ACF Behavioral Interventions to Advance Self-Sufficiency Next Generation (BIAS-NG) Project

Generic Data Collection (OMB Number 0970-0502)

SUPPORTING STATEMENT PART A

June 2022

Submitted By:
Office of Planning, Research, and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services

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Contents

Executive Summary

- **Type of Request:** This request is to extend approval of the Administration for Children and Families' (ACF) Behavioral Interventions to Advance Self-Sufficiency Next Generation (BIAS-NG) Project Overarching Generic (#0970-0502) for an additional three years and add up to one new site, for a total of up to nine sites. The current expiration date for this Office of Management and Budget (OMB) number is August 31, 2022.

- **Status of Study:** The information collected under this generic clearance is intended to inform the diagnosis and design, as well as the evaluation, of up to 9 sites that will be rigorously tested in the BIAS-NG project. Due to the rapid and iterative nature of this work, the ACF Office of Planning, Research, and Evaluation sought and received approval for a generic clearance to conduct this research. Under this generic clearance, interventions have been and will continue to be developed in the program area domains of Temporary Assistance for Needy Families (TANF), Child Welfare, and Early Head Start/Head Start (EHS/HS). The status of the information collection under this generic clearance is as follows:
    - Diagnosis and design has been completed for five sites in the approved program area domains of TANF, Child Welfare, and EHS/HS.
        - One of those five sites has just launched their interventions.
        - The other four of those five sites have completed their data collection, which each included implementation research instruments submitted to and approved by OMB in individual generic information collection requests.
        - Additionally, diagnosis and design is ongoing for three additional sites (one in child welfare and two in EHS/HS). These three sites pursued diagnosis research instruments, which were approved by OMB in individual generic information collection requests.

- **Timeline:** The 2020-2022 schedule for the project was impacted by the COVID-19 pandemic. As a result of the pandemic, data collection for several sites was postponed. This request for BIAS-NG seeks approval to complete data collection for up to three additional years, through May 31, 2025. The data collections would continue as described in the prior approved information collection request under this control number.

A1. Necessity for the Data Collection

The Administration for Children and Families' (ACF) Office of Planning, Research, and Evaluation (OPRE) seeks Office of Management and Budget (OMB) approval to extend our approved generic clearance to complete ongoing data collection and potentially submit additional generic information collection (GenIC) requests as part of the Behavioral Interventions to Advance Self-Sufficiency Next Generation (BIAS-NG) Project. The BIAS-NG project is applying behavioral insights to a range of ACF programs to design and test interventions intended to improve the operations and efficacy of human services programs. Data collection includes conducting interviews, focus groups, and surveys with staff and participants in regional, state, and local agencies. The purpose of these data collection efforts is to inform the design of and to better understand the mechanisms and effects of interventions informed by behavioral science and intended to improve program outcomes. There are no changes to the proposed types of data to be collected, types of respondents, methods for collection, or proposed uses of the information.

Study Background

The September 2015 Executive Order "Using Behavioral Insights to Better Serve the American People" stated that "A growing body of evidence demonstrates that behavioral science insights -- research findings from fields such as behavioral economics and psychology about how people make decisions and act on them -- can be used to design government policies to better serve the American people" and encouraged federal agencies to "develop strategies for applying behavioral science insights to programs and, where possible, rigorously test and evaluate the impact of these insights." In keeping with this directive, OPRE is conducting the BIAS-NG project. This project uses behavioral insights to design and test interventions intended to improve the operations and efficacy of human services programs. The BIAS-NG project builds on a prior OPRE project, the Behavioral Interventions to Advance Self-Sufficiency (BIAS) project, which relied exclusively on administrative data to test the short-term impact of small "nudge" interventions in human services programs. The BIAS-NG project is building on and going beyond the BIAS project by applying behavioral insights to additional ACF programs, going beyond testing simple "nudges" to include: helping programs be more self-reflective about how they present choices and options to participants; testing alternative approaches to presenting those options and, importantly, by collecting qualitative information from program staff and participants to better understand the mechanisms and effects of behavioral interventions. Information collected from interviews, focus groups, and surveys with program staff and participants will first enable the research team to better diagnose problems amenable for behavioral interventions. Based on this information, the research team will be able to design relevant interventions. Information collected during the implementation of the interventions will provide additional information as to whether the intervention was successful and, just as importantly, why or why not.

The BIAS-NG study is designed such that each specific intervention is designed in consultation with the agency leaders; the timeframes are shorter than many evaluations because outcomes of interest are proximate to the intervention point; and these studies often lend themselves to rapid cycle evaluation where testing a particular intervention design can inform subsequent tests of related program improvement efforts.

The iterative and rapid nature of these tests poses a challenge to complying with the timeline for seeking full approval of each individual information collection activity subject to the Paperwork Reduction Act (PRA). Thus, OPRE sought and received approval for an overarching generic clearance to conduct this work. For each GenIC, instruments have been and will continue to be tailored to the specific intervention and the specific site; once a set of instruments for a particular test is developed, and prior to use in the field, OPRE submits a supporting statement Part A and B and submits the specific instruments to be used to OMB for approval. Each specific information collection may include up to two submissions: first, a submission for the formative stage research, to include supporting statements (Stage 3 in Exhibit 1 below); and second, a submission for the test and evaluation materials, to include supporting statements (Stage 4 in Exhibit 1 below).

Legal or Administrative Requirements that Necessitate the Collection

There are no legal or administrative requirements that necessitate the collection. ACF is undertaking the collection at the discretion of the agency.

A2. Purpose of Survey and Data Collection Procedures

Overview of Purpose and Approach

- The goal of this GenIC is to conduct qualitative and descriptive quantitative research to identify and understand the psychological and behavioral factors that can affect the effectiveness of human service programs.
- Intended use of the resulting data is to identify ways to apply behavioral insights that have the potential to improve the delivery and/or quality of services administered by human service agencies in the areas of Child Welfare, TANF, and EHS/HS.
- The qualitative data collection has collected and will continue to collect data using rapid assessment methods, including: semi-structured qualitative interviews; focus groups; direct observations; and document reviews.
    - This qualitative data has been and will continue to be supplemented with administrative data the agencies are already collecting.
- The populations to be studied include regional, state, and local TANF, Child Welfare, and EHS/HS program administrators, staff, and clients.

- Qualitative data has been and will continue to be analyzed using qualitative analysis methods, such as coding interviews for themes relevant to psychological and behavioral barriers to service delivery, uptake, and quality.

GenICs submitted under this control number will consist of the following criteria:

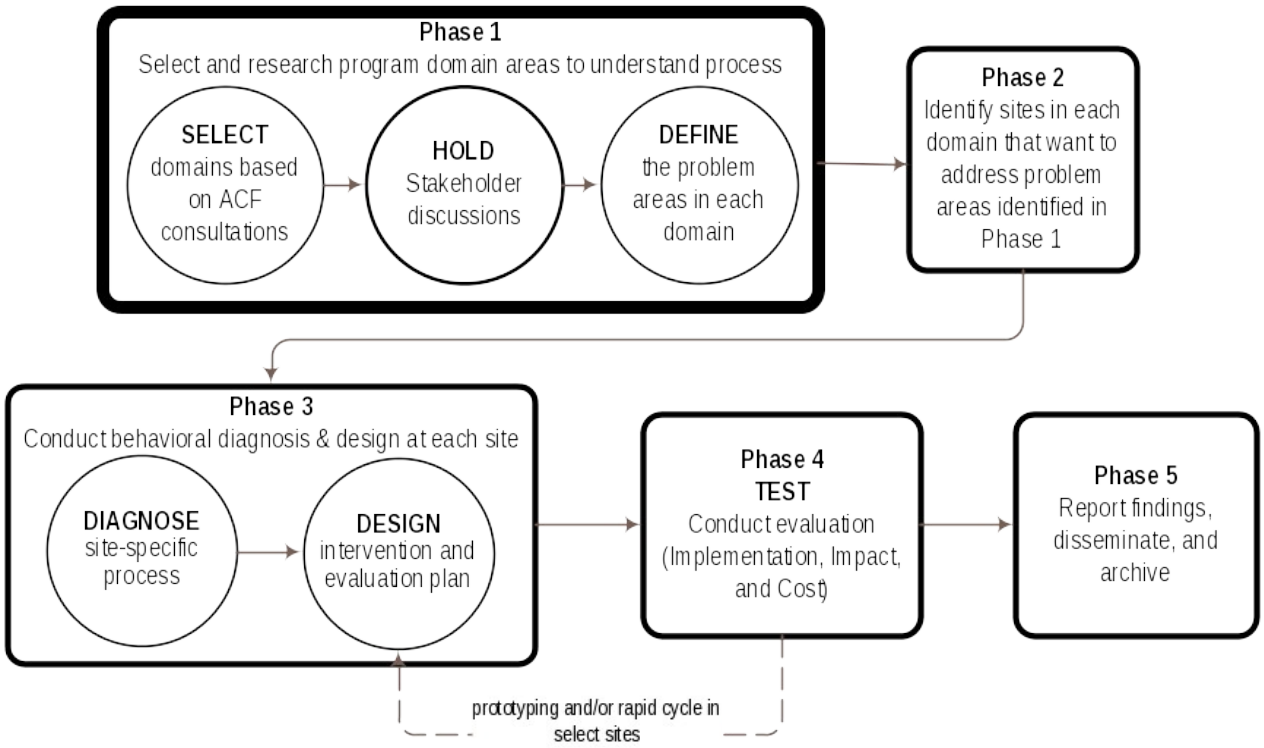
- A full Supporting Statement A and Supporting Statement B has accompanied and will continue to accompany each of the GenICs submitted under this generic clearance. These include:
    - A discussion of the respondents. Administrators, staff, and clients are the subjects of our research during this IC.
    - Information about the context of each specific IC. Researchers speak with and conduct surveys with specific populations in a particular geographic location/setting/agency.
    - A description of the planned qualitative data collection including submission of the specific instruments for review. Instruments include focus group/interview protocols and short surveys specific to each informant group (agency administrators, staff, and clients).
    - A description of the qualitative analyses planned. Audio recordings and notes from interviews/focus groups will be analyzed for patterns and themes.
    - A description of the administrative data that the agencies are already collecting and that the project will utilize. It is important to note that collecting administrative data does not and will not impose a burden on respondents or record keepers, as we ask sites to provide data as it currently exists. We have not and will not be requesting that it be provided in any particular format that is different from the format in which the agency typically keeps it.
    - A description of the planned intervention associated with each specific IC.
    - Information about planned communication about the findings. Study outcomes will be communicated to state and national stakeholders in a position to consider and implement site-specific improvements to ACF agency programs.
- Final proposed instruments have accompanied and will continue to accompany each of the GenICs submitted under this generic clearance.
- Any supplementary materials (advance letters, emails, etc.) have accompanied and will continue to accompany each of the GenICs submitted under this generic clearance, as appropriate.

The study is designed to develop tools to: apply behavioral insights to ACF human services programs; design and test interventions informed by behavioral science; encourage rapid cycle tests that may lead to further improvements in human services programs; and enable regional,

state, and local program staff to learn skills to engage in behavioral diagnosis and design, and conduct rigorous tests of future interventions. The interventions we design for this study have addressed and will continue to address problems that have broad relevance for TANF and Child Welfare, and EHS/HS programs. While it is our intention for the specific findings from each intervention to provide information that could be useful in the design and operation of programs that provide similar services to similar populations, the specific findings from these interventions will only be suggestive and preliminary, based on this research. The limitations of such findings will be made clear in any related communications.

The majority of the work in each site is conducted in five phases. Exhibit 1 provides an overview of the process in each site, which consists of planning phases to determine the program area domains and learn about the problems of interest to stakeholders (Phase 1) and identify sites (Phase 2). Phase 3 is where we engage with administrators, program staff, and clients through interviews (via telephone or in-person) and/or focus groups. These interactions are needed to develop the interventions to test. During Phase 4 we conduct implementation research with sites, interviewing administrators, program staff, and clients to better understand how the test is being implemented. The below bullets provide more detail on the work during each phase.

Exhibit 1 — Behavioral Diagnosis and Design Process for BIAS-NG



Planning Phases

TANF, Child Welfare, and Early Head Start/Head Start

- **Phase 1 (late 2015 – 2019):**
    - **Select Program Area Domains**
        - The TANF and Child Welfare were pre-selected by ACF and were included under the original approval for generic clearance. The EHS/HS is the third and final domain, selected in collaboration with ACF, and was approved by OMB in the previous update to the generic clearance.

    - **Define the Potential Problem Areas in Each Domain**
        - To ensure that our pilot interventions do not address problems idiosyncratic to a particular program, we consulted with experts internal and external to ACF to identify a set of problems that broadly affect TANF, Child Welfare, and EHS/HS programs.

- **Phase 2 (mid 2016 – 2020):**
    - **Identify up to 9 Sites**
        - As of Q1 2022, 8 sites have been identified across TANF, Child Welfare, and EHS/HS. Interest in participating in BIAS-NG has been high and systematic recruitment of sites has not been necessary. If we were unable to proceed with Phase 3 and 4 activities at all 8 sites, however, we are open to adding, potentially, a ninth site if needed.

Generic Information Collection Phases

- **Phase 3: Conduct Behavioral Diagnosis in up to 9 Sites (early 2017 – 2024)**
    - Conduct behavioral diagnosis and design at each site.
        - We have completed behavioral diagnosis and design at five sites in the approved program area domains of TANF, Child Welfare, and EHS/HS.
        - Behavioral diagnosis and design is ongoing for three sites (one in child welfare and two in EHS/HS).
        - Behavioral diagnosis and design is a procedure in which we examine the processes related to the problem of interest (to better understand the factors that may be inhibiting the desired outcomes and to design solutions that are informed by behavioral science research to help improve outcomes). For example, through this process we have identified barriers that individuals and families may face that contribute to their lack of engagement in programs.

        - During this phase we have been reviewing and plan to continue review preexisting administrative data from each site. Additionally, this phase may include the first round of interviews/focus groups and surveys included under this clearance in order to best identify the bottlenecks, and when and how an intervention would be the most useful.
        - Among the current eight BIAS-NG sites, three sites determined the need to conduct diagnosis research, submitted and each received approval for GenIC requests.

- **Phase 4: Conduct 9 Evaluation Tests (mid 2017 – 2025)**
    - Conduct evaluation of the designed intervention.
        - Five evaluation tests (at four sites) have been launched and completed.
    - The mixed methods evaluations consist of implementation, impact, and cost research.
        - The implementation studies rely in part on the second round of interviews/focus groups and surveys included under this clearance.
        - For the four sites that have completed evaluations, we submitted and received approval for implementation research as individual information collections requests under the generic clearance.

Dissemination Phase

- **Phase 5: Disseminate Findings and Archive Data (2020 – 2025).**
    - Write briefs describing the results of all nine tests.

In addition to collecting data from administrators, staff, and clients with focus groups, interviews, and surveys, we will also supplement this information with administrative data the agencies are already collecting. Collecting administrative data will not impose a burden on respondents or record keepers, as we ask sites to provide data as it currently exists. We will not be requesting that it be provided in any particular format that is different from the format in which the agency typically keeps it. In addition, we will not be asking more than nine individuals to provide the administrative data.

Research Questions

For the purposes of designing the intervention and conducting an evaluation of its implementation, we have conducted and will continue to conduct interviews, focus groups, and surveys with administrators, staff, and clients. These qualitative data collection activities are critical to designing an effective intervention, allowing the research team to properly diagnose ways in which agencies are not maximizing their impact for the populations they serve. These activities allow the team to gather structured in-depth information to understand the program process from both the administrative and client perspectives. Focus groups and interviews are

essential to identifying the points in the outreach and delivery of services, or in the client's experiences, that are most amenable to a behavioral intervention. They allow the BIAS-NG team to map a correspondence between the insights of behavioral science with the on-the-ground implementation of programs and subsequent client experiences.

These qualitative data collection activities are also essential to conducting implementation research, to describe and document each site's intervention, how it operated, and provide information about the contrast in treatment between the research groups – both whether the planned contrast between the treatment and control condition occurred (implementation fidelity) as well as how the treatment implemented actually differed from the status quo (implementation contrast). This information is critical to interpreting the findings of our interventions.

Please see Attachments A.1-A.5 for sample interview, focus group, and survey questions. Once sites are selected and instruments are tailored for each site, and for both Phase 3 and Phase 4, we have submitted and will continue to submit individual GenIC requests with additional detail about the site, the final tailored instruments, and the site-specific study methodology. Currently approved materials are available here: https://www.reginfo.gov/public/do/PRAICList?ref_nbr=201909-0970-003.

Study Design

Phase 3: Diagnosis and Design

During Phase 3, we have collected and will continue to collect qualitative data from administrators, staff, and clients via focus groups, interviews, and surveys, which helps to inform our intervention design. Changes to instruments used by the federal study team have been and will continue to be submitted to OMB for approval. We also collect administrative data from agency MIS systems to better understand client experiences with the program and identify points where service delivery might need improvement.

Phase 4: Evaluation Tests

Impact Study

During Phase 4, we have designed and will continue to design and conduct impact analyses of behavioral interventions. Such interventions have included or may include, but are not limited to:

- participant reminders, such as emails, text messages, or telephone calls to facilitate the completion of a particular action;
- implementation prompts, which encourage participants to make a plan for when they are going to complete an action;
- easy tracking tools for clients to make it simpler for them to show they are meeting program requirements;
- self-affirmation exercises to counter individuals' tendency not to complete an action if they perceive it as a threat to their self-conception or identity;

- restructured work flows and processes to improve service delivery;
- automatic enrollment, which defaults eligible participants into a program so that they must opt out rather than opt in;
- pre-population of forms to make it easier and faster for clients to complete lengthy or confusing forms; and
- co-location of services to reduce the barriers associated with traveling to multiple offices for different benefits.

It is possible that, in conjunction with some of the behavioral interventions, sites may decide to change what data they collect and/or the questions they ask the public to answer. Such decisions will be controlled by the sites not the project. Our framework of selecting sites within the domain of TANF, Child Welfare, and EHS/HS and targeting similar problems across these sites could also provide opportunities for replication and to determine if similar interventions are effective in different settings trying to get to the same outcomes. When appropriate, we have used and may continue to use factorial or sequential study designs to assess the effectiveness of each intervention component with the goal of building the most efficient intervention possible.

Implementation Study

Additionally, in Phase 4, we have conducted and will continue to conduct an implementation study to describe and document each site's intervention, how it operates, and provide information about the contrast in treatment between the research groups—both whether the planned contrast between the treatment and the control condition occurred (implementation fidelity) as well as how the treatment implemented actually differed from the status quo (treatment contrast). This information is important for interpreting the findings of the impact study. Exhibit 2 presents research questions that has been and will continue be addressed by information collection in Phase 4. Changes to instruments used by the federal study team have been submitted and approved for the first four site sites and will continue to be submitted to OMB for approval. Phase 4 also includes a cost analysis.

Exhibit 2: Research Question and Instrument Matrix

Research Questions	Administrator interviews/focus groups	Staff interviews/focus groups	Client interviews/focus groups	Client survey	Staff Survey
How are sample members identified and recruited for the intervention?	X	X			X

To what extent were the interventions implemented with fidelity?	X	X	X	X	X
What are the patterns of participation (if appropriate as a proximal measure) and do these patterns adhere to the intervention design?	X	X			X
What were the challenges and barriers the site experienced?		X			X
How did the system within which the program operates influence implementation?	X	X			X
What is the organizational culture and how does it support or hinder responses to the behavioral intervention?	X	X			X
To what extent did the intervention require collaboration between multiple agencies or units, and what worked well and what did not?	X	X			X
What are the participant perspectives on their response to the intervention?			X	X	

A3. Improved Information Technology to Reduce Burden

Planning site visits have been and will continue to be done collaboratively with each of the sites. We have used and will continue to use conference calls and emails to the extent possible to minimize burden.

The interviews have been and will continue to be conducted either individually or as a focus group, either in person or virtually depending on what works best for the site. To minimize the burden, we hold semi-structured group discussions (focus groups), rather than individual conversations, whenever possible. For example, one group discussion may be held with multiple front-line workers at the same or similar levels, such as case workers or outreach specialists. A separate group discussion may be held with supervisors of front-line staff. A third discussion group may include staff at the management or administrative level, such as directors of offices or agencies. If there is a single staff member in a particular level, however, an individual discussion is held. Staff at each of these levels often have different perspectives and thus different experiences. Group discussions have allowed and will continue to allow us to reduce the length of time spent with the site while still obtaining valuable feedback on the planning grants from staff with a range of experiences. The surveys have been and will continue be administered on the web, on mobile devices, or in-person while the research team is on-site.

A4. Efforts to Identify Duplication

The information collection requirements for this study have been carefully reviewed to determine what information is already available from existing studies and program documents and what

needs to be collected for the first time. Although information from existing sources improves our understanding of the planning process, ACF does not believe that it provides sufficient information on how TANF, Child Welfare, and EHS/HS agencies interact with their clients. This data collection is intended to yield new and useful information about TANF, Child Welfare, and EHS/HS processes. The interviews and focus groups support a deeper exploration of patterns seen in the survey and/or administrative data or review of documents.

A5. Involvement of Small Organizations

Staff and families at smaller centers or programs may be part of this data collection effort if they are a sub-grantee or CBO closely related to a chosen TANF, Child Welfare, and/or EHS/HS site. If we need to conduct interviews with individuals in small centers or programs, we will schedule interviews at times that are convenient in order to minimize disruption of daily activities.

A6. Consequences of Less Frequent Data Collection

Rigorous evaluation of innovative initiatives is crucial to building evidence of what works and how best to allocate scarce government resources. These data collection undertakings represent an important opportunity for ACF to both learn about activities associated with TANF, Child Welfare, and EHS/HS, and to design behavioral interventions to improve service delivery and uptake.

Not collecting information from the three categories of respondents (administrators, staff, and clients) during Phase 3 would limit the government's ability to design appropriately targeted interventions that appropriately match the barriers administrators, staff, and clients face in the quest for optimal service delivery. Not collecting information during Phase 4 would hinder the government's ability to learn how interventions were implemented and whether and to what degree the interventions had the outcome desired.

A7. Special Circumstances

There are no special circumstances for this data collection.

A8. Federal Register Notice and Consultation

In accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104-13) and Office of Management and Budget (OMB) regulations at 5 CFR Part 1320 (60 FR 44978, August 29, 1995), ACF has published a notice in the Federal Register announcing the agency's intention to request an OMB review of this information collection activity each time the umbrella Generic Clearance has been submitted for approval or revisions.

1. When ACF first developed the umbrella generic, a was published on May 23, 2017 (82 FR 23572) and provided a 60-day period for public comment. No substantive comments were received during the notice and comment period. A subsequent notice was published on July 25, 2017 (82 FR 34530) and provided a 30-day period for public comment. No comments were received during the notice and comment period.

2. A notice was then published providing the opportunity to comment on the propose addition of the EHS/HS domain to the Generic Clearance. This notice was published on July 16, 2019 (84 FR 33947) and provided 30-days for public comments.

3. For this current extension request, ACF published a notice on February 22, 2022 (87 FR 9629) and provided a 60-day period for public comment. No substantive comments were received during the notice and comment period.

Consultation with Experts Outside of the Study

We have consulted and may continue to consult with relevant stakeholders and experts on the study design and data collection instruments. When needed, specific consultants will be identified in each GenIC.

A9. Tokens of Appreciation for Respondents

In order support data collection representing a range of experiences, we currently offer clients participating in focus groups, interviews, and surveys a gift card worth up to $40. These gift cards are intended to offset the financial burden that may result from travel, additional cell-phone data or phone minutes, or child care costs associated with participation in focus groups, interviews, and surveys.

The overarching token of appreciation amount originally approved in this GenIC was $20 and then we received approval to offer up to $40 in the previous amendment to the umbrella generic clearance. The team will continue using $20 as the default, especially in situations where we are able to access clients during an already scheduled meeting or appointment at the site. However, based on experiences in the field to date, we have found that the $20 gift card may not be sufficient to support an adequate response rate in all situations in which we will be conducting client interviews and focus groups. This is likely to be especially true when the study team asks clients to attend a separate meeting to participate in interviews or focus groups and/or when the client is a parent with young children. For example, in the Allegheny County child welfare site, only four respondents out of 13 scheduled completed a client interview, even after several reminder calls, as $20 was not enough to offset an extra trip to the child welfare office, including costs for child care and transportation.

Tokens of appreciation have not been and will not be used as a substitute for other best-practice strategies designed to increase participation, such as explanatory advance letters, endorsements by people or organizations important to the population being surveyed, and assurances of privacy.

We have included and will continue to include a written justification in the specific GenIC request for any planned tokens of appreciation. We have secured and will continue to secure Institutional Review Boards (IRB) approval for the use and monetary value of the tokens of appreciation prior to fielding the survey and hosting focus groups. Additional information has been and will continue to be provided in each individual GenIC.

A10. Privacy of Respondents

All respondents who participate in research under this clearance have been and will continue to be read a statement that will explain the study and will inform individuals that their participation is voluntary and of the extent of their privacy as respondents. (See Attachments A.1-A.5.) Participants are and will continue to be told verbally that their conversations will not be shared in a form that identifies them with anyone outside the research team. As ACF's prime contractor, MDRC implements all data collection activities. If data collection activities are performed by a subcontractor, that subcontractor has maintained and will continue to maintain the same standards of privacy as required by MDRC. Information has been and will continue to be kept private to the extent permitted by law and in accordance with current federal information security standards and other applicable regulations.

MDRC employees are required to maintain and process quantitative and qualitative data in designated project folders on the MDRC network. With the exception of the temporary storage of data during onsite collection, MDRC employees are not allowed to download, keep, or process individual-level data on the hard drives of their MDRC work stations or any other storage. Information is not and will not be maintained in a paper or electronic system from which they are actually or directly retrieved by an individuals' personal identifier.

The project Data Manager organizes BIAS-NG project folders and supervises storage of BIAS-NG data files on a "need-to-know" basis. Following standard MDRC practice, the project Data Manager and project programmers replace all PII from incoming source data with a randomly-generated project ID number. BIAS-NG generally does not request direct identifiers but may request phone numbers, addresses, and case notes to confirm fidelity to a study design. In addition, depending on the site's data systems, the team may receive individual data system identifiers such as case numbers and client IDs. These files are saved in secure folders with limited access on a "need-to-know" basis. Thereafter, data processing for the project is performed on analysis files that have been stripped of PII. All reports, tables, and printed materials are limited to presentation of aggregate numbers. MDRC has destroyed and will

continue to destroy all paper records and electronic records containing PII when no longer needed for research purposes in accordance with funder and contractual requirements, as well as MDRC retention policies.

A11. Sensitive Questions

There are no sensitive questions in this data collection.

A12. Estimation of Information Collection Burden

This extension request includes an overview of burden that is currently remaining for ongoing approved GenICs and burden for potential new GenICs. For information about previously approved GenICs for which data collection is complete, see: https://www.reginfo.gov/public/do/PRAOMBHistory?ombControlNumber=0970-0502

Consistent with the initial approval of this overarching generic, burden falls into the following activities:

- During Diagnosis and Design Phase (Phase 3), we talk to the sites' administrators, and to talk to or survey staff and participants at sites to understand the behavioral barriers facing families. This includes individual interviews or focus groups, and surveys.
- During the Evaluation Phase (Phase 4), we conduct interviews and individual interviews or focus groups, and surveys with approximately twice the number of respondents per respondent category. As with previously approved requests, we plan to conduct more interviews and surveys during Phase 4 to allow for more rigorous analysis of the implementation data collected.

Based on experience thus far, we estimate that focus groups for administrators, staff, and clients (Attachments A.1-A.5) each take 1 hour to complete. We estimate the client and staff surveys to each take approximately 15 minutes to complete online.

Exhibit 3: Burden Remaining for Approved and Ongoing Information Collections

Matrix/Starfish (EHS/HS) – Phase 3 Data Collection

Activity	No. of Respondents (total over request period)	No. of Responses per Respondent (total over request period)	Avg. Burden per Response (in hours)	Total Burden (in hours)	Average Hourly Wage Rate	Total Annual Respondent Cost
EHS/HS Parent Interview/Focus Group (Instrument 1)	50	1	1	50	$9.65	$482.50
EHS/HS Center Leaders Interview/ Focus Group (Instrument 2)	20	1	1	20	$17.57	$351.40
EHS/HS Family Service Guides Interview/ Focus Group (Instrument 2)	40	1	1	40	$26.41	$1,056.40
EHS/HS Teachers Interview/ Focus Group (Instrument 2)	30	1	1	30	$23.85	$715.50
Total	140			140		$2605.80

Hennepin County (child welfare) – Phase 3 Data Collection

Activity	No. of Respondents (total over request period)	No. of Responses per Respondent (total over request period)	Avg. Burden per Response (in hours)	Total Burden (in hours)	Average Hourly Wage Rate	Total Annual Respondent Cost
CFS Family Interview/Focus Group (Instrument 1)	50	1	1	50	$10.33	$516.50
Agency Supervisors and Administrators Interview/ Focus Group (Instrument 2)	20	1	1	20	$39.34	$786.80
Agency Caseworkers Interview/ Focus Group (Instrument 2)	40	1	1	40	$28.65	$1,146.00
CBO Staff Interview/Focus Group (Instrument 2)	40	1	1	40	$25.95	$1,038.00

Totals:	150	1	1	150	n/a	$3,487.30

Burden Estimates for New Generic Information Collections

Over the next three years, we anticipate submitting one new data collection GenIC for Phase 3 data collection in one site and four new requests for information collection activities related to Phase 4 data collection. The four data collection requests in Phase 4 would cover five sites, since Head Start/ Early Head Start has two grantee sites that anticipate submitting one GenICs. The following table provides information about estimated burden for new GenICs.

Respondents: (1) Program Administrators, (2) Program Staff and (3) Program Clients.

Exhibit 4: Requested Burden Hours for Generic Clearance Extension June 2022- May 2025

Instrument	No. of Respondents (TANF, CW, EHS/HS) (total over request period)	Number of Responses Per Respondent (total over request period)	Average Burden Hours Per Response (in hours)	Total Burden (in hours)	Annual Burden (in hours)	Average Hourly Wage	Annual Cost
PHASE 3: DIAGNOSIS AND DESIGN							
Administrator interviews/ focus groups	48	1	1	48	16	$25.94	$415.04
Staff interviews/ focus groups	400	1	1	400	133	$25.94	$3,458.67
Client interviews/ focus groups	400	1	1	400	133	$11.52	$1,536.00
Client survey	400	1	0.25	100	33	$11.52	$384.00
Staff Survey	400	1	0.25	100	33	$25.94	$864.67
PHASE 4: EVALUATION							
Administrator interviews/ focus groups	96	1	1	96	32	$25.94	$830.08
Staff interviews/ focus groups	800	1	1	800	267	$25.94	$6,917.33
Client interviews/ focus groups	800	1	1	800	267	$11.52	$3,072.00

Client survey	12,000	1	0.25	3000	1000	$11.52	$11,520.00
Staff Survey	1200	1	0.25	300	100	$25.94	$2,594.00
Total	**16,544**			**6044**	**2015**		**$31,591.79**

Total Cost

We estimate the average hourly wage for staff to be the average hourly wage of "community and social service occupations" taken from the U.S. Bureau of Labor Statistics, May 2021 National Occupational Employment and Wage Estimates ($25.94). To compute the total estimated cost for clients, the total burden hours were multiplied by $11.52, the average minimum wage across the six states of the eight sites, calculated from the U.S. Department of Labor, Minimum Wage Laws in the States, updated January 1, 2022.

A13. Cost Burden to Respondents or Record Keepers

The data collections proposed under this overarching generic involve imposing time burdens on very busy administrative and frontline staff in human services agencies. Based upon our experience in the field to date under this package, we propose continuing to offer a small honorarium of $25 to program staff participating in future data collections under this overarching generic, as previously approved by the OMB and IRB. This is in recognition of the time and professional expertise they contribute to the studies. These honoraria are intended to both encourage staff participation and recognize their efforts to support a timely and high-quality data collection.

A14. Estimate of Cost to the Federal Government

The total cost for the data collection activities under this current request will be approximately $4,449,855. Annual costs to the Federal government will be approximately $1,483,285.

A15. Change in Burden.

This request is to extend the umbrella generic for three years and to potentially submit additional individual GenICs under the umbrella generic. As a result, the burden estimates have increased.

A16. Plan and Time Schedule for Information Collection, Tabulation and Publication

Time Schedule and Publication

As noted previously, the package is a request for an extension for the overarching generic. Therefore, in the below table – in addition to providing updates on the status of the currently

approved information collections – we also provide an estimated time schedule for the proposed efforts over the next three years. We note this additional work is dependent on approval of this request for an extension.

Exhibit 6A: Generic IC and Publications Time Schedule

CY 2017	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025
Phase 3: Diagnosis and Design								
	Phase 4: Evaluation							
					Phase 5: Dissemination			

Phase 3: Diagnosis and Design: This phase involves the development of site-specific diagnosis and design of behavioral intervention(s) and an evaluation plan using a collaborative process with the site, behavioral science and program content experts, and ACF staff. Under the currently approved generic, we have completed Phase 3 for five of the nine sites. This requested extension will allow the project to complete Phase 3 for up to four remaining sites.

Phase 4: Evaluation: Phase 4 consists of implementing the behavioral intervention(s) and evaluating them. Under the current approved generic, we have completed Phase 4 across three sites. This requested extension will allow the project to complete Phase 4 for up to six remaining sites.

Phase 5: Dissemination: As described in prior requests related to this generic, dissemination efforts during the time of this clearance includes site specific reports, infographics, dissemination products aimed at practitioners, sharing findings at conferences, and publicizing our findings and our work on social media.

A17. Reasons Not to Display OMB Expiration Date

All instruments will display the expiration date for OMB approval.

A18. Exceptions to Certification for Paperwork Reduction Act Submissions

No exceptions are necessary for this information collection.