

Supporting Statement A

Maternal, Infant, and Early Childhood Home Visiting Program Quarterly Data Collection

OMB Control No. 0906-0016

Revision

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 revisions to several categories of information collection for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program.

The MIECHV Program is designed to support voluntary, evidence-based home visiting services during pregnancy and to parents with young children up to kindergarten entry. States, certain nonprofit organizations, and tribal entities are eligible to receive funding from the MIECHV 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 Bipartisan Budget Act of 2018 requires that MIECHV awardees 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

In addition to providing data on these six benchmark areas, MIECHV awardees are required to submit annual reports that summarize the demographic, service utilization, and other administrative data related to program implementation (OMB

control number 0906-0017, expiration 7/31/2021).

Awardees are required by law to demonstrate improvement in at least four of the six benchmark areas every three years. If improvement is not demonstrated at that time, awardees are required to complete a Corrective Action Plan to demonstrate how they will improve outcomes in the benchmark areas. Following an initial assessment of improvement which occurred in 2014, regular recurring assessments are required to begin following the FY 2020 reporting year and every three years thereafter.

In order to continuously monitor, provide grant oversight, quality improvement guidance, and technical assistance to MIECHV grantees, HRSA is seeking to renew existing collection of several categories of information on a quarterly basis: Program Capacity, Place-Based Services, Service Utilization, Staffing and Benchmark Performance Data.

2. Purpose and Use of Information Collection

HRSA is seeking renewal and revision for one form (two sections) that will be used to collect data from MIECHV awardees:

Section A - Service Utilization Data (Attachment A): This section is made up of four categories of data – program capacity, place-based services, family engagement, and staffing. This form is used by MIECHV awardees to collect data in order to determine the caseload capacity awardees are achieving, where services are being delivered, the retention and attrition of enrolled families, and information on program staff on a quarterly basis.

Collection of quarterly Service Utilization data represents an administrative requirement by HRSA for the ongoing and continuous monitoring and oversight of grant activities. These data assist HRSA in demonstrating awardee compliance with several program policies, including the maintenance of service caseloads and targets for service capacity.

In general, revisions being requested to this form are for the purposes of streamlining reporting requirements and reducing administrative burden related to data collection and reporting. These revisions will better align the intended and actual uses of these data for program monitoring and oversight purposes.

Specific proposed revisions and corresponding rationales to Section A are as follows (additional details can be found on the revised form submitted as Attachment A to this package):

- 1) Revise the due date from 60 to 30 days following the end of each reporting period. This revision will provide HRSA more timely and actionable data for use in program monitoring.*

- 2) *All tables in the section will be renumbered. This revision is intended to reduce the administrative complexity of the form.*
- 3) *Table A.2 will be revised to reflect LIAs served, LIA addresses, counties served, zip codes served, and evidence-based home visiting models implemented. This change reflects the current needs of HRSA to have more information about the organizations providing home visiting services and the communities where those services are being provided.*
- 4) *Table A.4.1 will be streamlined to reduce categories of information that were previously collected but not used by HRSA for program monitoring purposes.*
- 5) *Table A.4.2 will be deleted to eliminate categories of information that were previously collected but not used by HRSA for program monitoring purposes.*
- 6) *Definitions of key terms will be update to align definitions with current reporting definitions.*

Section B - Benchmark Performance Data (Attachment A): This section will capture data from MIECHV awardees who have not demonstrated improvement in at least four of the six benchmark areas, as established by the statute. Awardees will be required to report quarterly on the benchmark areas where they did not demonstrate improvement and which are the foci of their Corrective Action Plan. HRSA currently estimates approximately ten awardees may not demonstrate improvement in four of six benchmark areas following the next required assessment, which will occur in October 2020 (as defined in statute).

Specific proposed revisions and corresponding rationales to Section B are as follows (additional detail can be found on the revised form submitted as Attachment A to this package):

- 1) *Section B will be updated to reflect the current benchmark constructs. This revision will align Section B with MIECHV annual reporting requirements to allow for more frequent collection of this information among awardees that do not demonstrate improvement, as outlined in statute.*

The objective for this data collection activity is to provide HRSA with timely updates to service utilization and performance data variables that have the potential to change on a frequent basis. HRSA uses this information to assist in grants monitoring activities and to target technical assistance resources to underperforming awardees. In addition, this information allows HRSA to verify that the communities identified as most in need of home visiting services by awardees in their statutorily required needs assessments are receiving MIECHV funded services.

3. Use of Improved Information Technology and Burden Reduction

Improved information technology is utilized where appropriate. Awardees collect information from home visiting participants using their own established methods. Awardees aggregate and report this information to HRSA using the Home Visiting Information System (HVIS), a Bureau Reporting System within HRSA's Electronic Handbooks grants management application. The system is an electronic reporting tool used by MIECHV Program awardees for annual and quarterly performance

reporting, and allows for the appropriate storage, extraction, and records management 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 MIECHV awardees can supply the requested information.

This request for information supplements existing performance measurement information collection requests (OMB control number 0906-0017, expiration 7/31/2021). These requests represent annual performance measurement reports that contain demographic, service utilization and benchmark performance data for MIECHV Program participants. Service utilization data related to family engagement is contained in both the annual and quarterly information collection requests because it has the potential to change frequently and is a key indicator of program performance. HRSA will use quarterly family engagement data to provide oversight and technical assistance to MIECHV Program awardees and will use cumulative annual reports of family engagement for reporting purposes and to assess the effectiveness of technical assistance.

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 or territorial awardee 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. This revision streamlines requested data to better align the intended and actual uses of these data for program monitoring and oversight purposes

6. Consequences of Collecting the Information Less Frequently

The information collected through this request is reported on a quarterly basis. The intended use of this information is to assist HRSA in monitoring and oversight activities and to target technical assistance resources more efficiently. This information is also likely to change more frequently than the measures MIECHV awardees are required to report on an annual basis. As such, quarterly reporting is required in order for HRSA to have the most accurate information possible when assessing awardee performance and making decisions about program policy and resources.

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.

Section 8A:

A 60-day Federal Register Notice was published in the *Federal Register* on February 21, 2018, vol. 83, No. 35; pp. 7481-7482 (see Attachment B). HRSA received twenty- four public comments providing feedback on the timeline for submission, suggestions for streamlining and reducing burden for data collection and reporting, definitions of key terms, and form formatting. The feedback was reviewed and integrated, where appropriate. Attachment C provides a summary of the public comments and HRSA's responses. Attachment D provides all public comments received.

Additional revisions were initially proposed in the 60-day Federal Register Notice and were ultimately dropped in response to public comment. Commenters generally urged against proposed revisions to substantively change reporting definitions for several tables (Table 1: Program Capacity; Table 3: Family Engagement). HRSA initially proposed these revisions as ways to improve either the conceptual clarity of the table or improve ongoing program monitoring. However, the field's strong preference is to not substantively change measures at this time and ensure consistency.

HRSA made this determination due to our sensitivity to the burden on MIECHV awardees, other stakeholders, and the public that repeated changes to required reporting requirements can cause. HRSA introduced the MIECHV quarterly performance report in FY 2016 which required awardees and other stakeholders who support MIECHV data collection and reporting to institute new data collection. At this time, the feedback HRSA has received is to limit changes to this requirement to regular cycles and can be anticipated and planned for by pertinent stakeholders. As such, HRSA is limiting revisions from what we had initially proposed at this time and will pursue more substantive changes, in consultation with our broader stakeholder community for future reporting periods.

Section 8B:

HRSA held multiple discussions with stakeholders to develop and review the proposed revisions included in this request. Examples of stakeholder discussions include with the Association of State and Tribal Home Visiting Initiatives (ASTHVI) Data Committee, which represents MIECHV Program awardees, and with the Home Visiting Model Alliance, which represents developers of evidence-based home visiting models approved for use under the MIECHV Program.

HRSA also worked collaboratively with federal partners to define the requirements for this revision to our information collection request. A number of federal staff from multiple agencies with HHS were consulted during the development. The following

public stakeholders were consulted to provide feedback on the clarity and estimated overall annual burden of the data collection instrument.

Specific representatives of these groups who were consulted are listed below:

Angela Miller, PhD, MSPH
Co-Chair, ASTHVI Data Committee
Epidemiologist 2
Division of Family Health and Wellness
Tennessee Department of Health
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615-253-2655

Leslie Schwartz
Co-Chair, ASTHVI Data Committee
Program Director/Manager of Program Evaluation
Illinois Governor's Office of Early Childhood Development
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Kerry Caverly
Vice President, Program Implementation and Support
Parents as Teachers
Kerry.Caverly@parentsasteachers.org
301-432-4330

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

No questions of a sensitive nature will be asked of respondents.

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	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
MIECHV Awardees	Form 4: Section A - Quarterly Performance Report	56	4	224	24	5,376
MIECHV Awardees	Form 4: Section B - Benchmark Performance Measures	10 ¹	4	40	200	8,000
Total		56 ²		264		13,376

¹ HRSA currently estimates approximately 10 awardees may need to report benchmark performance data on a quarterly basis based on the statutorily required assessment of improvement.

² The 10 responses for Section B are a sub-set of 56 total awardees funded through the MIECHV Program.

12B.

Estimated Annualized Burden Costs

The estimated total cost to respondents is approximately \$824,496. This annualized cost to respondents is based on the average wage of social and community service managers from the 2017 Bureau of Labor Statistics report on Wage Estimates (Bureau of Labor Statistics, 2018). The average hourly wage was multiplied by 2 to account for the costs of fringe benefits and overhead.

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
MIECHV Awardees	13,376	\$30.82 ² (\$61.64 to account for fringe and overhead)	\$824,496.64

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. MIECHV Program awardees 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 awardees in order to promote efficiencies in this development work. Additionally, HRSA has exempted awardee costs related to these updates from the programmatic ceiling for infrastructure costs. Awardees may use grant funds to pay for these developments/updates.

14. Annualized Cost to Federal Government

Costs to the federal government fall into three 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 quarterly performance reports
- 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	\$150,000

² Bureau of Labor Statistics (2018). May 2017 National Occupational Employment and Wage Estimates, Social and Community Service Managers. Retrieved from <https://www.bls.gov/oes/2017/may/oes191041.htm>

Government Social Science Analyst (10%)	Project management and oversight, consultation, and development	\$10,343
Government Project Officers (5%)	10 regional project officers provide TA to awardees and review and approve quarterly reports	\$52,208
Data Cleaning and Analysis – Contracted	Data aggregation and analysis	\$65,750
Total Estimated Annual Cost		\$278,301

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 3 (\$49.73 hourly rate; Office of Personnel Management, 2018³) for 208 hours.

Government costs will also include personnel costs for providing technical assistance to awardees 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; Office of Personnel Management, 2018³) for 104 hours each, or a total annual level of effort of 1,040 hours.

The total annual cost to the Federal Government for this requirement is estimated at \$278,301

15. Explanation for Program Changes or Adjustments

This is a revised information collection request. Explanation for revisions are provided in Section 2. The current hour burden inventory is 13,440 with this revision requesting 13,376 hours.

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

Aggregation and descriptive statistics on quarterly data will be conducted in order to summarize the performance of both awardees, 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.

For awardees who do not demonstrate improvement during the initial assessment and are required to submit more frequent benchmark performance data, time series comparisons of performance indicators and systems outcome benchmark performance data will be conducted. Performance values will be compared to prior quarter values in order to assess progress for demonstrating improvement in each benchmark area. Where appropriate and applicable, performance data will be

³ 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

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 extension beyond the original expiration date of 3/31/2019 for this data collection activity. Project Timeline

Activity	Time Schedule
Distribute data collection forms and instructions to MIECHV awardees	Immediately following OMB approval
Quarterly Report due (April-June 2019)	July 31, 2019
Quarterly Report due (July-September 2019)	October 31, 2019
Quarterly Report due (October-December 2019)	January 31, 2020
Quarterly Report due (January-March 2020)	April 30, 2020
Quarterly 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.

List of Attachments

- Attachment A. MIECHV Quarterly Performance Report
- Attachment B. 60-day Federal Register Notice
- Attachment C. HRSA Response to Comments Received
- Attachment D. Individual Comments Received in Response to 60-Day Federal Register Notice