

MULTI-SITE IMPLEMENTATION EVALUATION OF TRIBAL HOME VISITING (MUSE)
ADMINISTRATIVE DATA ELEMENTS

Public reporting burden for this collection of information is estimated to average 24 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: 0970-0521, Exp: 12/31/2021. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Kate Lyon, James Bell Associates; 3033 Wilson Blvd. Suite 650, Arlington, VA 22201; MUSE.info@jbassoc.com.

MUSE Administrative Data Elements

Thank you for taking part in the Multi-Site Implementation Evaluation of Tribal Home Visiting (MUSE). The purpose of this study is to learn about tribal home visiting programs and the experiences of families receiving home visiting services.

Tribal Home Visiting grantees collect data for various purposes including:

- Reporting participant demographics and service utilization to the Administration for Children and Families (ACF)
- Reporting performance measurement data to ACF
- Reporting data to home visiting models for quality assurance and accreditation purposes
- Conducting internal program monitoring and continuous quality improvement
- Reporting to other funders

Grantees are being asked to submit data collected by the program for the purposes outlined above to the MUSE study. While grantees submit aggregate data to ACF, in order to include these data in analyses for MUSE, grantees will submit person-level data to the MUSE study team. Administrative data elements requested include data about participating caregivers and children and the services they received.

Grantees will upload de-identified administrative data to a secure cloud-based document storage system. The data grantees provide will be kept private. Only the MUSE study team and the grantee will have access to this information. We will not report information collected in this study in a way that could identify grantees, grantee staff, or any of the participants grantees are reporting data for.

The amount of time it takes to compile and submit the existing administrative data elements varies depending on the number of caregivers who consent to participate in MUSE (including sharing administrative data) at each grantee and the number of home visits provided to participants. It also varies depending on the grantee's data system and its reporting capabilities. For grantees using PAT and NFP data systems, the MUSE Team will be able to obtain data files directly from the model which will require only minimal involvement from the grantee. It will take grantees that are using PAT and NFP data systems substantially less time to complete this instrument. On average, it will take grantees 24 hours to develop and run reports, and compile, clean and submit these data for a single submission. Grantees will submit data semi-annually for a total of 4 times.

There is no required format or template for submitting administrative data, rather the MUSE study team will accept a range of acceptable formats. Tribal Home Visiting grantees will work with MUSE and their evaluation TA provider to determine the format for reporting that will be the least burdensome for each site.

DATA ELEMENT	RESPONSE CATEGORIES/DATA TYPE
Administrative Data Elements Collected for Reporting Participant Demographics and Service Utilization to ACF	
Sex	Male, Female
Pregnancy status at enrollment	Y/N
Educational status	Student/Trainee, Not a Student/Trainee, Unknown/Did not report
Employment status	Employed full time, Employed part-time, Not employed, Unknown/Did not report
Household income	Form dependent - dollar amount or income ranges
Housing status	Not homeless, Homeless and sharing housing, Homeless and living in an emergency or transitional shelter, Homeless with some other arrangement, Unknown/Did not report
Type of health insurance	Not insured but has access to IHS, CHS, or UIHP facility; Not insured and does not have access to IHS, CHS, or UIHP facility, Medicaid or CHIP, TriCare, Private Insurance, Unknown/Did not report
Race	AIAN, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White, More than one race including AIAN, More than one race not including AIAN, Unknown/did not report
Child sex	Male, Female
Ethnicity	Hispanic or Latino, Not Hispanic or Latino, Unknown/did not report
Marital status	Single, Legally married, Not married but living together with partner, Separated/divorced/widowed, Unknown/did not report
Educational attainment	Less than HS diploma, HS diploma/GED, Some college/training, Technical training or certification, Associates degree, Bachelor's degree or higher, Other, Unknown/did not report
Primary language spoken in home	English, Spanish, Any Native language, Other, Unknown/did not report

Secondary language spoken in home	English, Spanish, Any Native language, Other, Unknown/did not report
Administrative Data Elements Collected for Calculating and Reporting Performance Measurement Data to ACF	
Dates of screening for substance abuse	DATE
Substance abuse screening item-level responses **These data are optional. Grantees can opt out of providing these data to MUSE.**	Item scores
Dates of screening for parental depression	DATE
Depression screening total scores **These data are optional. Grantees can opt out of providing these data to MUSE.**	Total score
Dates of screening for unmet basic needs (Family Resource Check-in)	DATE
Screening for unmet basic needs (Family Resource Check-in) item level responses	Item scores
Dates of screening for developmental delays	DATE
Results of screening for developmental delay	Above cutoff/below cutoff
Dates of screening for intimate partner violence	DATE
Date of observation of caregiver-child interaction by the home visitor	DATE
Expected visit frequency	Form dependent
Dates of changes to expected	DATE

visit frequency	
Administrative Data Elements Collected for Home Visiting Model Reporting and/or Internal Performance Monitoring and Continuous Quality Improvement	
Caregiver age at enrollment	NUMBER
Caregiver relationship to index child	Form dependent
Index child's birth month and year	MONTH YEAR
Caregiver referral source to THV	Form dependent
Date of caregiver referral to THV	DATE
Date of caregiver enrollment in THV	DATE
Dates of each missed visit	DATE
Reason for missed visit	Caregiver cancelled/Home visitor cancelled/Unable to confirm visit/No-show
Dates of each home visit completed	DATE
Home visitor completing each home visit	NAME
Length of home visit	MINUTES
Date of caregiver exit from program	DATE
Reason for caregiver exit from program	Form dependent
Date of group events attended by caregiver	DATE
Caregiver has received services from this Tribal Home Visiting Program prior to the caregiver's current program enrollment date	Yes, No, Information unavailable