

**Health Resources and Services Administration
Maternal and Child Health Bureau**

Autism CARES Act Evaluation

OMB Control No. 0915-0335

Revision

**Request for Clearance,
Supporting Statement,
and Data Collection Instruments**

Terms of Clearance: None

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) is requesting Office of Management and Budget (OMB) approval to collect information from grantees funded under the Combating Autism Act (CAA) of 2006 (P.L. 109-416), and reauthorized under the Combating Autism Reauthorization Act of 2011 (P.L. 112-32), the Autism Collaboration, Accountability, Research, Education, and Support (Autism CARES) Act of 2014 (P.L. 113-157) and the Autism CARES Act of 2019 (P.L. 116-60) (Attachment A). The purpose of this information collection is to describe the accomplishments of those grant programs in implementing the provisions of the Autism CARES Act.

Background

Autism is a neurodevelopmental condition. The American Psychiatric Association's Diagnostic and Statistical Manual (5th edition) identifies the diagnostic criteria for autism spectrum disorder (ASD) as including persistent impairments in social interaction, such as difficulties in social skills and nonverbal communications; difficulty in developing, maintaining, and understanding implicit social norms regarding relationships with others; and restricted, repetitive patterns of behavior, such as repetitive motor movements, inflexibility with regard to routines, restricted interests, and unusual reactions to sensory input. In response to the growing need for resources devoted to ASD and other developmental disabilities (DD), U.S. Congress passed legislation to ensure that support for research, services, prevalence tracking, and other government activities was in place to address the dramatic rise of ASD/DD. Under CAA, HRSA received funding to address five CAA objectives: (1) increase awareness of ASD/DD; (2) reduce barriers to

screening and diagnosis; (3) support research on evidence-based interventions; (4) promote the development of guidelines for evidence-based practices; and (5) train healthcare professionals to use valid, reliable screening tools to confirm or rule out an ASD/DD diagnosis and, if diagnosis is confirmed, to provide evidence-based, early intervention. In 2019, the Autism CARES Act was reauthorized until FY 2024 to continue to support HRSA's investment in ASD/DD research, training, and services and expanded the focus to include the entire lifespan of individuals with ASD/DD, with an emphasis on health outcomes and comorbid conditions.

MCHB Initiatives

MCHB's mission is to improve the health and well-being of America's mothers, children, and families. MCHB administers a broad range of programs that promote and support the health of mothers and children and their families. Many of the bureau's discretionary grant programs target specific populations, such as those with low incomes, racial and ethnic minorities, individuals living in rural and underserved areas, children with special healthcare needs, families, and populations with particular medical conditions. MCHB provides grant support for programs that build maternal and child health services capacity, such as training health professionals; improving services and access to care; and increasing assessment, planning, and quality assurance capabilities.

The overall goal of MCHB's Autism CARES Act programs is to enable all infants, children, and adolescents who have ASD/DD or are at risk of developing ASD/DD to reach their full potential by developing a system of services that includes the following:

1. Screening children as early as possible for ASD/DD
2. Conducting early, interdisciplinary clinical evaluations to confirm or rule out ASD/DD

3. Providing early, evidence-based interventions when a diagnosis is confirmed

In alignment with guidance from the legislation, the Autism CARES Act specifies the following objectives:

1. Increase public/provider awareness of ASD/DD
2. Reduce barriers to screening and diagnosis
3. Support research on evidence-based interventions for ASD/DD
4. Promote the development of evidence-based guidelines and tested/validated intervention tools
5. Train professionals to use valid and reliable screening tools to confirm or rule out a diagnosis of ASD/DD and to provide evidence-based interventions
6. Build system capacity to provide coordinated, comprehensive, and community-based care for children and youth with ASD/DD

To achieve these objectives, MCHB has provided funding for grant programs focused on training, research, and state systems, as described briefly below.

Training Programs

Leadership Education in Neurodevelopmental and Related Disabilities (LEND) Training

Programs: A total of 52 LEND programs provide interdisciplinary training to enhance the clinical expertise and leadership skills of professionals dedicated to caring for children with neurodevelopmental disabilities, including ASD/DD.

Developmental-Behavioral Pediatrics (DBP) Training Programs:

A total of 12 DBP programs enhance the behavioral, psychosocial, and developmental aspects of pediatric care.

Research Networks and Research Grants

Research Networks: Four Research Networks advance the evidence base on effective interventions for children and adolescents with ASD/DD, develop guidelines, and disseminate information. The Autism Intervention Research Network on Physical Health (known as AIR-P) focuses on improving the physical health and wellbeing of children and adolescents with ASD/DD. The Autism Intervention Research Network on Behavioral Health (known as AIR-B) focuses on improving the behavioral, mental, social, and/or cognitive health of children and adolescents with ASD/DD. The Developmental-Behavioral Pediatrics Research Network (known as DBPNet) focuses on the promotion and coordination of research activities in developmental, behavioral, and psychosocial aspects of pediatric care to improve clinical services and health and related outcomes for children and adolescents with ASD/DD. The Research Network on Promoting Healthy Weight among Children with ASD/DD (known as HW-RN) works to advance the evidence base for the prevention and treatment of obesity and enhance healthy weight in this high-risk group.

Research Grants: MCHB supports up to 20 research grants comprised of 2 Autism Single Investigator Innovation Programs (Autism SIIP): an Autism Transitions Research Project and an Autism Longitudinal Data Project; 6 Autism Field-Initiated Innovative Research Studies Program (Autism FIRST) grantees; and up to 12 Autism Secondary Data Analysis Research Program (Autism SDAR) grantees (funded for a period of 1 year). The Research grantees conduct empirical research to address the needs of underserved populations for whom there is limited evidence of the effectiveness of interventions, and limited access to screening, diagnosis, and treatment for ASD/DD. The Autism Longitudinal Data Project supports the implementation of research studies that examine longitudinal data on ASD/DD to study risk factors, the effects of

various interventions, and trajectories of child development over the life course. Autism SDAR grantees conduct secondary analyses of existing publicly available and accessible national datasets and/or administrative records.

State Systems

State Innovations in Care Coordination Grantees: Five states were awarded Innovations in Care Coordination Grants in September 2019. The State Innovations grants provide grantees with the funding needed to implement family navigation and provider training in medically underserved areas to improve access to coordinated and integrated care for children with or at risk for ASD/DD.

Resource Centers

Interdisciplinary Technical Assistance Center (ITAC) on Autism and Developmental Disabilities: One grantee received funding to serve as the technical assistance and resource center to the LEND and DBP grantees.

State Public Health Autism Resource Center (SPHARC): One grantee was funded through a cooperative agreement with MCHB to provide technical assistance to the State Innovations in Care Coordination grantees and serves as a comprehensive web-based resource center for state programs.

Use of Information for Policy and Program Objectives

The Autism Cares Act mandates that the U.S. Department of Health and Human Services (HHS) provide to Congress an interagency report documenting the progress of federal agencies, including HRSA/MCHB in implementing the provisions of this act. HRSA/MCHB hired a contractor to assess and report on the progress of the programs funded through the Autism

CARES Act and determine the long-term and collective impact of these programs on improving the health and wellbeing of individuals with ASD/DD. Therefore, the contractor will collect relevant data from MCHB-funded grantees. This information will assist HRSA/MCHB and Congress in assessing ongoing program priorities.

2. Purpose and Use of Information Collection

The information needed for this study will be derived from both primary data collection and existing progress and performance measures data that grantees provide to MCHB. Primary data collection instruments will include semi-structured interviews (Attachments C, D, E, F, G), a Grantee Survey (Attachment B1), and a Research Quantitative Data Collection Form (Attachment H). Existing data sources include the annual grantee Discretionary Grants Information System (DGIS) and the National Information Reporting System (NIRS) CARES module data, as well as grantee progress reports.

The information to be collected from each grant program is described below. Since the last OMB submission (OMB No. 0915-0335), some revisions have been made to the interview protocols to improve efficiency and ensure they address MCHB's mission and research questions. An annual Grantee Survey (Attachment B1) has been added to assess changes each year and supplement the one-time semi-structured interviews and performance measures data. The overall burden estimate has increased slightly since the last OMB submission due to the addition of an annual 30-minute Grantee Survey, as well as findings from the pilot test which indicate two of the five one-time administration interviews may take, on average, 75 minutes. Table A.1 summarizes the data collection plan.

Table A.1. Overview of Data Collection Activities

Instrument	Respondent Category	Mode	Length	Number of Respondents¹	Frequency	Purpose
Grantee Survey (Attachment B1)	Training, Research, State Systems Grantees	Web	30 minutes	85	Annually for 3 years	Collect supplemental information on grantee activities from the prior year
Training Interview Guide (Attachment C)	LEND and DBP Grantees	Telephone	75 minutes	64	Once	Obtain detailed information about grantee activities through questions and probes focused on the full grant period
Research Interview Guide (Attachment D)	Research Grants and Research Network Grantees	Telephone	60 minutes	24	Once	Obtain detailed information about grantee activities through questions and probes focused on the full grant period
State Systems Interview Guide (Attachment E)	State Systems Grantees	Telephone	75 minutes	5	Once	Obtain detailed information about grantee activities through questions and probes focused on the full grant period
ITAC Semi-Structured Interview Guide (Attachment F)	ITAC Grantee	Telephone	60 minutes	1	Once	Obtain detailed information about the technical assistance provided to Autism CARES grantees
SPHARC Semi-Structured Interview Guide (Attachment G)	SPHARC Grantee	Telephone	60 minutes	1	Once	Obtain detailed information about the technical assistance provided to Autism CARES grantees
Research Quantitative Data Collection Form (Attachment H)	Research Network and Autism SIIP Grantees	Email	60 minutes	6	Once	Obtain quantitative information on select research grantees' (Research Networks and

¹ The estimated number of respondents assumes that all grantees will participate in data collection activities.

Instrument	Respondent Category	Mode	Length	Number of Respondents	Frequency	Purpose
t H)						Autism SIIPs) activities to inform the semi-structured interview

Information about the data collection process can be found in Attachment I.

Annual Grantee Survey (Attachment B1)

The purpose of the Grantee Survey is to supplement the performance measures information captured annually with DGIS and NIRS. All Training, Research grantees will be asked questions about their Autism CARES grant-funded activities, including the following:

- Increasing awareness about ASD/DD
- Reducing barriers to ASD/DD care
- Supporting research to advance evidence-based interventions for ASD/DD
- Mentoring and training professionals
- Partnerships, collaborations, and sustainability of the program
- Perceived impact of the program
- Interactions with ITAC and/or SPHARC

Training Interview Guide (Attachment C)

During the one-time semi-structured interviews, LEND/DBP directors and/or LEND/DBP program staff from 64 programs will be asked questions about their Autism CARES grant-funded activities, pertaining to the following areas:

- Training professionals to use valid and reliable screening and diagnostic tools for ASD/DD

- Reducing barriers to ASD/DD screening and diagnosis
- Increasing awareness about ASD/DD
- Contributing to research on evidence-based practices

The Training Interview Guide (Attachment C) includes questions about the technical assistance provided by the Association of University Centers on Disabilities (AUCD), the extent to which that assistance contributed to the grantee's successes, and the effectiveness of AUCD as a source of information and a forum for disseminating information. These interviews will be conducted by telephone.

Research Interview Guide (Attachment D)

During the one-time semi-structured interviews, 24 Research Network and Research Grant principal investigators and/or project directors will be asked about their research activities, pertaining to the following:

- Evidence-based interventions for ASD/DD
- Efforts to test and validate tools used for ASD/DD interventions
- Development of evidence-based treatment guidelines

The interviews will include questions about the grantees' efforts to disseminate research findings, treatment guidelines, and information about validated ASD/DD intervention tools.

Other questions will focus on how the research grantees' work may be addressing the needs of underserved populations for whom there is limited evidence of the effectiveness of interventions, and limited access to screening, diagnosis, and treatment for ASD/DD. These interviews will be conducted by telephone.

Research Quantitative Data Collection Form (Attachment H)

This data collection form, which will be administered one time via email to a total of six Research Network or Autism SIIP grantees to inform their semi-structured interviews described above (Attachment D), will collect information about the following:

- Number and type of research studies
- Grantees' progress in developing evidence-based guidelines for ASD/DD interventions
- Grantees' efforts to develop and validate tools for ASD/DD screening and intervention
- Methods grantees used to disseminate information about new research findings, clinical guidelines, and tools
- Grantees' progress in developing and mentoring new investigators
- Grantees' efforts to promote implementation of practices

The Research Quantitative Data Collection Form will also ask the principal investigators and/or project directors or their designated representatives (e.g., research assistants), to describe any collaborations or partnerships they have formed with other agencies or entities, their efforts to include medically underserved and vulnerable populations in their research, and their efforts to develop and mentor new investigators. These interviews will be conducted by telephone.

State Systems Interview Guide (Attachment E)

During the one-time semi-structured interviews, five grantees will be asked to describe the following:

- Efforts to build awareness of ASD/DD among target populations

- Efforts to address service barriers, including activities related to screening, medical homes, and referral systems
- Training initiatives
- Activities related to building a statewide infrastructure for comprehensive, coordinated, and community-based systems of care

Grantees will be asked to assess the support provided by SPHARC and the extent to which that support facilitated their success in implementing statewide improvements in ASD/DD care.

These interviews will be conducted by telephone.

ITAC Interview Guide (Attachment F)

During the one-time semi-structured interview, a key representative from ITAC will be asked to describe how ITAC has provided technical assistance to the grant programs, disseminated information to grantees, and promoted collaboration across grant programs. This interview will be conducted by telephone.

SPHARC Interview Guide (Attachment G)

To supplement the performance measure data and the information collected from the State Systems grantees, a one-time semi-structured telephone interview with a representative from SPHARC will gather information on SPHARC's efforts to support and assist states in developing a system of care to improve the health of individuals with ASD/DD and in fostering collaborations and disseminating resources among State grantees. This interview will be conducted by telephone.

In summary, this information collection request seeks approval for the five semi-structured interview guides (Attachments C, D, E, F, G), the Research Quantitative Data Collection Form

(Attachment H), and the Grantee Survey (Attachment B1). The key evaluation questions will be addressed through the DGIS and NIRS performance measures, the Grantee Survey (Attachment B1), the Research Quantitative Data Collection Form (Attachment H), and the semi-structured interviews (Attachment C–G) using a mixed-methods design, which informs findings through a synthesis of quantitative and qualitative data.

Who Will Use the Information?

The information gathered through this data collection effort will inform HRSA and its stakeholders regarding grantee activities and will inform HHS’s Interagency Report to Congress, which requires a description of the progress made in implementing the provisions of the Autism CARES Act of 2019. (For a full list of the legislative requirements, see Attachment A.)

3. Use of Improved Information Technology and Burden Reduction

The Grantee Survey (Attachment B1) will be programmed into a web-based platform and includes a “Save and Continue” option, which allows respondents to save their responses and continue the survey later. The survey includes skip logic so that the grantees will only answer questions that pertain to the key evaluation questions relevant for grantees’ specific program areas, minimizing respondent burden. Hover-over or mouse-over definitions will also be programmed into the web-based survey to provide explanation for specific terminology (Attachment J). This function will allow respondents to view definitions of specific terminology should they need further clarification. Screenshots of the programmed survey are provided in Attachment B2. Those grantees who have not completed the Grantee Survey will be contacted via telephone and will be offered the opportunity to complete the Grantee Survey via the telephone with a trained interviewer. The Research Quantitative Data Collection Form

(Attachment H) will be administered via email. All semi-structured interviews (Attachments C–G) will be conducted by telephone.

4. Efforts to Identify Duplication and Use of Similar Information

There are no other MCHB data collection activities that are qualitatively measuring the progress of Autism CARES Act grantees in meeting the objectives of Autism CARES. The Study Team will be using NIRS CARES module data, DGIS data, and progress reports, already collected by MCHB from the grantees, to capture the full extent of Autism CARES Act activities. The Grantee Survey (Attachment B1), semi-structured interviews (Attachments C–G), and the Research Quantitative Data Collection Form (Attachment H) aim to address any gaps in other existing data collection tools used by MCHB.

5. Impact on Small Businesses or Other Small Entities

This activity does not impact small businesses or other small entities.

6. Consequences of Collecting the Information Less Frequently

The information collected with the Grantee Survey (Attachment B1) will be collected annually over the course of 3 years, whereas the semi-structured interviews (Attachments C, D, E, F, G) and the Research Quantitative Data Collection Form (Attachment H) will be conducted one time each. If the data are not collected, HRSA and HHS will not have adequate information to provide for the mandated Report to Congress.

7. Special Circumstances Relating to the Guideline of 5 CFR 1320.5

This data collection request is fully consistent with the guidelines in 5 CFR 1320.5(d)(2).

8. Comments in Response to the Federal Register Notice/Outside Consultation

Section 8A:

A 60-day Federal Register Notice was published in the *Federal Register* on March 6, 2020, vol. 85, No. 45; pp. 13173-13174. There were no public comments.

Section 8B:

To obtain input on the availability of data, clarity of instructions, and the proposed data elements to be collected, the program officers from each funded program were consulted. A total of nine current grantees were also consulted about the burden estimate and other characteristics of the data collection (i.e., clarity of instructions, clarity of questions). Feedback from the pilot test participants was then used to refine and finalize the data collection protocols and instruments. Table A.2 lists all federal personnel who were consulted and who offered input on the Grantee Survey, interview guides, and/or the Research Quantitative Data Collection Form.

Table A.2. Persons Consulted on Data Collection Instruments

Instrument	Name	Affiliated Entity	Title	Contact Information (Telephone Number, Email Address)
Training Interview Guide ITAC Interview Guide Grantee Survey	Robyn Schulhof	HRSA	Senior Public Health Analyst, Project Officer	301-443-0258 RSchulhof@hrsa.gov
	Rita Maldonado	HRSA	Public Health Analyst, Project Officer	301-443-3622 RMaldonado@hrsa.gov
	Karla Brewer	HRSA	Public Health Analyst, Project Officer	301-443-2520 KBrewer@hrsa.gov
	Lauren Ramos	HRSA	Director, Division of Maternal and Child Health (MCH) Workforce Development	301-443-6091 LRamos@hrsa.gov
	Hae Young Park	HRSA	Deputy Director, Division of MCH Workforce Development	301-443-2127 HPark@hrsa.gov
Research Interview Guide Research Quantitative Data Collection Form	Romey Azuine	HRSA	Director, Division of Research, Office of Epidemiology and Research	301-443-2410 RAzuine@hrsa.gov

Grantee Survey	Evva Assing-Murray	HRSA	Health Scientist, Program Officer	301-594-4113 EAssing-Murray@hrsa.gov
	Debbie Linares	HRSA	Health Scientist, Program Officer	301-443-2540 DLinares@hrsa.gov
State Interview Guide	Leticia Manning	HRSA	Public Health Analyst, Project Officer	301-443-8335 LManning@hrsa.gov
SPHARC Interview Guide				
Grantee Survey				

9. Explanation of Any Payment/Gift to Respondents

Respondents will not be remunerated or compensated.

10. Assurance of Confidentiality Provided to Respondents

No personally identifiable information will be collected. Only program data, which are aggregate in nature, will be collected.

11. Justification for Sensitive Questions

There are no questions of a sensitive nature.

12. Estimates of Hour Burden Including Annualized Hourly Costs

The burden estimates for respondents appear in Table A.3. These estimates are based on previous experience with instruments included in the prior OMB submissions. It is estimated there will be one or two individuals participating in each interview. Participants may include the project director and/or principal investigator from each grantee site (an average of 1.5 respondents per grantee site was used in calculating the interview burden). It is anticipated that the Research Quantitative Data Collection Form for the Research programs will be completed by research assistants for the principal investigator.

Wage rates are based on May 2018 national occupational and wage estimates from the Bureau of Labor Statistics. For the interviews with ITAC, the Training grantees, and the Research grantees,

the cost estimates are based on the national mean hourly wage for a medical scientist. For the interviews with the State Innovation program principal investigators and/or project directors and SPHARC, the cost estimates are based on the national mean hourly wage for medical and health services managers. For the Research Quantitative Data Collection Form, the cost estimates are based on the national mean hourly wage for social science research assistants.

Table A.3. Estimated Total Hour and Cost Burden of the Data Collection

Grant Program/Form Name	Number of Respondents	Average Number of Responses per Respondent	Total Responses	Average Hours per Response	Total Hour Burden	Wage Rate	Total Hour Cost
Grantee Survey (Training and Research Grantees) (Attachment B1)	80	3	240	0.5	120	\$46.36	\$5,563.20
Grantee Survey (State Systems Grantees) (Attachment B)	5	3	15	0.5	7.5	\$54.68	\$410.10
Training Interview Guide (Attachment C)	64	1.5	96	1.25	120	\$46.36	\$5,563.20
State Systems Interview Guide (Attachment E)	5	1.5	7.5	1.25	9.375	\$54.68	\$512.63
Research Interview Guide (Attachment D)	24	1.5	36	1	36	\$46.36	\$1,668.96
Research Quantitative Data Collection Form (Attachment H)	6	1	6	1	6	\$22.51	\$135.06
ITAC Interview Guide (Attachment F)	1	2	2	1	2	\$46.36	\$92.72
SPHARC Interview Guide (Attachment G)	1	2	2	1	2	\$54.68	\$109.36
Total Across 3 Years					302.875		\$14,055.23
Average Annual Burden					100.958		\$4,685.08

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

Keepers/Capital Costs

There are no capital or startup costs associated with data collection.

14. Annualized Cost to Federal Government

The cost to the Federal Government for collecting these data is estimated to be the portion of the Study Team's 5-year evaluation contract that is devoted to the primary data collection and analysis efforts, which is approximately \$494,978. The cost is also estimated to include approximately 20 percent of the federal project officer's time (estimated for an O-4 PHS Commissioned Officer), which is approximately \$16,254 annually. The total annualized cost to the Federal Government is approximately \$511,232.

15. Explanation of Program Changes or Adjustments

This submission includes 122.125 additional burden hours across the 3 years of primary data collection above the prior submission, due to the addition of the Grantee Survey and minor modifications to the semi-structured interview burden estimates. The purpose of the new Grantee Survey (Attachment B1) is to supplement the primary data collection with the semi-structured interview guides and to capture additional information annually from grantees. The new Grantee Survey increased the burden by 0.5 hours for each Training, Research, and State Systems grantees, resulting in 41.5 burden hours each year or 124.5 burden hours over the 3-year primary data collection period. The Grantee Survey provides common data elements across the three program areas that supplement the performance measure information captured annually with DGIS and informs the semi-structured interview questions. This will allow the Study Team to assess the collective impact of the Autism CARES Initiative grantees as part of the net impact evaluation. Based on findings from the pilot test, the average time to conduct a semi-structured

interview with a Training and/or State Systems grantee was increased from 1 hour to 1.25 hours. For the semi-structured interviews, the Study Team reduced the estimated Average Number of Responses per Respondent from 2 to 1.5 respondents per grantee, accounting for half the grantees to include two respondents per semi-structured interview. The adjustments to the Average Number of Responses per Respondent and the Average Hours per Response resulted in 3.375 fewer burden hours for the semi-structured interviews compared to the prior submission.

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

The proposed schedule for the data collection, analysis, and reporting requirements appears in Table A.4.

Table A.4. Estimated Time Schedule for Data Collection, Analysis, and Reporting Requirements

Activity	Time Schedule
Develop data collection tools	April 2019–October 2019
Receive OMB approval	July 2020–August 2020 (anticipated)
Grantee Survey administered	March 2020, March 2021, March 2022
Research Quantitative Data Collection Form administered and collected	3 months prior to grant period ending; Summer 2020–Fall 2022
Interviews scheduled and conducted	2 months prior to grant period ending; Summer 2020–Fall 2022
Data analysis	Fall 2020–Summer 2023
Annual interim evaluation reports to HRSA	September 2020, September 2021, September 2022
Annual factsheets to HRSA	September 2019, September 2020, September 2021, September 2022
Final evaluation report to HRSA	September 2023
Final factsheets to HRSA	September 2023

a. Analysis of Grantee Survey Data

On an annual basis, the analysis of Grantee Survey quantitative data will include descriptive statistics including means, frequency distributions, and cross-tabulations for each research question, separately by program area.

b. Analysis of Semi-Structured Interview Data

The purpose of the qualitative analysis is to supplement the information obtained through the annual Grantee Survey and expand on the descriptive information described above. The qualitative analysis will result in narrative summaries and illustrative quotes that describe the activities engaged in by the grantees.

The interviews will be coded in a qualitative analysis software (NVivo). Analysts from the Study Team will examine the coded data to identify themes, specifically focused on the evaluation questions.

c. Integration of Quantitative and Qualitative Data

An important part of the analysis will be to synthesize the quantitative and qualitative results to answer the key evaluation questions that are addressed by both the Grantee Survey and the semi-structured interview guides. This mixed-methods design brings together the Grantee Survey and interview data to establish interdependent findings from these quantitative and qualitative sources.

Annual interim reports will be submitted to HRSA in September 2020, September 2021, and September 2022. Annual factsheets will be submitted to HRSA in September 2019, September 2020, September 2021, and September 2022.

A final evaluation report and factsheets for each of the program areas (Training, Research, and State Systems) will be submitted to HRSA in September 2023.

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

HRSA certifies that the collection of information encompassed by this request complies with 5 CFR 1320.9 and the related provision of 5 CFR 1320.8(b)(3).

Attachments to Supporting Statement A

Attachment A: Autism CARES Act of 2014 (P.L. 113–157) and Autism CARES Act of 2019 (P.L. 116-60)

Attachment B1: Grantee Survey

Attachment B2: Grantee Survey Screenshots

Attachment C: Training Interview Guide

Attachment D: Research Interview Guide

Attachment E: State Systems Interview Guide

Attachment F: ITAC Interview Guide

Attachment G: SPHARC Interview Guide

Attachment H: Research Quantitative Data Collection Form

Attachment I: Definitions of Key Terms Used in the Grantee Survey