

## Supporting Statement A

### Maternal, Infant, and Early Childhood Home Visiting Program Performance Measurement Information System

OMB Control No. 0906-0017-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 the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Performance Measurement Information System.

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, territories, and certain non-profit 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 Program 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

Awardees were required by law to demonstrate improvement in at least four of the six benchmark areas after the third year in which an entity conducted the program. This assessment occurred following the Fiscal Year (FY) 2014 data collection and

reporting period for 53 state and territory awardees and following FY 2015 for the three non-profit awardees. The Bipartisan Budget Act of 2018 amended the original statute to require ongoing assessments of improvement to occur beginning after FY 2020 and every three years thereafter. If improvements are not demonstrated after each assessment, awardees are required to complete an Outcome Improvement Plan in order to improve outcomes in the benchmark areas.

In addition to providing data on these six benchmark areas, MIECHV Program awardees are required to submit annual reports that summarize the demographic, service utilization, and other administrative data related to program implementation. This package seeks to revise the current annual performance data collected by awardees beginning on October 1, 2021.

In order to continuously monitor and provide grants oversight, quality improvement guidance, and technical assistance to MIECHV Program awardees, as well as comply with statutory requirements for benchmark performance reporting and administrative requirements under the Government Performance and Results Act (GPRA), HRSA is seeking to revise the current MIECHV Program Performance Measurement Information System.

## **2. Purpose and Use of Information Collection**

HRSA will use the proposed information to demonstrate program accountability and annually monitor and provide oversight to MIECHV Program awardees. The information will also be used to provide quality improvement guidance and technical assistance to awardees and help inform the development of early childhood systems at the national, state, and local level. HRSA is seeking to collect demographic, service utilization, and select clinical indicators for participants enrolled in home visiting services. In addition, HRSA is seeking to collect a set of standardized performance indicators and systems outcome measures that correspond with the statutorily defined benchmark areas.

HRSA is seeking revisions for the two forms that are used to collect annual performance data from MIECHV Program awardees:

Form 1 – Demographic, Service Utilization, and Clinical Indicator Data (Attachment A): This section is made up of three categories of data – participant demographics, program service utilization, and insurance and clinical indicators. This form is used by MIECHV Program awardees to report data from program participants when they enroll in home visiting services. This data is used to describe the populations served by MIECHV Program awardees, nationally and at the state level, and to monitor awardee performance on key indicators, such as family engagement and retention, alignment with statutorily defined priority populations, coordination with medical and dental services in the community, and coordination with other community resources. Data collected through Form 1 is also used to determine key program outputs, as defined in the MIECHV Program GPRA measures and reported to Congress annually in the HHS Congressional Justification.

Data from Form 1 are reported to HRSA in the aggregate at the state/territory level. No individual or family-level data is collected. Collecting state/territory level demographic and service utilization data ensures an appropriate data collection and reporting burden for MIECHV Program awardees.

In general, proposed revisions seek to update reporting categories and specifications related to participant demographics, service utilization, and select clinical indicators. These revisions will improve HRSA's ability to identify and monitor program trends and provide targeted technical assistance to MIECHV awardees, as well as identify areas that would benefit from additional research and analysis.

Specific proposed revisions to Form 1 and corresponding rationales are as follows (Additional details can be found on the revised form submitted as Attachment A to this package):

- 1) Update Table 1 to include reporting for gender non-binary and unknown/did not report participant gender. This update expands gender reporting options for participants not identifying as either male or female, and for participants with unrecorded gender.
- 2) Update Tables 3, 5, 6, 7, 18, 19, and 20 to remove index child gender reporting. In an effort to reduce reporting burden we have proposed deleting the gender reporting categories for these tables.
- 3) Update Tables 3, 4, 6, 7, 8, 9, 10, 11, 18 to remove adult participant gender reporting. In an effort to reduce reporting burden we have proposed deleting the gender reporting categories for these tables.
- 4) Update Table 15 to change table title to "Home Visits". This update aligns with terminology used in the reporting category.
- 5) Update Table 15 to collect the number of home visits completed virtually and to include missing data reporting category. This update would allow HRSA to monitor and examine trends in service delivery practices.
- 6) Update Tables 4, 9, 10, and 18 to include reporting for new and continuing adult participants. This update would allow HRSA to monitor and examine trends on select demographics and clinical indicators by participant enrollment status.
- 7) Update Tables 5, 19, and 20 to include reporting for new and continuing index children. This update would allow HRSA to monitor and examine trends on select demographics and clinical indicators by participant enrollment status.
- 8) Updated Definitions of Key Terms to align with changes to Form 1 Tables.

Form 2 – Performance and Systems Outcome Measures (Attachment B): This section collects data on a discrete set of performance indicators and systems outcome measures that correspond with statutorily defined benchmark areas and are standardized for all MIECHV Program awardees. These measures require awardees to collect information from program participants on key indicators, as outlined in the specification of each measure. These data have several purposes:

- A) To describe and monitor the performance of awardees, target technical assistance resources to awardees in areas where there are opportunities for performance improvement, assist awardees in developing required continuous quality improvement (CQI) and technical assistance plans, and to demonstrate program performance accountability through statutorily required assessments of improvement. Awardee performance on these indicators may be used as one determinant in future funding allocations.
- B) To describe and monitor systems-level change at the state-level (not solely attributed to home visiting interventions), target technical assistance to state-level early childhood systems building and coordination efforts of MIECHV Program awardees, and compare the outcomes of home visiting service populations with appropriate comparison populations using available state or nationally representative data sources.

Specific proposed revisions and corresponding rationales to Form 2 are as follows (Additional details can be found on the revised form submitted as Attachment B to this package):

- 1) Change name of Measure 13: Behavioral Concerns to “Behavioral Concern Inquiries.” This administrative update aligns with the specification of the numerator.
- 2) Update Measure 16: Continuity of Insurance Coverage to add a timeframe specification to tie measurement of continuous insurance coverage to the most recent six month relative to the most recent data collection time point within the reporting period. This will ensure that data are time specified and will allow for discrete measurement of caregiver health insurance coverage status within each reporting period.
- 3) Update guidance for missing data definitions on Measures 17: Completed Depression Referrals, Measure 18: Completed Developmental Referrals, and Measure 19: Intimate Partner Violence Referrals to exclude cases of missing screening documentation. This will assist HRSA in monitoring data quality and providing targeted technical assistance to MIECHV awardees on missing data for referral measures.
- 4) Inclusion of two optional measures to collect information on substance use screening and referrals among eligible families enrolled in home visiting services. This update will assist HRSA in understanding and monitoring how home visiting programs support families to identify and address substance use issues.

Additional revisions were proposed in the 60-day Federal Register Notice (Attachment E) and were ultimately dropped in response to public comment. A summary of all original proposed changes and HRSA’s responses can be found in Attachments C and D.

Forms 1 and 2 are not linked for the purposes of description or analysis. While HRSA acknowledges the analytic benefits of linking participant demographic,

service utilization, and benchmark outcomes, we feel that the associated burden for awardees is not appropriate for the purposes of performance measurement. HRSA is engaged in a broad range of descriptive and outcomes research beyond the performance data described here, including the Mother and Infant Home Visiting Program Evaluation (MIHOPE) study, which has linked participant information with program outcomes. In the future, HRSA plans to continue to engaging in evaluation and research which will expand our knowledge of the interaction between participant characteristics and program outcomes.

The objective for this data collection activity is to provide HRSA with annual updates on demographic, service utilization, and benchmark data. HRSA uses this information to describe and report the performance of the program at a national and state level, assist in grants monitoring and oversight activities, to target technical assistance resources to underperforming awardees, and may use this information to reward high performance through future funding opportunities. Performance data is also used to summarize demographic, service utilization, and performance indicators in public and academic settings, such as conference presentations or peer-reviewed publications.

### **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 Program awardees can supply the requested information. This information collection request seeks to revise and extend the current MIECHV Program Performance Measurement Information System.

### **5. Impact on Small Businesses or Other Small Entities**

Information will be collected from individuals participating in home visiting programs by staff at Local Implementing Agencies. Local Implementing Agencies are contracted by the state, territorial, or non-profit 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 and to demonstrate programmatically important outputs and outcomes.

### **6. Consequences of Collecting the Information Less Frequently**

The information collected through this request is reported on an annual basis. The intended use of this information is to assist HRSA in describing and reporting program performance, monitoring and grants oversight activities, and to target technical assistance resources more efficiently. This information is required to demonstrate awardee performance related to the statutorily defined benchmark areas and to comply with GPRA reporting requirements.

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. 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 December 18, 2020, (85 Fed. Reg. 82490) (see Attachment E). HRSA received comments from 24 individuals/organizations providing feedback on the proposed revisions. The feedback was reviewed and synthesized. HRSA has provided summaries of comments and actions taken to address public comments in Attachment C (Form 1 comments) and Attachment D (Form 2 comments).

In general, public commenters were supportive of HRSA's interest to expand gender reporting options and the addition of gender inclusive language. Several commenters requested more specificity and rationale related to reporting definitions, including definitions of key terms for gender identity categories.

Commenters also provided feedback regarding the additional disaggregation of data required by proposed updates in Form 1, noting that the complexity of added cross-tabulations may impose additional reporting burden and may impact confidentiality due to small reporting numbers. In response to these comments, HRSA has revised reporting categories to remove disaggregation by gender for all Form 1 tables, except Table 1: Unduplicated Count of New and Continuing Program Participants Served by MIECHV.

A revision to Form 1, the inclusion of a father and additional caregiver engagement, was initially proposed in the 60-day Federal Register Notice and was ultimately removed in response to public comment related to logistical considerations associated with the implementation of new data collection and reporting activities. HRSA initially proposed this update to improve understanding of participant engagement across families served by MIECHV awardees, which would allow HRSA to identify technical assistance resources to enhance home visiting service delivery. However, commenters raised concerns about the additional data collection burden this addition would impose.

HRSA agrees with these comments and is sensitive to the burden that repeated changes to required reporting requirements can pose for MIECHV awardees, other stakeholders, and the public. The MIECHV annual performance reporting system was introduced in FY 2017 and HRSA acknowledges alterations to reporting may require additional administrative support and training to implement. At this time, the feedback received by public commenters strongly urges HRSA to weigh the benefit of reporting updates with the burden that these updates may impose on MIECHV awardees and relevant stakeholders. As such, HRSA is only seeking relatively minor additions at this time and will continue to consider any future updates in consultation with our broader stakeholder community. HRSA will also continue to provide extensive technical assistance and support to assist awardees in collecting and reporting data aligned with these relatively minor updates.

Additional revisions were originally proposed to Form 2, specifically the introduction of two measures related to substance use screening and referrals. Commenters raised logistical considerations related to the need for additional training and data collection capacity. HRSA understands these considerations and intends to implement these as optional data collection activities. In addition, HRSA has updated measure specifications to align with existing Form 2 screening and referral measures. Additionally, the Administration for Children and Families, in collaboration with HRSA, is planning to pilot substance use screening and referral measures in a subset of MIECHV-funded Local Implementing Agencies to examine feasibility and identify appropriate implementation supports. HRSA intends to study feedback from both the optional reporting measures and the pilot study to inform any future updates to data collection activities related to substance use screening and referrals.

Finally, on Form 2, commenters requested that HRSA update guidance for missing data definitions on Measures 17: Completed Depression Referrals, Measure 18: Completed Developmental Referrals, and Measure 19: Intimate Partner Violence Referrals to exclude cases of missing screening documentation. HRSA agrees that doing so will improve data quality and has revised missing data guidance for these measures. HRSA will continue to provide extensive technical assistance to support awardees in data collection and reporting.

## **Section 8B:**

A 60-day Federal Register Notice was published in the Federal Register as required by 5 CFR 1320.8(d) on December 18, 2020, vol. 85, No. 244; pp. 82490-91 (see attachment E). There were 24 comments, as summarized below and in attachments, C, D, and F.

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:

Kasondra Kugler, M.Ed.  
ASTHVI Data Committee  
Prevention Program and Data Specialist  
Strengthening Families Washington  
Washington Department of Children, Youth, and Families  
kasondra.kugler@dcyf.wa.gov  
360-489-2356

Leslie Schwartz  
ASTHVI Data Committee  
Program Director/Manager of Program Evaluation  
Illinois Governor's Office of Early Childhood Development  
[Lesley.schwartz@illinois.gov](mailto:Lesley.schwartz@illinois.gov)  
312-814-6379

Kerry Caverly  
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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 awardee. This project does not require IRB approval.

**11. Justification for Sensitive Questions**

Several demographic questions related to race/ethnicity, household income, educational attainment, or housing status may be considered sensitive to some home visiting participants.



Performance indicators and systems outcomes measures related to the presence of interpersonal violence, child injury or maltreatment, tobacco use, and substance use (optional measures) may be considered sensitive to some home visiting participants.

However, these questions are vitally important to understanding the needs of the at-risk and statutorily defined priority populations served by the MIECHV Program. Home visiting programs are uniquely qualified to serve these populations and assist families with overcoming challenges related to these sensitive questions. Home visitors are trained to assess family readiness to open up about sensitive topics and programs and supervisors are required to engage in reflective supervision with home visitors to assist in the processing of challenging information. HRSA has the utmost confidence that home visitors funded through this program will approach these topics with sensitivity and care, in fidelity to the evidence-based home visiting model they are implementing.

## **12. Estimates of Annualized Hour and Cost Burden**

### **12A. Estimated Annualized Burden Hours**

<b>Type of Respondent</b>	<b>Form Name</b>	<b>No. of Respondents</b>	<b>No. Responses per Respondent</b>	<b>Average Burden per Response (in hours)</b>	<b>Total Burden Hours</b>
<b>MIECHV Program Awardees</b>	Form 1: Demographic, Service Utilization, and Select Clinical Indicators	56	1	440	24,640
<b>MIECHV Program Awardees</b>	Form 2: Performance Indicators and Systems Outcome Measures	56	1	360	20,160
<b>Total</b>		56		800	<b>44,800</b>

**12B.**

**Estimated Annualized Burden Costs**

<b>Type of Respondent</b>	<b>Total Burden Hours</b>	<b>Hourly Wage Rate</b>	<b>Total Respondent Costs</b>
Home Visiting Program Grantees	44,800	\$32.28 <sup>1</sup>	\$1,446,144

**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 the following 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 annual performance reports
- Cost of contractual support for data cleaning and analysis

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<sup>1</sup> Wages for MIECHV data collection and entry staff are based on the 2019 Bureau of Labor Statistics data for the median hourly wage for Social and Community Service Managers.

Type of Cost	Description of Services	Annual Cost
HVIS Development – Contracted	Development and maintenance of the electronic reporting system for annual data collection	\$300,000
Government Social Science Analyst (100%)	Project management and oversight, consultation, and development	\$103,334
Government Project Officers (10%)	10 regional project officers provide TA to awardees and review and approve annual reports	\$117,125
Total Estimated Annual Cost		\$520,459

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 1 (\$49.68 hourly rate) for 2080 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 (\$56.31 hourly rate) for 208 hours each, or a total annual level of effort of 2080 hours.

The total annual cost to the Federal Government for this requirement is estimated at \$520,459.

#### **15. Explanation for Program Changes or Adjustments**

This is a revised information collection request. Explanations for revisions are provided in Section 2.

The current burden inventory is for 42,460 hours. This request is for 44,800. The increase is due to a burden reevaluation for Form # 2, Performance Indicators and System Outcome Measures.

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

Aggregation and descriptive statistics on annual demographic and service utilization data are conducted in order to summarize the performance of awardees, as well as the MIECHV Program as a whole. This summary information may be made public through data briefs, fact sheets, professional presentations, and/or published manuscripts.

Time series comparisons of performance indicators and systems outcome

benchmark performance data will be conducted for awardees. Performance values will be compared to baseline values in order to determine whether each awardee has made improvement in each benchmark construct. Where appropriate and applicable, performance data will be 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.

Project Timeline

Activity	Time Schedule
Distribute revised data collection forms and instructions to MIECHV Program awardees	Immediately following OMB approval
Annual Reporting Period begins	October 1, 2021
Annual Reporting Period ends	September 30, 2022
Annual Performance Report due	October 30, 2022
Data collection and 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.