

Supporting Statement A

Maternal, Infant, and Early Childhood Home Visiting Program Quarterly Data Collection

OMB Control No. 0906-0016 - 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 to the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Quarterly Data Collection form.

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 Section 6101 of the Consolidated Appropriations Act, 2023 (P.L. 117-328), 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; and
- 6) Improvement in the coordination and referrals for other community resources and supports

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 (OMB control number 0906-0017, currently with OMB for review).

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 collection of Quarterly Performance Data.

2. Purpose and Use of Information Collection

HRSA will use the proposed information to demonstrate program accountability and quarterly 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 of four categories of data – program capacity, place-based services, family engagement, and staffing. Quarterly collection of this data provides HRSA with timely updates to service utilization and performance data variables that have the potential to change on a frequent basis. This information also allows HRSA to demonstrate awardee compliance with several program policies, including the maintenance of service caseloads and targets for service capacity, and verify that the communities identified as most in need of home visiting services by awardees in their statutorily required needs assessments are receiving MIECHV funded services.

HRSA is seeking revisions to the form for the purposes of streamlining reporting requirements and reducing administrative burden related to data collection and reporting. These revisions will better align the intended and actual uses of these data for program monitoring and oversight purposes.

Specific proposed revisions and corresponding rationales include:

- 1) Remove collection of zip codes under Table A.2 Place Based Services. This change is in response to significant burden awardees have reported on collecting and reporting this data over the last three years and HRSA can monitor and communicate reach of the program using the county data that will continue to get collected on Table A.2.
- 2) Update definitions of key terms to remove definition of zip codes.
- 3) Remove Section B of the form. Section B of the form has not been used and HRSA does not anticipate the need for this form in the future.

Data are reported to HRSA in the aggregate at the state/jurisdiction level. No individual or family-level data is collected. Collecting state/jurisdiction level data

ensures an appropriate data collection and reporting burden for MIECHV Program awardees.

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.

Service utilization data related to family engagement is contained in both the annual and quarterly information collection requests because it has the potential to change frequently and is a key indicator of program performance. HRSA will use quarterly family engagement data to provide oversight and technical assistance to MIECHV Program awardees and will use cumulative annual reports of family engagement for reporting purposes and to assess the effectiveness of technical assistance.

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 a quarterly 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 notice published in the Federal Register on May 02, 2024, vol. 89, No. 86; pp. 35841-2 (Appendix A). A 30-day notice published in the Federal Register on August 22, 2024, vol. 89, No. 163; pp. 67948-9.

HRSA received one comment (Appendix C) from an awardee during the 60-day comment period. The commentor discussed the usefulness of collecting zip codes of families served by MIECHV-funded sites, suggested considering collection of data on Table A.2, A.3, and A.4 on an annual basis, and supported the burden estimate. While HRSA recognizes the value of collecting participant zip code data, after weighing the significant burden awardees have reported on collecting and reporting this data and considering that its continued collection of participant county data supports its data needs, HRSA has decided to make no changes to the proposed information collection tools in response to this comment. HRSA intends to re-assess the current performance measurement system over the next 3 years including identifying opportunities to reduce administrative burden related to performance reporting and will consider frequency of the proposed information collection in the future.

Section 8B:

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. The burden on zip code data was received through various mechanisms including previous awardee townhall meetings and feedback awardees provided to their federal project officers during their project monitoring calls. There is also ongoing engagement with awardees through their federal project officers or technical assistance providers where feedback is provided on clarity of data collection instructions and availability of data that HRSA has reflected to update guidance documents on data collection.

In addition, 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

No questions of a sensitive nature will be asked of respondents.

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 quarterly and the average annual burden hours are estimated to be 84 hours for Form 4: Quarterly Performance Report. The burden estimate is based on the time required to respond to the 14 data elements on the form based on awardee feedback and experience. 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	Total Responses	Average Burden per Response (in hours)	Total Burden Hours
MIECHV Program Awardees	Form 4: Quarterly Performance Report	56	4	264	21	4,704
Total		56	4	264	21	4,704

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 Community Service Managers	4,704	\$74.06	\$348,378.24

13. Burden to Respondents or Recordkeepers/Capital Costs

Other than their time, there is no cost to home visiting program participants..

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

Type of Cost	Description of Services	Annual Cost
HVIS Development – Contracted	Development and maintenance of the electronic reporting system for quarterly data collection	\$100,000
Government Public Health Analyst (20%)	Project management and oversight, consultation, and development	\$35,268
Government Project Officers (5%)	10 regional project officers provide TA to awardees and review and approve annual reports	\$99,934
Total Estimated Annual Cost		\$235,202

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 416 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 104 hours each (5%). 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 \$235,202.

15. Explanation for Program Changes or Adjustments

This is a revised information collection request. Explanations for revisions are provided in Section 2. Average burden hours were reduced by 3 hours per response per respondents to reflect the requested revisions.

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

Aggregation and descriptive statistics on quarterly data are conducted in order to summarize the performance of awardees, as well as the MIECHV Program as a whole. Most of the data will be used for internal review and to inform federal project officers in their awardee monitoring. Data from table A.2, specifically counties served by local implementing agencies, will be used to describe the reach of the MIECHV Program services and made public, in both descriptive summary and as maps, in various products including data briefs, annual program fact sheets, and a planned outcomes dashboard on HRSA website. The county data will also be available in machine readable format through the Maternal and Infant Health Mapping Tool.

Project Timeline

Activity	Time Schedule
Distribute revised data collection forms and instructions to MIECHV Program awardees	Immediately following OMB approval
Quarterly report due (Oct - Dec)	February 15
Quarterly report due (Jan - March)	May 15
Quarterly report due (April – June)	August 15
Quarterly report due (July - Sept)	November 15
Publication of program data brief and data refresh on the program data dashboard on HRSA website	Spring of the following calendar year
Quarterly reporting will continue on a quarterly schedule through 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.