms and performance measures updates cover all the discretionary grant programs managed by MCHB.

MCHB Programs

The programs administered by MCHB fall into three major categories:

- **Maternal and Child Health Services Block Grants:** Large formula grants to state health departments to support basic MCH services, programs, and public health infrastructure.
- **SPRANS and CISS Programs:** "Set aside" discretionary grant programs under Title V.
- **Other Categorical Programs:** Additional funding programs administered by MCHB including the Healthy Start Initiative, Emergency Medical Services for Children, Heritable Disorders, Autism Cares, Family to Family, Sickle Cell, and Universal Newborn Hearing Screening.

Special Projects of Regional and National Significance (SPRANS)

SPRANS grants are awarded on a competitive basis to a variety of applicant organizations including public or private agencies engaged in demonstrations, research, training, and other projects to support efforts that provide quality health care to all mothers and children. Examples of grants funded through SPRANS include:

- **MCH research:** Research grants are intended to develop new knowledge and approaches to deliver and treat health problems of mothers and children, including children with special needs.
- **MCH training:** Training grants address the need to provide skilled leadership for maternal and child health programs. The grants support training for a variety of specialized clinical and laboratory services not routinely available; provide professional consultation and technical assistance; upgrade skills and competencies of state and local MCH personnel; develop standards, procedures, and guidelines; disseminate program information; and ensure that academic training curricula include current content to serve MCHB program needs.

- **Genetics:** Genetics grants provide for the testing, counseling, referral, and follow-up of individuals and families at risk for affected by genetic disorders through broad-based programs. Projects include genetic disease education, testing, and counseling that are carried out in conjunction with other health service programs.
- **Newborn screening/follow-up:** initiatives help support State newborn screening and genetics programs, integrate newborn and genetic screening programs with other community services and medical homes, and strengthen existing newborn and genetic screening and service programs.
- **Sickle cell disease:** Sickle cell programs have established coordinated, comprehensive and family-centered networks to promote the integration of primary and subspecialty health care within medical homes for individuals across the life span that are affected by and living with sickle cell diseases and other hemoglobinopathies.
- **Hemophilia:** Hemophilia grants support the development of regional hemophilia programs (e.g., Hemophilia Diagnostic and Treatment Centers) and promote programs that are regionalized and applicable to other chronic and handicap conditions.

Community Integrated Services Systems (CISS)

Community Integrated Services Systems (CISS) is a federal discretionary grant program that seeks to reduce infant mortality and improve the health of mothers and children by funding projects for the development and expansion of integrated services at the community level. CISS funds six grant categories which include:

- Maternal and infant health home visiting programs;
- Projects to increase participation of obstetricians and pediatricians under Title V programs;
- Integrated maternal and child health service delivery systems;
- Maternal and child centers that provide pregnancy services and preventive and primary care for infants for not-for-profit hospitals;
- Maternal and child projects that serve rural populations; and
- Outpatient and community-based services programs for children with special needs provided through inpatient institutional care.

Funding preference is given to applicants who plan to carry out the grant project in geographic areas with high infant mortality rates. For maternal and child health centers that provide pregnancy and preventive services, grantees must designate matching funds equal to the Federal award that will be applied to the development or expansion of maternal and child health service centers.

Other Categorical Funding

MCHB also administers additional funding programs, which include:

- **Healthy Start Initiative:** Healthy Start supports the development of programs and strategies to reduce infant mortality in targeted high-risk communities and the replication of program successes across the Nation.
- **Emergency Medical Services for Children Program (EMSC):** Public health agencies/hospitals or emergency service programs receive grants to improve EMS programs for children with critical illnesses and life-threatening injuries.
- **Heritable Disorders:** This program aims to improve or expand the ability of States and local public health agencies to provide screening, counseling or health care services to newborns and children having or at risk for heritable disorders. Universal newborn screening provides early identification and follow-up for treatment of infants affected by certain genetic, metabolic, hormonal and/or functional conditions.
- **Autism:** This program aims to increase awareness, reduce barriers to screening and diagnosis, support research that advances the evidence base on interventions, promotes evidence-based guideline development for interventions and trains professionals to utilize valid screening tools to diagnose and provide evidence-based interventions.
- **Family to Family:** This program aims to provide information, education, technical assistance and peer support to families of children and youth with special health care needs (CSHCN). This program accomplishes this intent by assisting families and professionals so that “families of CSHCN will partner in decision making at all levels” of health care decision making
- **Sickle Cell:** This program aims to improve care for individuals with sickle cell disease through the establishment of systemic mechanisms to improve the prevention and treatment of Sickle Cell Disease and its complications, including the coordination of service delivery for individuals with Sickle Cell Disease; genetic counseling and testing; bundling of technical services related to the prevention and treatment of sickle cell disease; training of health professionals; and identifying and establishing efforts related to the expansion and coordination of education, treatment, and continuity of care for individuals with Sickle Cell Disease as authorized in Public Law 108-357, Section 712(c).
- **Universal Newborn Hearing Screening Program:** This program supports grants to states and agencies to improve early identification and intensive intervention for infants with hearing impairment.

Domain Specific Measures and Program-Specific Measures (Attachment B):

This is a central set of performance measures. The performance measures reflect MCHB’s strategic and priority areas. Collectively, they communicate the MCHB “story” to a broad range of stakeholders on the role of the Bureau in addressing the needs of maternal and child health populations. Individual grantees will respond to only a limited number of performance measures that are specifically relevant to their program.

A performance measure detail sheet defines and describes each performance measure. The detail sheet includes: a performance measurement and goal statement, an operational definition including the tier structure for the performance measure, relevance to Healthy People 2020 Objectives, data source and issues surrounding data collection, and a statement on the

significance of the performance measure in the maternal and child health field. These detail sheets assure consistent understanding and reporting among all grantees and when appropriate, allow for national data aggregation. In many cases, data forms are included as attachments to assist the grantee in reporting on the measure.

Financial and Demographic Data Forms (Attachment C):

These forms are completed by all grantees to report financial and demographic information. The forms capture grantee annual budget details, project funding profile, budget details by types of individuals served, project budget expenditures by types of services, number of individuals served by type of individual served, project budget and expenditures, number of individuals served, and project performance/outcome measure detail sheet. This type of information is currently provided by grantees of all programs. These forms consolidate and streamline this information and make data collection and reporting consistent across all of the grant programs.

Part 3: Other Data Elements (Attachment D):

This section includes other data requested by MCHB divisions and offices and captures information that grantees are already reporting for program administration and management purposes for certain grant categories. The information highlights unique characteristics of discretionary grant projects that are not captured in Parts 1 or 2. Forms capture grantee technical assistance/collaboration, whether there were any products, publications and submissions from their program and additional workforce development form.

2. Purpose and Use of Information

The performance data will serve several purposes including grantee monitoring, program planning, performance reporting, and the ability to demonstrate alignment between MCHB discretionary programs and where possible the MCH Title V Block Grant program to support the ability to quantify the outcomes across MCHB. The overall number of performance measures has been reduced from what is currently used, and the structure of the system has been redesigned for the purpose of comparison and aggregation across time and program. This redesign of performance measures will allow a more accurate, objective and detailed picture of the full scope of services provided by grant programs administered by MCHB.

Federal Uses of Information

The data and attendant information that are collected from the discretionary grant recipients allow the Bureau to monitor grantee performance and progress toward achieving both short-term and long-term goals. The information provides the Bureau with timely information not only on grantee progress toward achieving goals, but also serves as a mechanism to identify technical assistance needs required by grantees to meet specified objectives.

MCHB uses the information to monitor and assess grantee progress, report on Bureau activities, and support budget planning.

Grantee Uses of Information

States, local agencies, and other grantees use the data to respond to other Federal, State, and local performance requirements/requests; to set priorities for their maternal and child health populations; and to develop and justify efforts to advance MCHB-related agendas within States and communities.

Because of the diversity of grant categories administered by the MCH Bureau, the grant reporting forms and set of performance measures forms appears extensive. However, each grantee only responds to certain applicable portions that are appropriate to their grant, as assigned by project officers. Also, with the redesigned performance measure format that utilizes a tiered approach, grantees are able to demonstrate the full breadth of the work that their programs are doing in increasing levels of detail, regardless of proximity to the final outcome.

The common set of measures still preserves the ability of grantees to highlight their own program needs and characteristics by allowing grantees to choose performance measures that pertain to their specific program. It also allows for standardized accountability across all grantee sites in measuring program progress and impact toward stated goals. Further, this consolidated effort collects consistent and comparable information across all sites and different program areas.

Information Collection

3. Use of Improved Information Technology

This activity is fully electronic. To accommodate the recognized need for better access to data, the states' demands for an electronic version of the forms, and in compliance with GPRA, grantees use an Electronic Reporting Package (ERP) to report data and to disseminate performance reports via the web. The (ERP) enables states to submit information and report data in a universal format. The ERP provides pre-formatted and interactive data entry that helps assure standardized data across States and greatly simplifies the data entry process. All calculations (e.g., ratios, rates, percentages, and totals) are automated, tables are interlocked where data overlap, and historical data are preserved so that only the annual data for the year in question needs to be newly entered.

4. Efforts to Identify Duplication

Efforts have been made to align with other data collection efforts of other Federal agencies, as required by Section 509(a) (5) of Title V of the Social Security Act. The data requested in these measures are unique to the discretionary programs, required by statute, and are not available elsewhere.

5. Involvement of Small Entities

This project does not have a significant impact on small entities.

6. Consequences if Information Collected Less Frequently

Annual submission of grant reporting requirements is required by law to entitle grantees to receive federal grant funds for each year of their grant award.

7. Consistency with the Guidelines in 5 CFR 1320.5(d) (2)

This data collection request is fully consistent with the guidelines in 5 CFR 1320.5(d) (2).

8. Consultation outside the Agency

The notice required in 5 CFR 1320.8(d) was published in the *Federal Register* on November 6, 2015, Document 80 FR 68871, on page number 68871. During this time, MCHB held four virtual townhall meetings: one for bureau staff and three for all stakeholders, including individual grantees. An additional two program-specific virtual townhall meetings were held; one for emergency Medical Services for Children grantees and one for Training and Workforce Development grantees. The general townhall meetings had an estimated total of 275 attendees, the vast majority of which were individual grantees. The program-specific townhalls had an estimated additional 150 attendees. 302 individual comments were received during the public comment period and were taken in to account in the final preparation of these performance measures and forms. Overall, the collaborative process carried out to develop changes to these measures and forms involved interviews with staff from MCHB’s divisions and offices to discuss how to make the measures and forms more applicable to the activities of the discretionary grantees and ensure value to Bureau, divisions, and individual grantees.

9. Remuneration of Respondents

Respondents will not be remunerated.

10. Assurance of Confidentiality

The information that is collected does not identify any individuals by name or collect any individual information.

11. Questions of a Sensitive Nature

There are no questions of a sensitive nature.

12. Estimates of Annualized Hour Burden (example below)

| Form | Number of Respondents | Responses per Respondent | Total Responses | Burden hours per response | Total burden hours |
|--------------|-----------------------|--------------------------|-----------------|---------------------------|--------------------|
| Grant Report | 600 | 1 | 600 | 36 | 21,600 |
| Total | 600 | 1 | 600 | 36 | 21,600 |

13. Estimates of Annualized Cost Burden to Respondents

There are no capital or startup costs associated with this data collection.

14. Estimates of Annualized Cost to the Government

This activity requires approximately 1 FTE GS-14 at 20% time for an average annual cost of \$32,000. In addition, about \$750,000 in contract costs is required annually for the operation of the system for automated reporting and analysis of data. On this basis, the estimated average annual cost to the Federal Government is \$782,000.

15. Changes in Burden

The current inventory for this activity is 37,062 hours. With the proposed revisions, there is a reduction in the estimated annual burden, as the number of programs reporting is anticipated to be lower than it has been historically. Further, most programs will have a limited number of measures assigned (3 to 5 measures), with only Training programs, Emergency Medical Services for Children programs, and Healthy Start programs continuing to additionally report program-specific measures as part of these discretionary grant performance measures.

16. Time Schedule, Publication, and Analysis Plans

This activity is an annual data collection. Submission of all documents by grantees will take place at different grant cycles throughout the year depending on the program for which the grantee is reporting. See <https://perf-data.hrsa.gov/MCHB/DGISReports/> for more information.

17. Exception for display of expiration date

The expiration date will be displayed.

18. Certifications

This project meets all of the requirements in 5 CFR 1320.9. The certifications are included in this package.

ATTACHMENTS TO SUPPORTING STATEMENT

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| Attachment A | Section 501 of Title V of the Social Security Act |
| Attachment B | Domain-Specific Measures and Program-Specific Measures |
| Attachment B-1 | Crosswalk of Proposed and Prior Performance Measures |

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| Attachment C | Financial and Demographic Data Forms |
| Attachment D | Additional Data Elements |
| Attachment E | Public Comments |
| Attachment F | Summary of Public Comments |