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| **Date** | June 26, 2018 |
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| **To** | Steph Tatham and Allan BeckmannOffice of Information and Regulatory Affairs (OIRA)Office of Management and Budget (OMB)  |
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| **From** | Tia Zeno and Aleta MeyerOffice of Planning, Research and Evaluation (OPRE)Administration for Children and Families (ACF) |
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| **Subject** | Home Visiting Career Trajectories (HVCT)– Responses to OMB/OIRA comments  |

Thank you for your review of the Home Visiting Career Trajectories (HVCT) Information Collection Request. We are pleased to submit the following revisions and documents:

* Responses to comments from OIRA – explicated in the narrative below.
* Revised Supporting Statement A based on OIRA comments

## OMB Comment 1

### OMB Comment

Provide justification for the proposed scope of data collection for the HVCT study; specifically, why are you surveying all home visitors in all MIECHV-funded agencies nationwide?

### OPRE Response

Thank you for your comment. We propose to survey all home visitors in all MIECHV-funded agencies nationwide for a variety of reasons, described in further detail below. First, we explain the sampling frame, which includes the process for collecting staff surveys and factors that could affect the size of the sampling frame. Then, we justify the inclusion of all states in the frame, accounting for the uniqueness of states participating in the MIECHV program and the HHS-approved evidence-based models. We believe a descriptive study involving all 50 states is necessary to produce reliable survey estimates for each of the 10 HRSA Regions, and to disaggregate data at the model level for the largest home visiting models nationally.

Currently, we do not know the number of FTEs for individuals working “on the ground” in the home visiting field; e.g., some agencies may employ one staff to cover one FTE whereas another may employ multiple part time staff that add to one FTE. A sampling frame that has a complete list of home visitors and supervisors that work in MIECHV-funded programs does not exist. Consequently, we will build a sampling frame from information collected from the program manager’s survey. Program managers at each MIECHV-funded site will be asked to complete the program manager’s survey, which collects information about the size of their staff and they will be asked to provide email contact information for home visitor and supervisors that work at their site.

Given the way the sampling frame will be built, we are not sure how large/small the sampling frame will be. To support the analysis plan, we expect to recruit about 3,000 individuals to complete a minimum sample of 2,000 staff surveys. Therefore, the decision to recruit everyone in the sampling frame or take a stratified (by region and model type) random sample will depend on the size of the sampling frame created. Three things will directly impact the size of the sampling frame:

* Response rate for the program manager survey
* Percentage of program managers willing to provide staff emails
* Completeness of the staff lists provided

We do not yet know if sampling will be needed, or will even be an option, to reach our goal of completing 2,000 home visitor/supervisor surveys.

Moreover, each state is unique in its implementation of the MIECHV program. Although states must select among a list of evidence-based models approved by HHS, no state is the same in its model selection and required core competencies and training of staff. Some models are implemented in only a few states. A study involving fewer than all 50 states would exclude important information on local labor market dynamics and geographic differences, as well as fail to inform the government of the overall size of the home visiting workforce and its qualifications to know how to best structure training and technical assistance.

We believe these efforts to address nonresponse, lower nonresponse bias, and increase participation will help ensure the final sample is representative of the distribution of home visiting staff across geography (i.e., states, territories, and tribal grantees) and across the 11 evidence-based home visiting models currently implemented with MIECHV funding.

## OMB Comment 2

### OMB Comment

Provide justification for the practical utility of the HVCT study, including specific examples of how study findings will be used by ACF and others in the field.

### OPRE Response

Thank you for your comment. To explain the practical utility of the HVCT study, we describe in detail below the purpose of the study, and the benefits to federal offices, MIECHV grantees, tribal programs, and families served. When we present on the MIECHV program at research and practice conferences, and as we collaborate with our technical assistance providers, we commonly hear the refrain, “If we only knew more about the home visiting workforce, we could understand what is needed to increase the workforce, improve it, and retain it. Right now, we know so little, except maybe that it varies greatly from model to model, state to state, and community to community.” As the federal government is firmly invested in and responsible for quality evidence-based programs that make a difference for American communities, we are in a unique position to inform answers to these questions about the home visiting workforce.

Information gathered from the HVCT study will be both useful and actionable for MIECHV awardees, families, and the federal MIECHV program. Specifically, the national survey of the home visiting workforce will provide a detailed and comprehensive picture of the MIECHV-supported workforce. This information will provide insights into the staff qualification, recruitment and retention strategies, employee satisfaction and challenges, and career trajectories that may inform the targeting of federal technical assistance to support awardees in ensuring a high quality workforce. Similarly, information collected about existing professional development systems may be useful to MIECHV awardees by providing insights into best practices and strategies used in other states and local programs. Awardees may utilize these best practices to strengthen and enhance their own professional development systems. Finally, lessons from the HVCT study will ultimately benefit the families who receive MIEHCV services by ensuring that MIECHV programs are operated by a high quality home visiting workforce.

Additionally, the HVCT study will provide information that will be immediately useful and actionable for the Tribal MIECHV program and its grantees. For example, it will provide information about home visitor’s reasons for entering and staying in the field, for use in improving recruitment and hiring practices and crafting policies to support home visitor retention. It will help us better understand home visitors’ training and professional development needs, which will help grantees design workforce development systems that maximize home visitors’ success. Further, because the study is designed to include tribal perspectives, the information collected is expected to be relevant to tribal programs, which often operate in different environments and systems than those funded by states and localities.

ACF aims to collect information about the state of the MIECHV-supported home visiting workforce to inform the field, and to inform programmatic decisions in federal, state, local, and tribal agencies. Together, we believe these efforts will positively impact the lives of families receiving home visiting services.