

Maternal, Infant and Early Childhood Home Visiting Program: Needs Assessment Update Supplemental Information Request

Supporting Statement

Part A

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LIST OF ATTACHMENTS

- Attachment 1. Supplemental Information Request
- Attachment 2. Needs Assessment Data Summary Template
- Attachment 3. 60-day Federal Register Notice
- Attachment 4. Comments Submitted in Response to 60-day Federal Register Notice
- Attachment 5. Individual Comments Received in Response to 60-Day Federal Register Notice

A. JUSTIFICATION

A.1 Circumstances Making the Collection of Information Necessary

This is a new Supplemental Information Request (SIR). The Health Resources and Services Administration (HRSA) requests Office of Management and Budget (OMB) approval to initiate data collection for an update to the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program statewide needs assessment, as required through recently passed statutory changes included in the Bipartisan Budget Act of 2018 (P.L. 115-123).

A.1.1 Background

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program is authorized by section 511 of the Social Security Act, 42 U.S.C. 711, and administered by HRSA in partnership with the Administration for Children and Families. The MIECHV Program supports voluntary, evidence-based home visiting services during pregnancy and to parents with young children up to kindergarten entry. States, territories, tribal entities, and in certain circumstances nonprofit organizations are eligible to receive funding through MIECHV and have the flexibility, within the parameters of the authorizing statute, to tailor the program to serve the specific needs of their communities. Awardees contract with Local Implementing Agencies (LIAs) that provide services to eligible families in at-risk communities. The statewide needs assessment is a critical and foundational resource that assists awardees in identifying at-risk communities and understanding how to meet the needs of eligible families in their states.

Section 511 of the Social Security Act, as amended by the Bipartisan Budget Act of 2018 (BBA), requires states to review and update their statewide needs assessment and identify communities with concentrations of risk not later than October 1, 2020. The BBA further establishes that conducting a MIECHV statewide needs assessment update is a condition of receiving Title V Maternal and Child Health Services (MCH) Block Grant funding; submission of the MIECHV needs assessment update in accordance with the guidance in the SIR will meet

this requirement. Through this statewide needs assessment update, awardees will identify at-risk communities, defined as counties, with concentrations of the following indicators, as specified in statute:

- premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk prenatal, maternal, newborn, or child health;
- poverty;
- crime;
- domestic violence;
- high rates of high-school drop-outs;
- substance abuse;
- unemployment;
- or child maltreatment.

Additionally, statute requires awardees to:

- Identify the quality and capacity of existing programs or initiatives for early childhood home visiting in the state, including
 - the number and types of programs and the numbers of individuals and families who are receiving services under such programs or initiatives;
 - the gaps in early childhood home visitation in the State; and
 - the extent to which such programs or initiatives are meeting the needs of eligible families.
- Assess the State's capacity for providing substance abuse treatment and counseling services to individuals and families in need of such treatment or services.
- Coordinate with and take into account requirements in: a) the Title V MCH Block Grant program needs assessment; b) the communitywide strategic planning and needs assessments conducted in accordance with section 640(g)(1)(C) of the Head Start Act; and c) the inventory of current unmet needs and current community-based and prevention-focused program required under section 205(3) of the Child Abuse Prevention and Treatment Act.

To collect the information described above, the SIR guidance specifies three required components of a needs assessment update submission:

1. A Needs Assessment Update Narrative – a report that describes the purpose of the update, describes the methodology used to identify required information, and a discussion of the findings of the statewide needs assessment update;
2. A completed Needs Assessment Data Summary – an Excel file that provides relevant data used to identify at-risk counties, data assessing the quality and capacity of existing programs, and the list of counties identified as at-risk; and
3. Any nonprofit organization submitting the needs assessment on behalf of a state will need to provide documentation to demonstrate that they have been authorized or requested to conduct and submit the needs assessment update on behalf of the state where they provide services. Documentation, such as a letter, may come from a state’s Title V agency; another health, education or human services state agency; or the governor’s office.

A.1.2. Overview of the Data Collection System

Information will be collected from MIECHV awardees in two formats: the Needs Assessment Update Narrative and the Needs Assessment Data Summary. Once the final SIR guidance has been approved, awardees will have until October 1, 2020 to submit their completed Needs Assessment Data Summary, Needs Assessment Update Narrative, and documentation of state-granted authority if a nonprofit organization is submitting on behalf of a state. The timeframe for completion and submission of the update to the statewide needs assessment is outlined in statute. Awardees will submit all documentation related to their needs assessment updates through HRSA’s Electronic Handbooks (EHBs), the software HRSA uses to maintain official grant records.

- The Needs Assessment Data Summary, a user-friendly Excel-based file (Attachment B), will be provided to MIECHV awardees by HRSA and be prepopulated with nationally available data assessing risk at the county level using a standardized methodology referred to as the simplified method. The Needs Assessment Data Summary includes a table that will be used to submit a list of counties identified as at-risk based on metrics outlined in statute.
- The Needs Assessment Update Narrative will be submitted as a Word Document or PDF. The Needs Assessment Update Narrative will be used to provide narrative explanation of the data summaries and address the other requirements of the needs assessment update, as

specified in statute. Awardees submitting additional documentation required from nonprofit organizations will include it as an appendix or an attachment to the Needs Assessment Update Narrative.

Items of Information to Be Collected

No individually identifiable information will be collected. Information collected during the OMB approval period will be maintained for a period of time specified in accordance with federal records management requirements.

In the Needs Assessment Data Summary, awardees will provide

1. Any additional data used to identify at-risk counties, beyond what will be provided by HRSA;
2. A list of counties identified as at-risk; and
3. Data assessing the quality and capacity of existing home visiting services.

An outline of the required data is included in Appendix B of Attachment 1.

In the Needs Assessment Update Narrative, awardees will provide:

1. An introduction discussing the purpose of the needs assessment update;
2. A description of the method and any additional data used to identify at-risk counties, a discussion of the findings, and a discussion of how the findings reflect the level of risk in the state;
3. A discussion of any service gaps, the extent to which existing programs meet the needs of eligible families, and any gaps in staffing and community resources required to deliver evidence-based home visiting services;
4. A description of the state's capacity for providing substance use disorder treatment and counseling services for pregnant women and families with young children including the range of services available, gaps in service, barriers to receipt, and any strategies to strengthen systems of care;
5. A description of how the MIECHV needs assessment update was coordinated with other needs assessments; and
6. A conclusion summarizing major findings and a discussion of any plans for disseminating the findings to key stakeholders.

An outline of the required report is included in Appendix A of Attachment 1. States submitting their needs assessment through a nonprofit organization awardee will be required to provide documentation to demonstrate that the nonprofit organization has been authorized or requested to conduct the update and submit it on behalf of the state. Documentation, such as a letter, may come from a state's Title V agency; another health, education, or human services state agency; or the governor's office. Required documentation for nonprofit awardees may be submitted as an appendix or an attachment to the Needs Assessment Update Narrative.

The statutory requirements of a needs assessment update also apply to territory awardees, but this ICR does not include guidance, nor a burden estimate, for these awardees. Recognizing potential challenges related to the availability of population health data for the territories, a separate SIR will provide guidance on the needs assessment update to territories eligible to apply for MIECHV funds.

The information submitted for the needs assessment update will be used to verify that MIECHV awardees are serving counties identified as at-risk, as required by statute. The information collected through the needs assessment update will be maintained by HRSA and will comply with federal records management requirements.

A.2 Purposes and Use of the Information Collection

HRSA recognizes the needs assessment update as a critical and foundational resource for awardees in identifying at-risk counties, understanding the needs of families, and assessing services in their early childhood systems. Information collected to complete the needs assessment update may reveal population trends, identify areas of increasing or decreasing risk, and identify resources to support families in need. The information collected may also inform strategic decision making among MIECHV awardees and their stakeholders and identify opportunities for collaboration to strengthen and expand services for at-risk families.

This information collection is intended to meet the statutory requirement that MIEHCV awardees review and update their needs assessment by October 1, 2020. By law, a needs assessment update must identify communities with concentrations of defined risk factors, assess the quality and capacity of home visiting services in the state, and assess the state's capacity for providing substance abuse treatment and counseling services. MIECHV awardees will continue to be able to select which at-risk counties - identified in the update - they will target for provision of home visiting services. The purpose of updating the statewide needs

assessments is for awardees to gather more recent information on community needs and ensure that MIECHV programs are being implemented in areas of high need. However, the requirement for such an update should not be construed as requiring moving MIECHV-funded home visiting programs, defunding of programs for the sole purpose of moving services to other communities, or otherwise disrupting existing home visiting programs, relationships in the community, and services to eligible families. This will allow for ongoing continuity of services for eligible families, and ensure that families currently supported through MIECHV are not harmed as a result of the needs assessment update.

Instructions in the SIR provide flexibility for awardees to identify at-risk counties through a variety of methods. In order to reduce burden on states and address a number of challenges encountered in completing the original MIECHV needs assessment in 2010, HRSA has developed a consistent methodology to identify and verify at-risk communities. The method HRSA developed, called the simplified method, operationalizes “at-risk communities” as counties (or county equivalents) and identifies at-risk counties using nationally consistent data measures and methodology. HRSA will provide awardees with a Needs Assessment Data Summary for their state prepopulated with data and analysis identifying at-risk counties through the simplified method. States will complete the Needs Assessment Data summary by listing their at-risk counties. State may also modify the simplified method, or report the results of an independent method in the Needs Assessment Data Summary. The SIR guidance provides instructions to awardees on how to conduct the needs assessment update using the simplified method, modifying the simplified method, or conducting an independent method. This approach provides flexibility so that states can complete the update in a way that meets their specific needs while also providing support and structure to ease the burden of the needs assessment update.

In addition to satisfying statutory requirements, HRSA anticipates MIECHV awardees may use their needs assessment updates to:

- Understand the current needs of families and children, and at-risk counties.
- Target home visiting services to at-risk counties with evidence-based and promising approach home visiting models that meet community needs.
- Support statewide planning to develop and implement a continuum of home visiting services for eligible families and children prenatally through kindergarten entry.

- Inform public and private stakeholders about the unmet need for home visiting and other services in the state.
- Identify opportunities for collaboration with state and local partners to establish appropriate linkages and referral networks to other community resources and supports and strengthen strong early childhood systems.
- Direct technical assistance resources to enhance home visiting service delivery and improve coordination of services in at-risk counties.

HRSA intends to use awardees' needs assessment updates to ensure that MIECHV home visiting programs are targeted to at-risk counties, and better understand unmet needs and availability of services in counties and states. Through the FY 2021 MIECHV Formula Notice of Funding Opportunity, HRSA will provide instruction on how awardees should describe their plans to use the results of the needs assessment updates to inform use of MIECHV Program funds. At that time, HRSA will request information about which at-risk counties awardees intend to serve with MIECHV funds in response to the needs assessment update. Information collected through the needs assessment update will be used to verify that awardees propose to serve counties identified as at-risk in their funding applications in FY 2021 and in subsequent years, pending appropriations.

Additionally, HRSA may use the data collected through the needs assessment updates to assess a national picture of at-risk counties, and analyze the data collected with other program data to understand how MIECHV funded services reach at-risk families across the country. For example, we may examine how many counties disproportionately at-risk for poor maternal health outcomes are currently targeted for MIECHV services. Analyses may inform future program policy-making, research papers or journal articles, and conference presentations.

A.2.1 Privacy Impact Assessment Information

The proposed collection will have little or no effect on the respondent's privacy. No information in identifiable form (IIF) will be collected. Data will be collected at the county and state level, and used in aggregate form by HRSA.

A.3 Use of Improved Information Technology and Burden Reduction

A.3.1 Use of Improved Information Technology

All required information will be collected electronically via HRSA's Electronic Handbooks (EHBs), including the Needs Assessment Update Narrative, and the Excel-based Needs Assessment Data Summary (Attachment 2) to reduce respondent burden, data collection errors and inconsistencies, and delays in receiving data. Awardees will submit the required materials – a Needs Assessment Data Summary and a Needs Assessment Update Narrative (including documentation if a state has authorized a nonprofit organization to complete and submit a needs assessment update) – directly to HRSA via the Electronic Handbooks (EHB) grant management application. The EHB is a web-based system that allows for easy submission of information directly to HRSA. The system is an electronic reporting tool used by MIECHV Program awardees for grant-related reporting requirements, and allows for the appropriate storage, extraction, and management of needs assessment update information by federal staff. HRSA staff can also use the system to seek clarifications or additions to the submitted information, and request updated information to be resubmitted before approval through the EHBs.

A.3.2 Burden Reduction

To reduce burden HRSA will provide awardees with a Needs Assessment Data Summary that include data and analysis identifying at-risk counties through the simplified method that they can use to meet the requirements of the SIR. The Needs Assessment Data Summary will be provided to awardees with pre-populated data assessing risk at the county level using the simplified method, and will include a table that awardees will fill out identifying which counties in their state are at-risk. This approach aims to ease the burden of the needs assessment update by providing awardees with nationally available data and a methodology for identifying at-risk counties. The SIR provide instructions on how the simplified method can be modified to meet the particular needs of a state. Modifications can be made directly in the Needs Assessment Data Summary, which must be submitted to HRSA. If the simplified method does not meet the needs of a state it can adopt an independent method and provide different data that comply with statutory requirements and analysis of these data in its Needs Assessment Data Summary. The SIR provides instructions for using the Needs Assessment Data Summary to submit data used in an independent method. By providing this information to awardees and allowing for flexibility, HRSA aims to reduce the burden of data collection and analysis, while supporting awardees in meeting the statutory requirements of the update.

The SIR provides more information about the simplified method and details about the options available to awardees for completing their needs assessment update. The instructions further describe the flexibility to reduce burden and ensure that the needs assessment provides useful information to state home visiting programs and other stakeholders.

A.4 Efforts to Identify Duplication and Use of Similar Information

The information collected through this request is not available from another source. Only MIECHV Program awardees can supply the requested information, though other sources of data may support the needs assessment update. In 2010, the legislation initially authorizing MIECHV required states to submit a statewide needs assessment as a condition of receiving their Title V MCH Block Grant allotments and FY 2011 MIECHV grant awards. Since that time, there has been no requirement that awardees review or update their needs assessments until the Bipartisan Budget Act of 2018 was signed into law. Since 2010, 20 states have independently decided to conduct an updated needs assessment. If a state has completed a recent needs assessment update, it may be able to submit the results of that update to meet the requirements of the SIR. The SIR guidance states that the results of a recent update may be used if the recent update meets the following criteria: it was completed after October 1, 2016; a rigorous method was employed to identify at-risk counties; the update reflects the measures of risk identified in statute; and the update reflects recent data (data from 2014 or later).

The SIR guidance also outlines how states can fulfill the statutory requirement of coordinating with, and taking into account, other needs assessments conducted by the State, including the needs assessment required for the Title V MCH Block Grant program, the communitywide strategic planning and needs assessments required by the Head Start Act, and the inventory of current unmet needs and current community-based and prevention-focused programs and activities to prevent child abuse and neglect, and other family resource services operating in the State required in the Child Abuse Prevention and Treatment Act. Coordination may involve sharing data across these needs assessment activities; strengthening coordination to assess and identify risks, unmet need, and gaps in care; and ensure that home visiting is well coordinated with the state's early childhood system. HRSA will also be providing technical assistance support to awardees of MIECHV and the Title V MCH Block Grant about how to coordinate effectively to meet the requirements of the SIR.

Additionally, HRSA released a Notice of Funding Opportunity (NOFO), HRSA-18-091, that included guidance on how awardees could apply for up to \$200,000 in supplement funds to support their effort in completing the needs assessment update. Supplemental funds are in addition to the formula funding that program awardees applied for in their FY 2018 applications.

A.5 Impact on Small Businesses or Other Small Entities

Awardees may choose to contract with a small business or other small entities to support the completion of their needs assessment update. In prior MIECHV needs assessments, awardees have worked with research organizations and academic institutions to collect and analyze data to identify at-risk counties and assess community capacity to provide home visiting services. Similarly, some awardees worked with home visiting model developers and local implementing agencies (LIAs) operating home visiting programs in their states to collect information on the quality and capacity of existing home visiting services. LIAs are contracted by MIECHV awardees to implement evidence-based home visiting programs and may be small businesses. HRSA anticipates that some awardees may choose to involve similar entities to meet the requirements of the current SIR guidance. Because information collection may involve small businesses, the information requested has been held to the minimum necessary to meet statutory requirements and to provide information that may inform program policy.

A.6 Consequences of Collecting the Information Less Frequently

The information collected through this request will only be collected once, by October 1, 2020. The intended use of this information is to allow HRSA to ensure that awardees have complied with the statutory requirement that they review and update their statewide needs assessment. The information will also allow HRSA to verify that awardees are using their MIECHV funds to serve at-risk counties in future years once the updates are completed and pending the availability of future appropriations. Without these data, HRSA and MIECHV awardees will not be able to comply with statutory requirements. Failure to complete a needs assessment update will affect the receipt of Title V MCH Block Grant allotments in states that do not submit the required data and information. The BBA establishes that conducting a MIECHV statewide needs assessment update is a condition of receiving Title V MCH Block Grant funding; submission of the MIECHV needs assessment update in accordance with the guidance in the SIR will meet this requirement.

A.7 Special Circumstances Relating to the Guidelines of 5 CFR1320.5

This request fully complies with all guidelines of 5 CFR 1320.5. There are no special circumstances required.

A.8 Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A 60-day notice for public comments on the proposed data collection activities required by Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 was published in the Federal Register on April 24, 2018 (Document Number 2018-08539; document citation 83 FR 17826, pages 17826-17827) (Attachment 3). Public comments were requested by June 25, 2018. HRSA received 7 comments. An abbreviated version of the comments and HRSA's responses are provided below (a full description of the comments is provided in Attachment 4):

1. Comment: Respondents reported that the requirement to provide information on their state's capacity to provide substance use disorder treatment was unclear and recommended removing the requirement to provide that data, or clarify what information is required, the intended purpose, and the intended use of this information.
 - a. HRSA response: Statute requires that a needs assessment update include an assessment of the state's capacity to provide substance use disorder treatment and counseling services. The SIR was edited to clarify that this is a statutory requirement, and that the intended purpose is to support awardees in identifying gaps and barriers in access to care and planning state and local activities to strengthen the system of care for MIECHV families. Additional technical assistance will be provided to ensure the requirement and purpose are clear to respondents.
2. Comment: Respondents indicated that the burden estimates were likely low, and suggested increasing the estimated burden.
 - a. HRSA response: The burden estimate was revised from 95.57 to 120 hours based on feedback in the comments and comparisons with other burden estimates for similar needs assessments.

Other comments did not merit changes to the SIR guidance, but highlighted topics that would benefit from specific technical assistance. HRSA will develop technical assistance materials in response to a comment about modifying and adding data to the simplified method, and to support MIECHV awardees that are nonprofit organizations in providing required documentation. Additionally, HRSA will be working with federal Title V MCH Block Grant staff to develop strategies to support respondents with coordination across needs assessments, and will be providing further technical assistance on this topic once the final SIR is released.

HRSA also held two listening sessions with MIECHV awardees on December 15, 2017 and December 17, 2017 to provide an overview of our anticipated approach to collecting needs assessment data, to answer any questions, and to solicit feedback and input. HRSA sought input on the SIR guidance from federal partners including a number of federal staff within HRSA and across HHS agencies.

A.9 Explanation of Any Payment or Gift to Respondents

Respondents will not receive any payments or gifts.

A.10 Assurance of Confidentiality Provided to Respondents

Respondents are staff members of MIECHV awardees, specifically state, jurisdiction, and nonprofit awardees. Awardee staff members, such as program managers, data analysts, and/or epidemiologists will be asked to complete the needs assessment update and provide information identifying at-risk counties, assessing the quality and capacity of existing home visiting services, assessing the capacity of substance use treatment services and counseling, and demonstrating coordination with other needs assessments in the state. MIECHV awardees may contract with other entities, such as academic institutions or research organization, to complete their needs assessment updates, but state, jurisdiction, and nonprofit MIECHV awardees will submit their needs assessments to HRSA. No personally identifiable information (PII) is being collected through this SIR. All data will be reported in aggregate at the state or county level by the awardee. This project does not need IRB approval.

A.11 Justification for Sensitive Questions

HRSA is collecting data assessing statewide needs and capacities and not individual-level data. The needs assessment update does not request sensitive or personally identifiable information.

A.12 Estimates of Annualized Burden Hours and Costs to Respondents

A.12.1 Estimated Annualized Burden Hours

Awardees serving all 50 states and the District of Columbia will be required to submit their needs assessment update by October 1, 2020. The BBA further establishes that conducting a MIECHV statewide needs assessment update is a condition of receiving payments from an allotment for the State under section 502 (the Title V MCH Block Grant); submission of the MIECHV needs assessment update in accordance with the guidance in the SIR will meet this requirement. Each awardee respondent will submit a completed Needs Assessment Data Summary (see Attachment 2) and a Needs Assessment Update Narrative (see Attachment 1). Additionally, states that have authorized a nonprofit organization to submit the needs assessment update on their behalf must provide documentation to that effect, such as a signed letter. The data collection process will be conducted only once, and the estimated burden per awardee is 120 hours. This burden estimate is based on other needs assessments conducted by HRSA and similar HHS agencies and has been revised to reflect comments received in response to the 60-day Federal Register Notice public comment period.

We anticipate that the persons completing the needs assessment updates will be home visiting program managers or other administrative directors employed by the awardee, or contracted persons engaged to support awardees in completing the needs assessment update. The individuals responding should be familiar with everyday operations, management, and administration of all home visiting activities, as well as data collection and analysis to assess statewide need and home visiting capacity. We expect that the primary respondent may require assistance from another program staff member. *Exhibit A.12-1* summarizes the annualized burden hours.

Exhibit A.12-1. Estimated Annualized Burden Hours

Types of Respondent	Number of Respondents	No. Responses per Respondent	Average Burden per Response (hours)	Total Burden (hours)
MIECHV awardee staff	51	1	120	6,120

A.12.2 Estimated Annualized Cost to Respondents

The estimated total cost to respondents is approximately \$380,400 (*Exhibit A.12-2*). This annualized cost to respondents is based on the average wage of state government employed epidemiologist from the 2017 Bureau of Labor Statistics report on Wage Estimates (Bureau of Labor Statistics, 2016). The average hourly wage was multiplied by 2 to account for the costs of fringe benefits and overhead.

Exhibit A.12-2. Estimated Annualized Cost to Respondents

Type of Respondent	Number of Respondents	Total Burden (hours)	Average Hourly Wage	Total Respondent Cost (\$)
State Government Epidemiologist	51	6,120	\$31.08 (\$61.16 accounting for fringe benefits and overhead)	\$380,419.20

A.13 Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

HRSA released NOFO HRSA-18-091 that included guidance on how MIECHV awardees could apply for up to \$200,000 in supplement funds to complete a needs assessment update. States may use other non-MIECHV funds to support their needs assessment update.

A.14 Annualized Cost to the Federal Government

Exhibit A.14-1 presents the types of costs to the government that will be incurred, which fall into the following categories:

- Cost of supplemental funds awarded to MIECHV awardees to complete the update
- Cost of federal staff time for project oversight and development
- Cost of federal staff time for technical assistance and review and approval of needs assessment updates
- Cost of federal and contractual support for data cleaning and analysis

Exhibit A.14-1. Estimated Cost to the Federal Government

Type of Cost	Description of Services	Annual Cost
Supplemental funds	Supplemental funds awarded to MIECHV awardees to complete the needs assessment update	\$10,200,000

Government Program Analyst (50%)	Project management and oversight, consultation, and development	\$50,099
Government Project Officers (10%)	10 regional project officers to provide TA to awardees and review and approve needs assessment submissions	\$104,416
Government Social Science Analyst, and contracted support (5%)	Develop data collection tools, provide TA and technical support to awardees to report requested information, data cleaning and analysis	\$30,010
Total Estimated Annual Cost		\$10,384,525

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 2 (\$48.01 hourly rate) (Office of Personnel Management, 2018) for 1044 hours.

Government costs will also include personnel costs for providing technical assistance to awardees and time for federal project officers to review and approve needs assessment updates. These tasks will be completed by 10 federal project officers at an average Grade 13 Step 5 (\$50.20 hourly rate) (Office of Personnel Management, 2018) for 208 hours each, or a total annual level of effort of 2080 hours.

As noted, in FY 2018 HRSA will provide a supplement of up to \$200,000 per awardee to complete the needs assessment update. Awardees were required to submit a budget describing their use of supplemental funds for this purpose by June 29, 2018. Funds will be awarded by September 30, 2018 and should not be expended until the final SIR guidance has been released following OMB approval.

The total annual cost to the Federal Government of this requirement is \$10,384,525.

A.15 Explanation for Program Changes or Adjustments

This is a new data collection requirement.

A.16 Plans for Tabulation and Publication and Project Time Schedule

Data and information submitted through the needs assessment updates will be reviewed and synthesized by HRSA staff and contracted persons to inform program monitoring. Additional analysis may be conducted to examine the capacity of the MIECHV program to reach families in at-risk counties, and information may be synthesized across needs assessments to identify a national estimate of at-risk counties. Findings from this analysis may be used in publications or other public facing products.

The findings from this information collection and analyses may be compiled and presented in a report by HRSA to inform how home visiting programs address the needs of at-risk counties across the country. The expected time schedule for project activities is presented in *Exhibit A.16-2*. HRSA is requesting a three-year clearance for this data collection activity.

Exhibit A.16-1. Estimated Time Schedule for Project Activities

Activity	Expected Timeline
Development of final version Supplemental Information Request guidance and the Needs Assessment Data Summary based on feedback from the 60-day FRN and the 30-Day FRN	April 2018 – August 2018
Receive OMB approval	By January 2019 (estimated)
Technical assistance	Ongoing, after the release of the final SIR guidance
Data collection	Needs assessment updates can be submitted after the release of the final SIR and no later than October 1, 2020.
Synthesis and Publication	After October 1, 2020 information may be synthesized across needs assessment to identify a national estimate of at-risk counties. Findings from this analysis may be used in publications or other public facing products.

A.17 Reason(s) Display of OMB Expiration Date Is Inappropriate

No request for an exemption from displaying the expiration date for OMB approval is being sought. The OMB number and expiration date will be displayed on every page of every form/instrument.

A.18 Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

REFERENCES

Bureau of Labor Statistics (2018). May 2017 National Occupational Employment and Wage Estimates, 19-1041Epidemiologists. Retrieved from <https://www.bls.gov/oes/2017/may/oes191041.htm>

Office of Personnel Management (2018). SALARY TABLE 2018-DCB. Retrieved from https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2018/DCB_h.pdf