

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 the revision package for the to the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Performance Measurement Information System. There are no changes to the instruments, this is a revision package because there is a small decline in average burden per response for Form 2: Performance Indicators and Systems Outcome Measures.

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, jurisdictions, 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 Section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328) requires that the 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; and
- 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 demonstration of improvement 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 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 extend the current annual performance data collected by awardees beginning on October 1, 2024.

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 extend the approval of the current MIECHV Program Performance Measurement Information System with a small decline in burden.

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.

There are two forms 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/jurisdiction level. No individual or family-level data is collected. Collecting state/jurisdiction level demographic and service utilization data ensures an appropriate data collection and reporting burden for MIECHV Program awardees.

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 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.

We do not have revisions for Form 1 and Form 2.

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 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 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, jurisdiction, 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 current data collection of race/ethnicity data does not align with SPD-15 and proposes that the previously used categories for race and ethnicity are used for this

extension. Updating the race and ethnicity questions and data elements at this time would require significant update in both HRSA's HVIS and data systems of awardees and local implementing agencies. HRSA is currently implementing new statutory provisions enacted as part of the reauthorization of the MIECHV Program, where HRSA is engaging with MIECHV awardees, home visiting model developers, and federal partners to identify opportunities to reduce administrative burden related to performance reporting. In addition, HRSA is assessing opportunities to enhance performance measures to measure disparities and to align performance measures with other programs administered by HRSA's Maternal and Child Health Bureau and anticipate significant changes to the performance measure system that will be proposed in a future ICR package and would like to introduce race/ethnicity data changes to align with SPD-15 guidance at that time, no later than 2027.

Otherwise, the request fully complies with the regulation.

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

Section 8A:

A 60-day notice published in the Federal Register on April 03, 2024, vol. 89, No. 65; pp. 23028-29. HRSA received one comment from a local MIECHV-funded program administrator. The comment discussed obtaining additional qualitative information for program benchmark data, improving response categories for race and ethnicity, and changing breastfeeding as a program performance measure. HRSA has considered this comment; however, per congressional direction, HRSA's current primary focus is minimizing burden for local MIECHV-funded programs. The changes sought by the comment would impose additional burden. This is because changing any measure will require updates to awardees' data systems and processes as well as training for both awardee staff and home visitors, which creates a significant burden. As a result, no change to the proposed information collection tools is proposed at this time. As previously stated, HRSA intends to re-assess the current performance measurement system over the next 3 years, including considering and addressing the issues raised by the commenter.

A 30-day notice published in the Federal Register on July 30, 2024, vol. 89, No. 146, pp. 61125-26.

Section 8B:

We are not proposing any updates or changes, only an extension, but in the past HRSA has held multiple discussions with interested parties and consulted with experts and other federal partners to review data collection when last updates were made in 2021. There is ongoing engagement with awardees through their federal project officers or technical assistance providers where feedback is provided on clarify of data collection instructions and availability of data that HRSA has reflected to update guidance documents on data collection. Also, HRSA has begun consulting with awardees and other partners as part of the concerted effort to re-assess the current performance measurement system through existing feedback mechanisms and to identify opportunities to reduce administrative burden related to data reporting (through 0906-0094 Implement Maternal, Infant, and Early Childhood Home Visiting Program 2022

Legislative Changes: Assessment of Administrative Burden). This process, however, is expected to continue over the next 2 years and proposed changes to the data collection tools will be requested in a future ICR package.

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.

Data will be kept private to the extent allowed by law.

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

This information collection is required for all MIECHV awardees and there are currently 56 awardees. This information is reported annually, and the average burden hours are estimated to be 560 hours for Form 1 and 221 hours for Form 2. This burden estimate includes the time expended by persons to access the form, reading the form, preparing a plan for completing the form, training staff to complete the form, to develop, acquire, install, and utilize necessary technology and systems, to collect and enter data, to perform data quality checks, validation, cleaning, and analysis, and to complete the form and submit to HRSA. There may be variation in the time respondents need to

complete the form based on the size and structure of the awardee and their data systems and processes.

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Average Burden per Response (in hours)	Total Burden Hours
MIECHV Program Awardees	Form 1: Demographic, Service Utilization, and Select Clinical Indicators	56	1	560	31,360
MIECHV Program Awardees	Form 2: Performance Indicators and Systems Outcome Measures	56	1	221	12,376
Total		56			43,736

12B.

Estimated Annualized Burden Costs

Wages for MIECHV data collection and entry staff are based on the median hourly wage for social and community service managers in state government from the most recent U.S. Bureau of Labor Statistics Occupational Employment and Wages Statistics ([Occupation Code: 11-9151](#)). This was selected because this occupation is most likely to be the Home Visiting Program grantees who will be completing this data collection. Median hourly wage is multiplied by 2 to account for overhead costs.

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Social and	43,736	\$74.06	\$ 3,239,088.16

Community Service Managers			
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13. 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 to align with the information requested under this request. HRSA will provide technical assistance to awardees 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 and data cleaning and analysis
- Cost of federal staff time for technical assistance and review and approval of annual performance reports

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 Public Health Analyst (100%)	Project management and oversight, consultation, and development	\$176,342
Government Project Officers (10%)	10 regional project officers provide TA to awardees and review and approve annual reports	\$199,867
Total Estimated Annual Cost		\$609,586

HRSA estimates the average annual cost for the federal government will include IT contract cost for development and maintenance of the electronic reporting system, HVIS, and personnel costs for project and contract oversight, instrument design, and data analysis. This will include federal program analyst at Grade 13 Step 1 (\$56.52

hourly rate, \$84.78 adjusted to account for overhead costs) for 2080 hours. In addition, the estimate includes 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 (\$64.06 hourly rate, \$96.09 adjusted to account for overhead costs) for 208 hours each (10%). The adjusted wage is the hourly wage multiplied by 1.5 account for overhead costs.

The total annual cost to the Federal Government for this requirement is estimated at \$609,586.

15. Explanation for Program Changes or Adjustments

There is a small decline in burden from 44,800 in the current burden inventory to 43,736. This is a decrease of 1,064 hours. This is because the average burden per response for Form 2: Performance Indicators and Systems Outcome Measures declined from 360 hours in the 2021 ICR package to 221 hours in this ICR package.

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

Aggregation and descriptive statistics on annual demographic and service utilization data are conducted 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, a planned outcomes dashboard, 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 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, a planned outcomes dashboard, 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, 2024
Annual Reporting Period ends	September 30, 2025
Annual Performance Report due	October 31, 2025
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.