

Tribal Home Visiting Continuous Quality Improvement Collaboratives

Formative Data Collections for Program Support

0970 - 0531

Supporting Statement

Part A

June 2022

Submitted By:
Office of Child Care
Administration for Children and Families
U.S. Department of Health and Human Services

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

Contact:

Farha Marfani
Tribal Program Specialist, Tribal Home Visiting Program

**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 is for a generic information collection under the umbrella generic, Formative Data Collections for Program Support (0970-0531).
- **Description of Request:**

This information request is to collect continuous quality improvement implementation information in order to provide technical assistance to Tribal Maternal Infant, and Early Childhood Home Visiting (MIECHV) grantees who are conducting rapid cycle quality improvement projects. These Tribal MIECHV grantees participated in the Tribal Home Visiting Continuous Quality Improvement Collaboratives (Tribal CQICs) which was a 16-month long structured, and facilitated process for testing evidence-based strategies to make practice improvements towards each collaborative's aim. Grantees will be asked to continue to complete rapid Plan-Do-Study-Act (PDSAs) cycles of change in practice, assess the results, and scale changes within their own programs. Information collection will include grantees' planning documents for the rapid cycle tests. The information will be used to provide technical assistance to participating grantees as they continue planning and implementing their rapid PDSA cycles. We do not intend for this information to be used as the principal basis for public policy decisions.
- **Time Sensitivity:** To align with grantee activities, we request approval by July 2022.

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

A1. Necessity for Collection

The Administration for Children and Families' (ACF) Office of Planning, Research, and Evaluation (OPRE) at the U.S. Department of Health and Human Services (HHS) seeks approval under the umbrella generic: Formative Data Collections for Program Support (OMB #0970-0531) to collect implementation information from 19 Tribal Maternal, Infant, and Early Childhood Home Visiting grantees (Tribal MIECHV) who are engaging in individual rapid cycle CQI projects after having participated in the Tribal Continuous Quality Improvement Collaboratives (Tribal CQICs). This information is necessary for ACF to provide relevant and timely technical assistance (TA) to grantees engaged in these activities.

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

A2. Purpose

Purpose and Use

This proposed information collection meets the following goals of ACF's generic clearance for formative data collections for program support (0970-0531):

- Delivery of targeted technical assistance related to program implementation or the development or refinement of program and grantee processes
- Planning for provision of programmatic or data and CQI-related technical assistance (T/TA).

The Tribal CQICs, run by ACF's Tribal MIECHV program brought together 19 grantees for a 16-month long structured, and facilitated process for testing evidence-based as well as innovative strategies to make improvement toward collaborative-level. Throughout the collaboratives, grantee teams selected strategies to implement and then completed rapid Plan-Do-Study-Act (PDSAs) cycles to test, assess results, and scale change within their own programs. Grantees met virtually to share learnings from these cycles and review collaborative-level progress on a set of standard measures related to the topic. ACF's goals for the collaboratives include: 1) improve home visiting practice; and 2) build grantee capacity for CQI. Data collection related to this effort was approved under this umbrella generic in July 2021 (OMB #0970-0531; ICR Ref. No.: 202107-0970-003).

The purpose of this generic information collection (GenIC) is to inform the program support and technical assistance for grantees to continue to conduct individual rapid CQI projects after the conclusion of the structured collaboratives. This information will be used by contracted TA providers and federal staff to provide technical assistance and training to participating grantees on improvement methodology and support grantees in continuing to build sustainable capacity for CQI.

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

Study Design

Data collection related to grantees' rapid PDSA tests will support building grantee capacity in CQI and improving home visiting practice. To that end, grantees will utilize a PDSA improvement cycle approach between to test small changes in practice as they strive to implement improvement in their home visiting programs.

To complete small tests of change, it is helpful for grantees to plan and record their changes. Grantees will complete Instrument 1: PDSA Planning Tool and share these with contracted TA providers bi-monthly. This information will be used to provide technical assistance to grantees on the improvement methodology

Contracted TA providers from Tribal Home Visiting Evaluation Institute (TEI), an award to James Bell Associates, will receive the PDSA Planning Tool from participating grantees. The TEI team will provide individual feedback to grantees related to improvement methodology on their PDSA cycles and note trends.

The information 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.

Table 1

<i>Data Collection Activity</i>	<i>Instrument</i>	<i>Respondent, Content, Purpose of Collection</i>	<i>Mode and Duration</i>
PDSA Planning	Instrument 1: Plan-Do-Study-Act (PDSA) Planning Tool	Respondents: Grantees Content: The PDSA Planning Tool provides a space for grantee teams to plan and summarize each PDSA cycle run during the Tribal CQIC. The tool provides prompts for teams to articulate their improvement theory, and document all steps in their PDSA cycle. General Purpose: This tool provides a stepwise process for planning, testing, studying, and acting on improvement efforts. It supports teams in keeping their PDSA cycles organized and provides a space to summarize overall process. Purpose for program support: Technical assistance providers will review grantees progress, will offer individual grantees' feedback on the improvement methods individually.	Mode: Excel template Duration: 1 hour

Other Data Sources and Uses of Information

Not applicable.

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

A3. Use of Information Technology to Reduce Burden

Information will be collected in Microsoft Excel files sent by grantees to their TA providers. Grantees are already in regular contact with TA providers and can send these files easily as they are completed. We anticipate this format will provide the lowest burden to the respondent.

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

There is no information available that is duplicative and will allow ACF to provide tailored support to grantees.

A5. Impact on Small Businesses

The project will include tribal human service agencies. We will only request information required for the intended use.

A6. Consequences of Less Frequent Collection

Without collecting grantees' PDSA Planning Tools, ACF risks being unable to identify ongoing individual and group-level technical assistance needs or training opportunities related to sustaining the work, after intensive efforts to implement the collaboratives.

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 Office of Management and Budget (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 the overarching generic clearance for formative information collection. This notice was published on November 3, 2020, (85 FR 69627), and provided a sixty-day period for public comment. During the notice and comment period, no substantive comments were received. A subsequent notice was published on December 28, 2020 (85 FR 84343) and provided a thirty-day period for public comment. During the notice and comment period, no substantive comments were received.

On January 28, 2022, ACF a notice (87 FR 4603) providing a sixty-day period related to an extension request to this umbrella clearance. No comments were received. ACF will submit a request to extend approval and publish an additional notice allowing a thirty-day period for public comment prior to July 31, 2022.

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

Consultation with Experts Outside of the Study

We consulted with a panel of content experts, quality improvement specialists and grantee representatives in planning the Tribal CQIC. These consultations focused on the data availability for the standard sets of measures, clarity of instructions and ways to minimize burden. The experts listed below were involved in these consultations and provided feedback on the PDSA Planning Tools.

Table 3 Consultations.

Name	Affiliation
Robin VanDerMoere	Michigan Public Health Institute
Angela Precht	Michigan Public Health Institute

A9. Tokens of Appreciation

This information collection will not include tokens of appreciation for participation.

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

Personally Identifiable Information

This effort does not include the collection of personally identifiable information. Information collected will be at the site-level. Grantee teams will complete their site PDSA Planning Tools on behalf of their teams.

Assurances of Privacy

We will inform respondents 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 the contract specifies, the contractor will comply with all federal and departmental regulations for private information. The contractor shall ensure that all of its employees, subcontractors (at all tiers), and employees of each subcontractor, who perform work under this contract/subcontract, are trained on data privacy issues and comply with the above requirements.

Data Security and Monitoring

JBA, as specified in the Tribal Evaluation Institute contract, have an established Data Security and Monitoring plan that assesses all data security measures and monitoring procedures to ensure secure storage and transmittal of information. This plan will be updated at least annually.

Only site level information will be collected for this project. This information will be stored on a secure SharePoint site. The information collected is highly specific to the activities of the Tribal CQIC and there is no plan to disseminate it.

JBA is a subscriber to the FedRAMP ATO-holding Microsoft Online 365 Service with both Business and Enterprise licenses. JBA operates multiple SharePoint Online sites to separate data between projects and access requirements within those projects. In addition to operating with Microsoft best practices for

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

security, SharePoint Online sites that will be used to store data will use the following additional controls that fall within JBA responsibilities for management. Additional documentation pertaining to the security of SharePoint Online can be found within their approved FedRamp package.

Access Controls

- JBA SharePoint Online and OneDrive requires users to authenticate using multi-factor authentication for all users who participate in groups with access to sensitive information.
- JBA SharePoint and OneDrive Online uses role-based access permissions to limit access to data and separate access based on assigned roles.
- Non-Administrators do not have access to modify the security policies, sharing permissions or role-based access permissions.
- Permissions granted to a user account are based on the principal of least privilege so that users are not afforded access to the system greater than their minimum requirements.
- Passwords used by user and administrative accounts require a minimum of 16 characters and must be complex, meaning that they must contain at least one number, one capital letter, and one symbol.
- Passwords are required to be updated every 90 days.

Remote Access

- JBA only permits users with a valid account access to the JBA operated SharePoint sites. Anonymous or guest access is prohibited.
- JBA SharePoint Online is hosted on the FedRamp approved Microsoft Office 365 SharePoint online service. Microsoft controls remote access to the SharePoint Platform. JBA controls user access into the JBA owned and operated sites. Security related to the transmission to and from SharePoint online is documented in the Microsoft FedRamp package available to the government at <https://www.fedramp.gov>.

A11. Sensitive Information¹

The information collection does not include sensitive information.

A12. Burden

Explanation of Burden Estimates

Table 4: Estimated Annualized Burden and Costs to Respondents

Instrument	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)	Burden prior to Extension	Average Hourly Wage Rate	Total Annual Respondent Cost
Instrument 1: Plan-Do-Study-Act Planning Tool	23	6	1	138	46	\$38.90	\$7,780

¹

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

Respondents include one individual, usually the program coordinator, per grantee site to complete and submit the PDSA Planning Tool. The information will be requested bi-monthly, through the end of the June 2023 (for a total of 6 submissions). The PDSA Planning Tool is expected to take 1 hour to complete.

Costs were estimated based on the job code is 21-1093, Social and Human Service Assistant. Wage data from 2021 is \$19.45 per hour. To account for fringe benefits and overhead the rate is multiplied by two which is \$38.90.

<https://www.bls.gov/oes/current/oes211093.htm>

A13. Costs

There are no additional costs to respondents.

A14. Estimated Annualized Costs to the Federal Government

Table 5. Estimated Annualized Costs to the Federal Government

Cost Category	Estimated Costs
Administration of Instruments and Analysis of Information	\$18,240
Total costs over the request period	\$18,240

A15. Reasons for changes in burden

This is for an individual information collection under the umbrella formative generic clearance for program support (0970-0531).

A16. Timeline

Data collection will take place following OMB approval for 11 months. Grantees will submit their templates after OMB approval on a bi-monthly basis. During this time, TA and ACF staff team will review the templates for TA needs.

Table 6: Timeline

	Begins	Complete
Grantee Submission of Instrument 1: Plan-Do-Study-Act Planning Tool	8/1/2022	6/30/2023

A17. Exceptions

No exceptions are necessary for this information collection.

Attachments

Instrument 1: Plan-Do-Study-Act Planning Tool with Instructions