

# Healthy Marriage and Responsible Fatherhood Performance Measures and Additional Data Collection

## OMB Information Collection Request New Collection

### Supporting Statement Part A

**FEBRUARY 2021**

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

4<sup>th</sup> Floor, Mary E. Switzer Building  
330 C Street, SW  
Washington, D.C. 20201

Project Officers:  
Dr. Katie Pahigiannis, Senior Social Science Research Analyst, OPRE  
[Katie.Pahigiannis@acf.hhs.gov](mailto:Katie.Pahigiannis@acf.hhs.gov)

Ms. Pooja Gupta Curtin, Social Science Research Analyst, OPRE  
[Pooja.Curtin@acf.hhs.gov](mailto:Pooja.Curtin@acf.hhs.gov)

**Alternative Supporting Statement for Information Collections Designed for  
Research, Public Health Surveillance, and Program Evaluation Purposes**

**Part A**

**Executive Summary**

- **Type of Request:** This Information Collection Request (ICR) is for a new collection. We are requesting 3 years of approval.
  
- **Overview:** The Administration for Children and Families (ACF) requires that each cohort of Healthy Marriage and Responsible Fatherhood (HMRF) grantees collect data and report on a comprehensive set of performance measures as part of their grants. The 2015 cohort of grantees used data collection and reporting instruments approved by the Office of Management and Budget under approval number 0970-0490. This new information collection request (ICR) covers the performance measures data collection and reporting instruments for the 2020 cohort. For the 2020 cohort, the instruments used by the 2015 cohort were revised by ACF to reflect its current priorities, better align the data with the characteristics of HMRF programs and clients, and improve the grantee user experience.
  
- **Time Sensitivity:** The 2020 cohort of grantees are expected to begin using these instruments on April 1, 2021 for performance monitoring and program improvement. Approval is requested before then so that grantees can be trained on the new instruments.

## **Alternative Supporting Statement for Information Collections Designed for Research, Public Health Surveillance, and Program Evaluation Purposes**

### **A1. Necessity for Collection**

For decades, various organizations and agencies (including community- and faith-based organizations, local governments, and universities) have been developing and operating programs to strengthen families through healthy marriage and relationship education and responsible fatherhood programming. The Administration for Children and Families (ACF), Office of Family Assistance (OFA), has had administrative responsibility for federal funding of such programs since 2006 through the Healthy Marriage (HM) and Responsible Fatherhood (RF) Grant Programs. The authorizing legislation for the programs may be found in Section 403(a)(2) of the Social Security Act. Grantees receiving funding for HM programs offer services designed to promote healthy marriage and relationships. Legislatively authorized activities for adults include public advertising campaigns, marriage and relationship education/skills, pre-marital education, marriage enhancement, divorce reduction, marriage mentoring, and reduction of disincentives to marriage. Legislatively authorized activities for youth include education in high schools, marriage and relationship education/skills, and public advertising campaigns. RF grantees must provide legislatively authorized activities in three areas: economic stability, responsible parenting, and healthy marriage.

ACF required the 2015 cohort of HMRF grantees—which received five-year grants in September 2015—to collect and report performance measures about program operations, services, and clients served. A performance measures data collection system called nFORM (Information, Family Outcomes, Reporting, and Management) was implemented with the 2015 cohort to improve the efficiency of data collection and reporting and the quality of data. This system allows for streamlined and standardized submission of grantee performance data through regular progress reports, and it also supports grantee-led and federal research projects.

Grantees are required by ACF's Office of Grants Management (OGM) to submit a Performance Progress Report (PPR) twice during each grant year (in October and April), reporting on the programmatic activities conducted by the grantee in the prior six months and activities planned for the next six months. The semi-annual PPR (Attachment I) and the quarterly performance report (QPR, Attachment J) fulfill these requirements for the HMRF grantees.

The performance measures data collection and reporting instruments for the 2015 cohort were approved by the Office of Management and Budget (OMB #0970-0460) and renewed in 2018. The instruments have been used as planned. Through June 30, 2020, grantees in the 2015 HMRF cohort enrolled a total of 228,199 clients in their programs, administered the OMB-approved survey instruments, and submitted the OMB-approved reports to ACF to meet reporting requirements. In addition, the data have been used to support numerous federal and grantee-led evaluations of the HMRF programs.

This request from OFA and the Office of Planning, Research, and Evaluation (OPRE) is for revised versions of the 2015 cohort data collection and is necessary for ACF to collect up-to-date performance measure data and information about program improvement activities from the fourth cohort of HMRF grantees who received five-year awards in September 2020. We are requesting a separate OMB number for this new cohort due to differences in the reporting requirements, changes to the grantee populations, and to avoid confusion during review since the 2015 cohort materials will still be in use while this ICR is under review and the 2020 cohort prepares to collect information.

## **Alternative Supporting Statement for Information Collections Designed for Research, Public Health Surveillance, and Program Evaluation Purposes**

### **A2. Purpose**

#### *Purpose and Use*

The primary purpose of this information collection is to enable program performance monitoring and program improvement activities (e.g., continuous quality improvement [CQI]) for the 2020 cohort of HMRF grantees. The performance measures data, quarterly reports, and CQI plans in this request will be used by grantees, ACF, and ACF contractors for monitoring and program improvement. Programming monitoring and improvement could include, for example, monitoring client enrollment in HMRF programs to determine whether recruitment strategies require adjustment to better reach the intended audiences.

The information collected will also be used to support ACF-funded activities including grantee descriptive and impact evaluations, cross-site analyses, and technical assistance to grantees for program implementation, evaluation, and data collection. ACF will disseminate annual reports and other products to the public that highlight grantees' achievements, such as number of clients enrolled, characteristics of services, descriptions of who the grantees served, and client outcomes. Additional analyses may be conducted to better understand grantees' progress across their period of performance and reflect ACF priorities for each grant year.

The information obtained through this data collection is critical to understanding the broad array of RF and HM programs funded—the services provided, the context in which they operate, the nature and extent of participation, and the outcomes of program clients. The goal is to better understand the design, operations, and benefits of HMRF programs, thereby informing decisions about future government investments in HMRF programming.

The performance measures covered by this ICR are directly aligned with the legislatively authorized activities for the HM and RF programs. Authorized activities for the HM adult programs include marriage and relationship education/skills, pre-marital education, marriage enhancement, divorce reduction, marriage mentoring, reduction of disincentives to marriage, and public advertising campaigns. Legislatively authorized activities for youth include education in high schools, marriage and relationship education/skills, and public advertising campaigns. RF grantees must provide legislatively authorized activities in three areas: economic stability, responsible parenting, and healthy marriage.

Each grantee collects performance information from clients in real time using the nFORM system, from enrollment through program completion, for both individual and group-based activities. Through the nFORM system, grantees have continuous, secure access to this performance data so they can target services for individual clients and to support the grantee's monitoring and reporting efforts across clients. Grantees are able to view each client's profile to help identify specific activities and make referrals based on client needs. Grantees are also able to extract performance information in real time to analyze the progress of individual clients and target follow-up, and to track progress across clients. For example, measuring income at enrollment and employment status at the beginning and end of the program helps grantees match individual clients to economic support services and also determine whether the program appears to be meeting that improvement goal across clients. If it is not, then grantees can develop and implement data-driven CQI plans to build more robust economic support activities for their clients. Similarly, asking youth their attitudes about sex at the beginning and end of programming allows grantees to target and refine services that aim to build relationship skills for individual clients and across their clients. Asking both HM and RF adults about their disciplinary practices at the beginning and end of programming helps grantees target and refine services aimed at improving clients' parenting skills.

## **Alternative Supporting Statement for Information Collections Designed for Research, Public Health Surveillance, and Program Evaluation Purposes**

ACF only has access to summary data at the grantee-level, and does not have access to individual-level data. ACF reviews summary performance data by grantee and across grantees to track their progress in providing the legislatively mandated activities and to identify areas where grantees would benefit from technical assistance to help improve service delivery to clients and program outcomes. ACF can review grantee performance using the required quarterly reports as well as by generating summary measures in real time using nFORM's grantee-level dashboard and other data tools. Using the reports and data tools, ACF can track when a grantee faces challenges and connect that grantee to individualized programmatic, data capacity, CQI, or local evaluation technical assistance support. The reports and data tools also help ACF identify common trends and issues across grantees that can be addressed through universal technical assistance activities including webinars or written guidance.

The information collected is meant to contribute to the body of knowledge on ACF programs. It is not intended to be used as the principal basis for a decision by a federal decision-maker, and is not expected to meet the threshold of influential or highly influential scientific information.

### *Research Questions or Tests*

Because this is a performance measures ICR, no research questions are listed.

### *Study Design*

To facilitate the collection and reporting of high-quality and consistent performance measures data by the 2020 cohort of HMRF grantees, ACF developed instruments for program clients and grantee staff to complete (Attachments E through H). These instruments are revised versions of the instruments used by the 2015 cohort of grantees (OMB #0970-0460). The revised instruments reflect ACF's priorities for the 2020 cohort, better align the data with the characteristics of HMRF programs and clients, and improve the grantee user experience. For example:

- For the 2015 cohort, individual mothers participating in RF programs completed survey instruments designed for community fathers. For the 2020 cohort, individual mothers in these programs will complete surveys specifically designed for them.
- The readability of survey instruments has been improved for the 2020 cohort.
- There are several versions of the entry and exit surveys (Attachment H) to be completed by clients; the content in each version is tailored to the specific client populations served by the grant programs.
  - Instruments 4HM-1 and 4HM-2 are the entrance and exit survey instruments for adults served by HM programs; 4HM-3 and 4HM-4 are the entrance and exit survey instruments for youth served by HM programs.
  - Instruments 4RF-1 and 4RF-2 are the entrance and exit surveys for community fathers; individual mothers in RF programs will complete 4RF-3 and 4RF-4 to improve ease of use and data quality. Reentering fathers will complete 4RF-5 and 4RF-6 at program entrance and exit.
  - Instruments will be available to clients in both English and Spanish.

ACF also developed quarterly reports that grantee staff will submit to ACF (Attachments I and J), and a continuous quality improvement (CQI) plan (Attachment K) template that grantee staff will submit at the beginning of their grant and update quarterly. The data collected through the client and grantee instruments in Attachments E through H are used to inform and prepare the quarterly reports and CQI plans. These reports also reflect revisions to the reports used by the 2015 cohort.

**Alternative Supporting Statement for Information Collections Designed for  
Research, Public Health Surveillance, and Program Evaluation Purposes**

To promote consistent, high quality, and secure data collection and reporting and to minimize burden on grantees and their clients, all of the survey instruments and reports in Attachments E through J of this ICR are programmed into the web-based nFORM performance measures system described in A1. nFORM automatically generates the required PPRs and QPRs using the data collected in each instrument. ACF provides nFORM free of charge to all HMRF grantees. When internet access is not available, as in some rural areas or correctional facilities, the entry and exit surveys may be administered to clients on paper. Grantees complete their CQI plans outside of nFORM, using a range of data, and submit them directly to OFA. The designated respondent for each instrument and report, its content, mode of administration, and duration are summarized in Table A.1.

**Table A.1. Overview of information collection activities**

Data Collection Activity	Instruments	Respondent, Content, Purpose of Collection	Mode and Duration (in hours)
Survey	1: Applicant Characteristics Survey	Respondent: Program applicants Content: At enrollment to the program, applicants provide information on their demographic characteristics, financial well-being, family status, how they heard about the program, and reasons for enrolling.	Mode: nFORM Duration: 0.25
		Respondent: Program staff Content: Program staff conduct intake before clients complete the applicant characteristics survey.	Mode: nFORM Duration: 0.10
Survey	2: Program Operations Survey	Respondent: Program staff Content: On a quarterly basis, program staff document strategies used to market to and recruit individuals and couples into their programs (such as the amount and types of mass marketing strategies; recruitment methods; and the number of full-time equivalent staff dedicated to marketing, outreach, and recruitment); practices to support and monitor quality (such as staff training, staff supervision, and program observations); staff qualifications and characteristics (including the proportion of staff with various levels of educational attainment, training and years of experience); and implementation challenges (such as staff turnover and recruitment challenges).	Mode: nFORM Duration: 0.32
Service data	3: Service Delivery Data	Respondent: Program staff Content: On an ongoing basis, grantee staff record program services offered and individuals' and couples' participation in these services.	Mode: nFORM Duration: 0.50
Survey	4: Entrance and Exit Surveys	Respondent: Program clients (entrance) Content: When they begin participating in programming, clients record their experiences related to (1) parenting, co-parenting, and fatherhood; (2) economic stability; (3) healthy marriage and relationships; (4) personal development; and (5) program perceptions. Separate instruments tailor content to the client population served by the program (HM adults, HM youth, RF fathers or mothers residing in the community, or RF reentering fathers).	Mode: nFORM Duration: 0.42
		Respondent: Program clients (exit) Content: Same as above, with content tailored to measure client experiences upon program completion.	Mode: nFORM Duration: 0.42

**Alternative Supporting Statement for Information Collections Designed for  
Research, Public Health Surveillance, and Program Evaluation Purposes**

Data Collection Activity	Instruments	Respondent, Content, Purpose of Collection	Mode and Duration (in hours)
		Respondent: Program staff (entrance and exit on paper) Content: The same entrance and exit survey instruments described above are administered on paper when clients are not able to access nFORM. In addition to the burden for program clients, program staff incur burden for time required to data enter the completed paper surveys in nFORM.	Mode: Paper Duration: 0.10
Report	5: Semi-annual Performance Progress Report (PPR)	Respondent: Program staff Content: Includes quantitative and qualitative information. Quantitative data from a subset of performance measures such as program applicants' characteristics; program operations (staff training and supervision; marketing, outreach, and recruitment; and implementation challenges), program enrollment, and program participation. Qualitative information from narrative descriptions of grantee's major activities and accomplishments; implementation challenges and steps taken; program successes; and emerging promising practices. Separate reports tailor the content for HM and RF programs.	Mode: nFORM Duration: 3
Report	6: Quarterly Performance Report (QPR)	Respondent: Program staff Content: Subset of quantitative and qualitative performance measures in PPR, namely staff training and supervision; program enrollment; program participation; and implementation challenges. Separate reports tailor the content for HM and RF programs.	Mode: nFORM Duration: 1
Plan	7: CQI Plan	Respondent: Program staff Content: Areas for improvement, CQI implementation team members, data to use in measuring improvement, improvement strategies and results.	Mode: Paper Duration: 4

*Other Data Sources and Uses of Information*

The information collection described above is the only source of performance measures and CQI plan data for the 2020 cohort of HMRF grants. This data may also be used to support descriptive or impact evaluations funded by ACF; however, those evaluations will submit separate ICRs for approval.

**A3. Use of Information Technology to Reduce Burden**

As described in A2, ACF provides the web-based nFORM system to grantees free of charge, for all performance measure data collection and reporting described in this ICR. nFORM has a user-friendly interface accessible to authorized users, allowing for ease of data entry without purchasing or installing additional software or changing the configuration of their computers. All data are housed on secure servers in a cloud-based environment, thereby maintaining data security in accordance with ACF requirements and nFORM's Authority to Operate (ATO). Each grantee can collect, view, and report only data for its own program. The nFORM system used by the 2015 cohort has been enhanced for the 2020 cohort to improve usability.

Program clients use computers or tablets to self-administer the entrance and exit surveys in nFORM. This method presents several advantages over interviewer-administered surveys. It ensures greater privacy, and respondents will be less likely to give socially desirable responses, particularly with sensitive questions (Turner et al. 1998; Tourangeau and Smith 1996). It also reduces burden for grantee staff who would otherwise need to administer the surveys. To address possible literacy limitations, respondents

## **Alternative Supporting Statement for Information Collections Designed for Research, Public Health Surveillance, and Program Evaluation Purposes**

have the option to wear headphones and listen to a recording of the questions, known as Audio Computer-Assisted Self-Interview (ACASI).

### **A4. Use of Existing Data: Efforts to reduce duplication, minimize burden, and increase utility and government efficiency**

The performance measures in this ICR are revised versions of the measures that have successfully been used for the 2015 cohort of HMRF grantees (OMB #0970-0460), and in studies involving similar populations and programs. There are no other sources of information that would allow ACF to assess the performance of the 2020 cohort of HMRF grantees. No superfluous or unnecessary information is requested of grantee staff or clients, and none of the instruments ask for information that can be reliably obtained through other sources.

### **A5. Impact on Small Businesses**

The potential exists for data collection activities to affect grantees that are small entities. Current data collection efforts are designed to minimize the burden on all organizations involved, including small businesses and entities, by collecting only critical information.

### **A6. Consequences of Less Frequent Collection**

The purpose of each instrument in this ICR is described in Item A2, above. Not collecting information using these instruments would limit the government's ability to document the performance of its grantees and to assess the extent to which these federal grants are successful in achieving their purpose. In addition, without collecting information on applicant characteristics (Instrument 1), program operations (Instrument 2), service receipt (Instrument 3), and client outcomes (Instrument 4), HMRF grantees would not be able to report on the required performance measures (Instruments 5 and 6) or plan for continuous quality improvement (Instrument 7).

If service receipt data were collected less frequently, providers would have to store service data or try to recall it weeks or months after delivery. Less frequent data collection would also reduce ACF's ability to identify and address data quality issues, such as missing data and data entry errors, in a timely way. Finally, if client outcomes were not collected at both program entry and program exit (or one month after program exit), ACF would not be able to assess changes in outcomes pre- and post-program participation, which is required for grantees to report performance to ACF.

Furthermore, this information provides a valuable resource for ACF, practitioners, and researchers to gain empirical knowledge about the design and implementation of a broad range of HMRF programs and the characteristics of and outcomes for program clients.

### **A7. Now subsumed under 2(b) above and 10 (below)**

### **A8. Consultation**

#### *Federal Register Notice and Comments*

In accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104-13) and OMB regulations at 5 CFR Part 1320 (60 FR 44978, August 29, 1995), ACF published a notice in the Federal Register announcing the agency's intention to request an OMB review of this information collection activity. This notice was



**Alternative Supporting Statement for Information Collections Designed for  
Research, Public Health Surveillance, and Program Evaluation Purposes**

published on November 30, 2020, Volume 85, Number 230, pages 76580-76581, and provided a sixty-day period for public comment. No substantive comments were received during the comment period.

*Consultation with Experts Outside of the Study*

The performance measures, data collection instruments, and data collection system were revised in 2020 based on a targeted analysis of existing measures, feedback from key stakeholders, and discussions with ACF staff and the 2015 cohort of grantees.

**A9. Tokens of Appreciation**

No tokens of appreciation are proposed for this information collection.

**A10. Privacy: Procedures to protect privacy of information, while maximizing data sharing**

*Personally Identifiable Information*

Grantees will collect personally identifiable information (PII) from clients including clients' first and last names, contact information (telephone number, home and email addresses, and social media information), and personal characteristics. This information will be stored in nFORM so that grantees can conduct client case management and track services and outcomes for individual clients. Social security numbers will not be collected. ACF provides guidelines for grantees for protecting PII. Only nFORM contractor staff responsible for ensuring data quality have access to PII; limiting the number of contractor staff with access to PII reduces the risk of disclosure.

This request is voluntary. The relevant SORN is 09-8-0-0361, OPRE Research and Evaluation Project Records.

*Assurances of Privacy*

Information collected will be kept private to the extent permitted by law. Respondents will be informed of all planned uses of data, that their participation is voluntary, and that their information will be kept private to the extent permitted by law. As specified in its contract as well as in the Authority to Operate (ATO) for the nFORM system, the contractor managing the nFORM system will comply with all Federal and Departmental regulations for private information.

As with the previous HMRF cohort's performance measures, grantees are responsible for obtaining any necessary independent review board (IRB) approvals for their performance measures data collection, including the necessary consent procedures. If applicable, the IRBs are responsible for reviewing and approving the procedures that grantees have in place for protecting PII. Each grantee will execute a data sharing and user agreement with the nFORM contractor to document data security and data sharing requirements in connection with the grantee's use of nFORM. The nFORM contractor has received an exemption from an IRB to use the performance measures data to generate descriptive analyses for ACF (see Attachment C). Due to the sensitive nature of some performance measures (see A.11 for more information), the nFORM contractor will also obtain a Certificate of Confidentiality. The Certificate of Confidentiality helps to assure program clients that their information will be kept private to the fullest extent permitted by law.

*Data Security and Monitoring*

## **Alternative Supporting Statement for Information Collections Designed for Research, Public Health Surveillance, and Program Evaluation Purposes**

In all data collection and performance reporting efforts, ACF has taken the following specific measures to protect respondents' privacy:

- **Adopt strict security measures and web security best practices to protect data collected through the project management information system (MIS), called nFORM.** Data entered into nFORM are housed in a secure Amazon Web Services (AWS) cloud-based environment that conforms to the requirements of the HHS Information Security Program Policy. nFORM employs strict security measures and web security best practices to securely and safely submit, store, maintain, and disseminate data. Strict security measures are employed to protect the privacy of client information stored in the system including data authentication, monitoring, auditing, and encryption. Specific security procedures include, but are not limited to:
  - nFORM is obtaining an ATO from HHS. The ATO will be renewed during 2024 per the HHS security policy.
  - All data are encrypted in transit (using TLS protocol backward compatible to SSL).
  - Data are encrypted at rest and reside behind firewalls.
  - nFORM users can access the system only within the scope of their assigned roles and responsibilities:
    - Among contractor staff, only authorized users have access to the securely-held individual-level data. Other contractor staff have access only to auto-generated reports that provide aggregated information only.
    - Only authorized staff at each grantee are able to view all individual-level data for their clients. Other staff have access to auto-generated reports that provide aggregated information only.
  - Security procedures are integrated into the design, implementation, and day-to-day operations of nFORM, such as the use of multi-factor authentication (MFA).
  - To further ensure data security, contractor personnel must adhere to strict standards, receive periodic security training, and sign security agreements as a condition of employment. These agreements are pledges to protect the privacy of data and client identity, and breaking that pledge is grounds for immediate dismissal and possible legal action.
  - The nFORM system has developed and implemented standard procedures for assigning identification numbers to all client-level data. Case- and individual-level numbers are content-free. For example, they do not include special codes to indicate enrollment dates, participant location, gender, age, or other characteristics. Data extracts from nFORM, which may not be secured, include IDs and not PII.

### **A11. Sensitive Information <sup>1</sup>**

---

<sup>1</sup> Examples of sensitive topics include (but are not limited to): sex behavior and attitudes; illegal, anti-social, self-incriminating and demeaning behavior; critical appraisals of other individuals with whom respondents have close relationships, e.g., family, pupil-teacher, employee-supervisor; mental and psychological problems potentially embarrassing to respondents; religion and indicators of religion; community activities which indicate political affiliation and attitudes; legally recognized privileged and analogous relationships, such as those of lawyers,

**Alternative Supporting Statement for Information Collections Designed for  
Research, Public Health Surveillance, and Program Evaluation Purposes**

Some of the items that grantees are required to collect may be considered sensitive questions. Some sensitive questions are necessary to assess performance of HMRF programs that are designed to affect personal relationships and employment. Table A.2 below lists these topics and the justifications for including them. As noted above, respondents will be informed of all planned uses of data, that their participation is voluntary, and that their information will be kept private to the extent permitted by law. Respondents can skip any surveys or survey items they do not want to answer.

**Table A.2. Sensitive Topics and Justification for Inclusion**

Sensitive topic	Relevant instrument(s)	Justification
Attitudes about sex	Instrument 4HM-3 and 4HM-4 (youth questionnaires only)	Healthy marriage and relationship programs for youth in high school aim to prevent nonmarital childbearing by educating youth on the disadvantages that most children face when they are born outside of marriage. Attitudes and intentions regarding engaging in sex are strong predictors of subsequent behavior (Buhi and Goodson 2007); for example, sexually active teens are more likely to cohabit as young adults (Raley et al. 2007). These questions were adapted from the Toledo Adolescent Relationships Study, the PREP evaluation, and from Connections: Dating and Emotions (Kay Reed, Dibble Institute).
Infidelity	Instrument 4HM-1 and 4HM-2 (adult questionnaires only)	Infidelity has been found to be a major obstacle to marriage for unwed parents (Edin and Kefalas 2005). The curricula used by the HMRF programs addresses this in different ways, including discussing the importance of fidelity and trust in building healthy relationships and marriage. Several large surveys have included similar questions concerning infidelity, such as the Study of Marital Instability Over the Life Course, the Louisiana Fragile Families Study, and the Baseline Survey of Family Experiences and Attitudes in Florida. These questions were also used in the Building Strong Families 15- and 36-month follow-up surveys and had low nonresponse rates (Wood et al. 2010).
Psychological distress	Instruments 4HM-1 through 4HM-4 and 4RF-1 through 4RF-6	Psychological distress is likely to affect key HMRF goals— improved parenting, employment, and relationship quality— and thus may be an important mediator of program outcomes. Symptoms of parental depression and anxiety have been shown to have adverse consequences for child outcomes (Downey and Coyne 1990, Gelfand and Teti 1990). To measure psychological distress, we use the K-6, a brief but highly reliable and valid measure frequently used in government health surveys in the U.S. and Canada and by the World Health Organization (Kessler et al. 2002).

---

physicians and ministers; records describing how an individual exercises rights guaranteed by the First Amendment; receipt of economic assistance from the government (e.g., unemployment or WIC or SNAP); immigration/citizenship status.

**Alternative Supporting Statement for Information Collections Designed for  
Research, Public Health Surveillance, and Program Evaluation Purposes**

Sensitive topic	Relevant instrument(s)	Justification
Harsh discipline	Instruments 4HM-1 through 4HM-4 and 4RF-1 through 4RF-6	A measure of harsh disciplinary practices will enable us to determine whether the HMRF programs' emphasis on conflict management and parenting skills leads to a reduction in the use of harsh discipline techniques among participants. These items were adapted from the Supporting Healthy Marriages evaluation, where they were successfully used with a population of married couples with low incomes who have children. (Lundquist et al. 2014).
Income	Instrument 1	A key goal of RF and some HM programs is to improve participants' economic stability. The outcomes of an individual employed when he/she enters the program may be very different than those of an individual who enters without employment. The applicant characteristics survey asks whether the respondent is currently working and, if so, the income they have earned in the past 30 days. Questions on earnings are asked on many surveys including the Building Strong Families survey (Wood et al. 2010). In the BSF survey, only 0.4 percent of mothers and 0.1 percent of fathers did not respond to the earnings questions.

**A12. Burden**

*Explanation of Burden Estimates*

The specifications for developing the burden hour estimates for this ICR for revision and renewal of clearance, including assumptions regarding the number of respondents and periodicity of data collection, are described in Attachment D. Table A.3 summarizes the annual burden hour estimates for each data collection and reporting instrument.

*Estimated Annualized Cost to Respondents*

Attachment D also provides specifications for the annual cost estimates associated with each of these instruments. For all cost calculations, average hourly wage estimates have been based on either the federal minimum wage or applicable wage rates from the U.S. Bureau of Labor Statistics, Occupational Employment Statistics (OES), 2019.

**Table A.3. Estimates of hourly burden and costs**

Instrument	Respondent	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)	Annual Burden (in hours)	Average Hourly Wage Rate	Total Annual Respondent Cost
	Program applicants	273,840	1	0.25	68,460	22,820	\$7.25	\$165,445.00

**Alternative Supporting Statement for Information Collections Designed for  
Research, Public Health Surveillance, and Program Evaluation Purposes**

Instrument	Respondent	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)	Annual Burden (in hours)	Average Hourly Wage Rate	Total Annual Respondent Cost
<b>1: Applicant Characteristics</b>	Program staff	408	672	0.10	27,418	9,139	\$29.69	\$271,336.91
<b>2: Program Operations</b>	Program staff	136	12	0.32	522	174	\$35.05	\$6,098.70
<b>3: Service Delivery Data</b>	Program staff	2,040	126	0.50	128,520	42,840	\$16.74	\$717,141.60
<b>4: Entrance and Exit Surveys</b>	Program clients (entrance)	257,409	1	0.42	108,112	36,037	\$7.25	\$261,268.25
	Program clients (exit)	169,965	1	0.42	71,385	23,795	\$7.25	\$172,513.75
	Program staff (entrance and exit on paper)	32	3,506	0.10	11,219	3,740	\$16.74	\$62,607.60
<b>5: Semi-annual Performance Progress Report (PPR)</b>	Program staff	136	6	3	2,448	816	\$35.05	\$28,600.80
<b>6: Quarterly Performance Report (QPR)</b>	Program staff	136	6	1	816	272	\$35.05	\$9,533.60
<b>7: CQI Plan</b>	Program staff	136	3	4	1,632	544	\$35.05	\$19,067.20
<b>Total</b>						<b>140,177</b>		<b>\$1,713,613.41</b>

**A13. Costs**

There are no additional costs to respondents.

**A14. Estimated Annualized Costs to the Federal Government**

Annualized costs to the federal government are estimated based on the contracted costs for tasks associated with this work. Contracted costs are based on approved hours and labor rates by task, as well

**Alternative Supporting Statement for Information Collections Designed for  
Research, Public Health Surveillance, and Program Evaluation Purposes**

as other direct costs including system licenses and hosting fees for nFORM, the management information system used by grantees for data collection and reporting.

**Table A.4. Estimated annualized costs**

<b>Cost Category</b>	<b>Estimated Costs</b>
nFORM MIS, Instrument Development, and OMB Clearance	\$1,091,236
Grantee training and technical assistance	\$750,454
Analysis	\$453,727
Publications/Dissemination	\$289,561
<b>Annual costs</b>	<b>\$2,584,978</b>

**A15. Reasons for changes in burden**

This is a new information collection request.

**A16. Timeline**

Grantees will collect performance measure data from clients on an ongoing basis starting in Spring 2021, pending OMB approval, and will submit performance reports to ACF starting in Summer 2021. Cross-grantee data will be analyzed and disseminated in a variety of formats, as requested by ACF, starting in late 2021. A restricted use file with de-identified data will be prepared in 2025.

**Table A.5. Data collection and reporting schedule**

<b>Instrument/report</b>	<b>Timeline</b>
1: Applicant Characteristics	Spring 2021 – Fall 2025
2: Program Operations	Summer 2021 – Fall 2025
3: Service Delivery Data	Spring 2021 – Fall 2025
4: Entrance and Exit Surveys	Spring 2021 – Fall 2025
5: Semi-annual Performance Progress Report (PPR)	Summer 2021 – Fall 2025
6: Quarterly Performance Report (QPR)	Summer 2021 – Fall 2025
7: CQI Plan	Spring 2021 – Fall 2025
Annual reports	2021 -- 2025
Briefs, presentations, and other public reports as specified by ACF	Ongoing, 2021 – 2025
Restricted use file	2025

**Alternative Supporting Statement for Information Collections Designed for  
Research, Public Health Surveillance, and Program Evaluation Purposes**

**A17. Exceptions**

No exceptions are necessary for this information collection.

**Attachments**

- ATTACHMENT A: Legislative Authority
- ATTACHMENT B: 60-DAY Federal Register Notice
- ATTACHMENT C: Institutional Review Board Exemption for ACF-Sponsored Analysis of Performance Measures
- ATTACHMENT D: Assumptions for Calculations of Burden Estimates
- ATTACHMENT E: Instrument 1: Applicant Characteristics
- ATTACHMENT F: Instrument 2: Program Operations
- ATTACHMENT G: Instrument 3: Service Delivery Data - nFORM Service Receipt
- ATTACHMENT H: Instrument 4: Entrance and Exit Surveys
- ATTACHMENT I: Instrument 5: Semi-annual Performance Progress Report (PPR)
- ATTACHMENT J: Instrument 6: Quarterly Performance Report (QPR)
- ATTACHMENT K: Instrument 7: CQI Plan