

MIECHV Benchmarks Listening Sessions

**OMB Information Collection Request
0970 - 0356**

Supporting Statement

Part A

December 2014

Submitted By:
Office of Planning, Research and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services

7th Floor, West Aerospace Building
370 L'Enfant Promenade, SW
Washington, D.C. 20447

Project Officers:
Lauren Supplee

A1. Necessity for the Data Collection

The Administration for Children and Families (ACF) Office of Planning, Research and Evaluation (OPRE) at the U.S. Department of Health and Human Services (HHS) seeks approval for a generic clearance that will allow OPRE to conduct a formative data collection. Over the next fiscal year, the Health Resources and Services Administration (HRSA) and ACF will be considering modifications to the annual data reporting requirements for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant program. These include, but are not limited to, reducing the number of measures to a core set and coming up with standardized measurement of some constructs. To inform these discussions, HRSA and ACF would like to hear from experts and stakeholders in the home visiting and performance measurement field.

In addition, the information from the sessions will inform OPRE's research and evaluation studies, including planning and contextualization of research findings. Specific examples include informing decisions made for OPRE's Design Options for Home Visiting Evaluation (DOHVE) and shaping how we work with contractors to provide technical assistance to grantees on performance measurement.

Study Background

The MIECHV program facilitates collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs. The statutory purposes of the program are to (1) strengthen and improve the programs and activities carried out under Title V of the Social Security Act; (2) improve coordination of services for at-risk communities; and (3) identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities.

The program is administered by HRSA in collaboration with ACF. The legislation which created the home visiting program requires that grantees demonstrate measurable improvement among eligible families participating in the program in at least four of the six following benchmark areas:

- Improved maternal and newborn health;
- Prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits;
- Improvement in school readiness and achievement;
- Reduction in crime or domestic violence;
- Improvements in family economic self-sufficiency; and
- Improvements in the coordination and referrals for other community resources and supports.

HHS identified a total of 35 constructs that grantees were required to measure within each benchmark areas and gave grantees the flexibility to develop their own performance measures for each construct. This flexibility allowed grantees to develop performance measures that were meaningful to their specific programs.

HRSA and ACF have heard anecdotally that grantees and other stakeholders feel there are too many constructs that grantees are required to measure. Furthermore, it is challenging to tell a cohesive story about the program, when grantees measure the constructs in very different ways. Thus, HRSA and ACF intend to convene a series of listening sessions on the reporting requirements and solicit suggestions for how to simplify the number of constructs under each benchmark area.

Legal or Administrative Requirements that Necessitate the Collection

There are no legal or administrative requirements that necessitate the collection. ACF is undertaking the collection at the discretion of the agency.

A2. Purpose of Survey and Data Collection Procedures

Overview of Purpose and Approach

In partnership with HRSA and other ACF program offices, OPRE will convene a series of eight listening sessions on the reporting requirements. The sessions will provide the opportunity for HRSA and ACF to solicit feedback from multiple stakeholders on the current requirements and recommendations about whether and how to streamline the current reporting system. The key stakeholder groups will likely include data and content experts in each benchmark area (e.g., domestic violence, child maltreatment, maternal health); experts who can speak to broader efforts to align data systems within states; model developers; and MIECHV grantees. Other relevant stakeholder groups may also be included in the listening sessions.

We have worked with an external consultant to develop a topic discussion guide (Appendix A, Appendix B) to ensure that particular topics are covered during the sessions. In addition, the consultant will facilitate the listening sessions and write a synthesis of the sessions that highlights key themes and lists any general or specific recommendations about performance measurement that emerged during the discussions. The report will be an internal government document to inform internal decision-making, research planning, and contextualization of research findings. Specific examples include informing decisions made for OPRE's Design Options for Home Visiting Evaluation (DOHVE) and also shaping how we consult on performance measurement for home visiting.

Research Questions

There are several research questions guiding this proposed exploratory data collection:

1. What do performance measurement experts view as the best way to approach simplifying a performance measurement system and the utility of standardized measures?
2. What are home visiting stakeholders' thoughts and opinions about the current benchmark reporting requirements?
3. What do stakeholders view as the best approach for simplifying the number of constructs under each benchmark domain?
4. What constructs do stakeholders view as necessary for all grantees to measure?

5. What are home visiting stakeholders' thoughts and opinions about the use of standardized measures for certain constructs?
6. What constructs do stakeholders view as important to measure in a standardized way across grantees?

Study Design

The study design is based on methods suitable for exploratory research, in which the primary purpose is to gather information about the lay of the land, rather than to test hypotheses or evaluate outcomes. Plans for data collection include eight listening sessions with various stakeholder groups. Stakeholder groups will include experts in the following topical areas:

- Maternal and newborn health
- Child maltreatment
- School readiness
- Crime and domestic violence
- Coordination and referrals for community resources
- Economic self-sufficiency
- Data systems alignment at the state-level
- Performance measurement
- MIECHV grantees
- Home visiting model developers
- Tribal home visiting

During each listening session, a facilitator will use a discussion guide (see Appendix A and Appendix B) to get stakeholders' thoughts and opinions about the reporting requirements.

The first listening session will target experts in the area of performance measurement to answer the first research question. The discussion guide for the performance measurement session (Appendix A) will be used to facilitate the discussion around the best approach to simplify the performance measures and the use of standardized measures. For the remaining seven sessions, the discussion guide for the benchmark sessions (Appendix B) will be used. These sessions will focus on answering research questions two through six to determine stakeholders' recommendations for the specific constructs that should be included in the current performance measurement system and the use of standardized measures. These sessions will focus specifically on recommendations regarding one or more of the six MIECHV benchmark areas:

- Improved maternal and newborn health;
- Prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits;
- Improvement in school readiness and achievement;
- Reduction in crime or domestic violence;
- Improvements in family economic self-sufficiency; and

- Improvements in the coordination and referrals for other community resources and supports.

Universe of Data Collection Efforts

A general discussion guide will be used for each session that will help ACF and HRSA gather feedback from stakeholders on the current requirements and recommendations about whether and how to streamline the current reporting system.

A3. Improved Information Technology to Reduce Burden

Small group discussions of the type proposed for this study do not lend themselves to the use of technology to reduce burden.

A4. Efforts to Identify Duplication

The information needed to inform HRSA and ACF's internal decision making and future research planning have been carefully reviewed to determine whether the needed information is already available. Through discussions with knowledgeable experts, it has been determined that the information needed is not available.

A5. Involvement of Small Organizations

No small organizations are effected by the information collection.

A6. Consequences of Less Frequent Data Collection

This is a one-time data collection.

A7. Special Circumstances

There are no special circumstances for the proposed data collection efforts.

A8. Federal Register Notice and Consultation

Federal Register Notice and Comments

In accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104-13) and Office of Management and Budget (OMB) regulations at 5 CFR Part 1320 (60 FR 44978, August 29, 1995), ACF published a notice in the Federal Register announcing the agency's intention to request an OMB review of this information collection activity. This notice was published on June 10, 2011, Volume 76, page 34078, and provided a sixty-day period for public comment. The second notice was published on August 29, 2011, Volume 76, page 53682, and provided a thirty-day period for public comment. ACF did not receive any comments.

Consultation with Experts Outside of the Study

ACF has met with the PEW Home Visiting Data Initiative to discuss their ongoing work around performance measurement that can inform the proposed data collection.

A9. Incentives for Respondents

No incentives for respondents are proposed for this information collection.

A10. Privacy of Respondents

Information collected from the listening sessions will only be used for internal decision making and future research planning. The information collected will be kept private to the extent permitted by law. Respondents will be informed of all planned uses of data, that their participation is voluntary. No personal data on participants will be systematically collected and analyzed.

A11. Sensitive Questions

There are no sensitive questions in this data collection.

A12. Estimation of Information Collection Burden

Exhibit A shows estimated burden of the information collection, which will take place within a one-year period. The discussion guide will be used for each of the eight group discussions to collect information from up to 25 individuals in each discussion group.

Exhibit A Total Burden Requested Under this Information Collection

Instrument	Total Number of Respondents	Annualized Number of Respondents ¹	Number of Responses Per Respondent	Average Burden Hours Per Response	Annual Burden Hours	Average Hourly Wage	Total Annual Cost
Discussion guide for the performance measurement session	25	8	1	2	16	\$36.86	\$589.76
Discussion guide for the benchmark session	175	58	1	2	116	\$36.86	\$4,275.76
Estimated Annual Burden Total					132		\$4,865.52

Total Annual Cost

The estimated total annualized cost burden to respondents is based on the burden hours and estimated hourly wage rates for each data collection instrument, as shown in the two right-most columns of Exhibit A-1. These estimates are based on:

¹ Burden is annualized over the full generic clearance (0970-0356) period, which is 3 years.

- An assumed average hourly wages of \$36.86 for the types of respondents we anticipate participating in the listening sessions. Specifically, the estimated hourly wage is an average of the hourly wages for “social scientists and related workers” (\$35.99), “medical scientists” (\$42.98), “social and community service managers” (\$31.61) as reported in the May 2013 U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment and Wage Estimates, http://www.bls.gov/oes/current/oes_nat.htm#00-0000).

A13. Cost Burden to Respondents or Record Keepers

There are no additional costs to respondents.

A14. Estimate of Cost to the Federal Government

The total cost for the data collection activities under this current request will be \$53,100. Data collection activities will be completed within one year, so this is the estimated annual cost. The cost annualized over the full generic clearance period is \$17,667.

A15. Change in Burden

This is an additional information collection under generic clearance 0970-0356.

A16. Plan and Time Schedule for Information Collection, Tabulation and Publication

Upon OMB approval, data collection will be completed by May of 2015. An internal report will be produced from the listening sessions by June 2015 and will include a synthesis of the key themes and recommendations that emerged from the group discussions.

A17. Reasons Not to Display OMB Expiration Date

All instruments will display the expiration date for OMB approval.

A18. Exceptions to Certification for Paperwork Reduction Act Submissions

No exceptions are necessary for this information collection.