

Supporting Statement A

Maternal, Infant and Early Childhood Home Visiting Program: Needs Assessment Update Amendment

OMB Control No. 0906-0038

Terms of Clearance: Reinstatement.

A. Justification

1. Circumstances Making the Collection of Information Necessary

This is a reinstatement request. The Health Resources and Services Administration (HRSA) requests Office of Management and Budget (OMB) approval to reinstate data collection for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program statewide needs assessment update, which is required through Section 511(b) (1) of the Social Security Act. The 2020 statewide needs assessment update approved under OMB control number 0906-0038 expired November 30, 2021, and is currently discontinued. The prior approval was discontinued as the requirement was for a one-time data collection in response to the 2018 reauthorizing statute. This request will reinstate this information collection with updated instructions. The updated instructions will be for awardees who request to amend their needs assessment update in advance of their fiscal year (FY) 2025 funding application.

Background

The MIECHV Program was created by Congress in 2010 and authorized by section 511 of the Social Security Act, 42 U.S.C. 711. The Consolidated Appropriations Act of 2023 made several amendments to Section 511 of the Social Security Act, including increasing and extending funding for the MIECHV Program for an additional 5 years and adopting new program requirements. The MIECHV Program supports voluntary, evidence-based home visiting services for at-risk pregnant, expectant, and new parents with young children up to kindergarten entry. The MIECHV Program is administered by HRSA in partnership with the Administration for Children and Families. States, jurisdictions, tribal entities, and nonprofit organizations, in certain circumstances, are eligible to receive funding through MIECHV and have the flexibility, within the parameters of the authorizing statute, to tailor the program to serve the specific needs of their communities. State and jurisdiction MIECHV funding recipients are required to report regularly to HRSA on their program's performance.

Section 511(b)(1) of the Social Security Act requires that states review and update their statewide needs assessments no later than October 1, 2020, as a condition of receiving payments from Title V Block Grant allotments. All MIECHV awardees met this requirement in response to guidance that was issued in 2019.

Since completing the 2020 needs assessment update, state and jurisdiction awardees may wish to amend their needs assessment update to identify new communities where families with the most need are located in their state or jurisdiction. Since the 2020 needs assessment requirement, the landscape of communities that face disproportionate risks and barriers to health and well-being may have shifted, given the impact of the COVID-19 global pandemic. Additionally, the 2022 reauthorization of the MIECHV Program increased the annual appropriations and the amount that awardees receive each year. With increased funds, awardees may be interested in reassessing the need for services in their communities to identify new communities for service expansion.

Awardees contract with local implementing agencies (LIAs) that provide services to eligible families in at-risk communities. The statewide needs assessment is a critical and foundational resource that assists awardees in identifying at-risk communities and understanding how best to meet the needs of eligible families in their states.

In response to the 2020 needs assessment update supplemental information request (SIR), state and jurisdiction awardees were required to submit an updated statewide needs assessment that identified all of the following information, as required by the MIECHV authorizing statute:

- (1) Communities with concentrations of (a) premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk prenatal, maternal, newborn, or child health; (b) poverty; (c) crime; (d) domestic violence; (e) high rates of high-school drop-outs; (f) substance abuse; (g) unemployment; or (h) child maltreatment.
- (2) The quality and capacity of existing programs or initiatives for early childhood home visitation in the state including: the number and types of individuals and families who are receiving services under such programs or initiatives; the gaps in early childhood home visitation in the state; and the extent to which such programs or initiatives are meeting the needs of eligible families.
- (3) The state's capacity for providing substance abuse treatment and counseling services to individuals and families in need of such treatment or services.

HRSA and recipients providing MIECHV services within states use the information collected through the needs assessment to ensure the provision of MIECHV home visiting services in at-risk communities. The information is also used to support program planning, improvement, and decision-making. States wishing to amend their needs assessment will be asked to provide new information and supporting data in alignment with statutory requirements for determining communities that are considered at-risk.

HRSA will provide specific instructions to awardees who request to amend their needs assessment update in advance of their FY 2025 funding application.

To amend their approved needs assessment update, awardees must:

1. Identify communities with concentrations of risk using national, state, or local data sources and other relevant maternal and child health indicators. Data should be based on factors including: premature birth, low birth-weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk prenatal, maternal, newborn, or child health; poverty; crime; domestic violence; high rates of high-school drop-outs; substance abuse; unemployment; or child maltreatment.
2. To the extent feasible, identify the quality and capacity of existing programs or initiatives for early childhood home visiting in the state. Including:
 - a. the number and types of programs and the numbers of individuals and families who are receiving services under such programs or initiatives;
 - b. the gaps in early childhood home visitation in the state; and
 - c. the extent to which such programs or initiatives are meeting the needs of eligible families.
3. To the extent feasible, update their approved needs assessment narrative to reflect the capacity for providing substance abuse treatment and counseling services.
4. To the extent feasible, describe how information from any of these needs assessments (Title V MCH Block Grant, Head Start, and CAPTA) supported your identification of additional at-risk counties.

Overview of the Data Collection System

Information will be collected from MIECHV awardees in two formats: the edited approved needs assessment update narrative and the needs assessment data summary Table 7 from the expired 2020 statewide needs assessment update that was approved under OMB control number 0906-0038 expired November 30th, 2021. Eligible entities that are states, jurisdictions, and non-profit organizations will have the opportunity to submit a revised version of their approved needs assessment data summary Table 7 and edited needs assessment update narrative prior to submitting their FY 2025 base and matching grant funding application. Awardees will submit all documentation related to their needs assessment updates through HRSA's Electronic Handbooks (EHBs), the software HRSA uses to maintain official grant records.

- The revised needs assessment data summary Table 7, a user-friendly Excel-based file (Appendix B), will be provided to MIECHV awardees by HRSA and be prepopulated with the data the awardees submitted to HRSA in response to their 2020 needs assessment update. The revised needs assessment data summary Table 7 will consist of a table that will be used to submit a list of counties previously identified as at-risk in the 2020 needs assessment update based on

metrics outlined in statute and any additional counties identified by the awardee as at-risk.

- The revised needs assessment update narrative will be submitted as a Word Document or PDF. The revised needs assessment update narrative will be used to provide narrative explanation of the data summaries and address the other requirements of the needs assessment update, as specified in statute. Awardees will be expected to revise their current approved needs assessment update narrative to reflect any additional communities that they identify as at-risk and the data used to identify those communities. Awardees will be expected to identify their edits.

Items of Information to Be Collected

No individually identifiable information will be collected. Information collected during the OMB approval period will be maintained for a period of time specified in accordance with federal records management requirements.

In the needs assessment data summary Table 7, awardees will provide:

1. A list of counties identified as at-risk with any new counties clearly identified; and

In the revised needs assessment update narrative, awardees will provide:

1. An introduction discussing the purpose of the needs assessment update;
2. A description of the method and any additional data used to identify additional at-risk counties, and a discussion of how the findings reflect the demonstration of need for adding counties;
3. A discussion of the quality and capacity of existing programs or initiatives for early childhood home visiting in the state;
4. A discussion of any gaps in early childhood home visitation, and the extent to which existing programs meet the needs of eligible families, and deliver evidence-based home visiting services;
5. A description of the state's capacity for providing substance use disorder treatment and counseling services for pregnant women and families with young children;
6. A description of how the MIECHV needs assessment update was coordinated with and supported by other needs assessments (Title V MCH Block Grant, Head Start, and CAPTA).

States submitting their needs assessment through a nonprofit organization awardee will be required to provide documentation to demonstrate that the nonprofit organization has been authorized or requested to conduct the update and submit it on behalf of the state. Documentation, such as a letter, may come from a state's Title V agency; another health, education, or human services state agency; or the governor's office. Required

documentation for nonprofit awardees may be submitted as an appendix or an attachment to the needs assessment update narrative.

The information submitted for the amended needs assessment update will be used to verify that MIECHV awardees are serving counties identified as at-risk, as required by statute. The information collected through the needs assessment update will be maintained by HRSA and will comply with federal records management requirements.

2. Purposes and Use of the Information Collection

HRSA recognizes the needs assessment update as a critical and foundational resource for awardees in identifying counties facing disproportionate risk and barriers to health and wellbeing, understanding the needs of families, and assessing services in their early childhood systems. Information collected to complete the needs assessment update may reveal population trends, identify areas of increasing or decreasing risk, and identify resources to support families in need. The information collected may also inform strategic decision making among MIECHV awardees and their stakeholders and identify opportunities for collaboration to strengthen and expand services for families in at-risk counties.

This information collection is intended to be responsive to the changing and emerging needs of families given the landscape of changing demographics and needs since the 2020 needs assessment update requirements. This information collection is also intended to support awardees in planning for expanding services with increased appropriations following the 2022 reauthorization of the MIECHV Program. By law, a needs assessment update must identify communities with concentrations of defined risk factors, assess the quality and capacity of home visiting services in the state, and assess the state's capacity for providing substance abuse treatment and counseling services. MIECHV awardees will continue to be able to select which of the counties identified in their approved need assessment update they will target for provision of home visiting services. The purpose of updating the statewide needs assessments is for awardees to gather more recent information on community needs and ensure that MIECHV programs are being implemented in areas of high need. However, the requirement for such an update should not be construed as requiring moving MIECHV-funded home visiting programs, defunding of programs for the sole purpose of moving services to other communities, or otherwise disrupting existing home visiting programs, relationships in the community, and services to eligible families. This will allow for ongoing continuity of services for eligible families, and ensure that families currently supported through MIECHV are not harmed as a result of the needs assessment update.

In addition to satisfying statutory requirements, HRSA anticipates MIECHV awardees may use their needs assessment updates to:

- Understand the current needs of families and children, and at-risk counties.
- Target home visiting services to at-risk counties with evidence-based and promising approach home visiting models that meet community needs.

- Support statewide planning to develop and implement a continuum of home visiting services for eligible families and children prenatally through kindergarten entry.
- Inform public and private stakeholders about the unmet need for home visiting and other services in the state.
- Identify opportunities for collaboration with state and local partners to establish appropriate linkages and referral networks to other community resources and supports and strengthen strong early childhood systems.
- Direct technical assistance resources to enhance home visiting service delivery and improve coordination of services in at-risk counties.

HRSA intends to use awardees' amended needs assessment updates to ensure that MIECHV home visiting programs are targeted to counties identified as at-risk, and better understand unmet needs and availability of services in counties and states. HRSA will request information about which counties awardees intend to serve with MIECHV funds in response to the needs assessment update. Information collected through the needs assessment update will be used to verify that awardees propose to serve counties identified as at-risk in their annual funding applications in subsequent years, pending appropriations.

Additionally, HRSA may use the data collected to assess a national picture of at-risk counties, and analyze the data collected with other program data to understand how MIECHV funded services reach at-risk families across the country. For example, we may examine how many counties disproportionately at-risk for poor maternal health outcomes are currently targeted for MIECHV services.

Privacy Impact Assessment Information

The proposed collection will have little or no effect on the respondent's privacy. No information in identifiable form will be collected. Data will be collected at the county and state level and used in aggregate form by HRSA.

3. Use of Improved Information Technology and Burden Reduction

All required information will be collected electronically via HRSA's Electronic Handbooks (EHBs), including the amended needs assessment update narrative, and the Excel-based needs assessment data summary Table 7 (Appendix B) to reduce respondent burden, data collection errors and inconsistencies, and delays in receiving data. The system is an electronic reporting tool used by MIECHV Program awardees for grant-related reporting requirements, and allows for the appropriate storage, extraction, and management of needs assessment update information by federal staff. HRSA staff can also use the system to seek clarifications or additions to the submitted information, and request updated information to be resubmitted before approval through the EHBs.

Burden Reduction

To reduce burden, HRSA will provide awardees with existing versions of their approved needs assessment data summary and needs assessment update narrative. HRSA is not requiring awardees to conduct a new needs assessment update at this time and anticipate minimum burden. This approach aims to ease the burden of data collection and analysis by providing awardees with available data and flexibility to amend their current approved needs assessment update to reflect any additional communities that they identify as at-risk.

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, though other sources of data may support the needs assessment update. This opportunity allows for awardees to draw on existing data to identify additional at-risk communities rather than requiring awardees to conduct a full needs assessment and new data collection.

5. Impact on Small Businesses or Other Small Entities

HRSA does not anticipate that awardees will need to engage with small businesses or other small entities to support this data collection. In prior MIECHV needs assessments, awardees have worked with research organizations and academic institutions to collect and analyze data to identify at-risk counties and assess community capacity to provide home visiting services. Similarly, some awardees worked with home visiting model developers and local implementing agencies (LIAs) operating home visiting programs in their states to collect information on the quality and capacity of existing home visiting services. LIAs are contracted by MIECHV awardees to implement evidence-based home visiting programs and may be small businesses.

6. Consequences of Collecting the Information Less Frequently

The information collected through this request allows awardees to amend their approved needs assessment update and allows HRSA to ensure that awardees provide services in communities identified through a needs assessment update as required by statute. The information will also allow HRSA to verify that awardees are using their MIECHV funds to serve at-risk counties in future years once the updates are completed and pending the availability of future appropriations. Without these data, HRSA and MIECHV awardees will not be able to comply with statutory requirements.

There are no legal obstacles to reduce the burden.

7. Special Circumstances Relating to the Guidelines of 5 CFR1320.5

This request fully complies with the regulation.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

Section 8A:

A 60-day notice published in the Federal Register on May 24, 2024, vol. 89, No. 102; pp. 45903-04. (Appendix C). HRSA received 4 comments. An abbreviated version of the

comments and HRSA's responses are provided below (copies of the comments is provided in Appendix D):

1. Comment: Respondents discussed interest in HRSA providing updated data tables, similar to those provided to awardees for the 2020 needs assessment update, and subpopulation level data, requesting additional funding to facilitate the needs assessment update, and concern about removing services from previously served communities.
 - a. HRSA response: No changes will be made to the information collection, which allows awardees to amend their statewide needs assessment update that was submitted and approved in response to the 2020 SIR guidance by identifying additional at-risk communities, and does not require that awardees conduct a full needs assessment update at this time. Because a full needs assessment update is not required, HRSA is not providing funding or updated data, and HRSA is providing flexibility for awardees to cite their own data identify at-risk communities. The primary focus of the current information collection is allowing MIECHV awardees to identify additional at-risk communities where families with the most need are located in their state or jurisdiction using national, state, or local data sources to support their selection, with no collection of information regarding potential removal of services from currently served communities.
2. Comment: Respondents indicated concerns regarding the structure of the needs assessment update submission timeline and limitations of the needs assessment criteria for serving specific populations, such as communities experiencing homelessness.
 - a. HRSA response: No changes will be made to the information collection because instructions have already provided flexibility for awardees to leverage data sources across programs and systems, such as data regarding families' housing status, to provide justification for their selections of additional at-risk communities. Rather than completing a full needs assessment, HRSA is asking awardees for updated information on additional at-risk counties and minimal edits to previously approved statewide needs assessments, and anticipates that the information collection can be achieved in a short timeline.
3. Comment: Respondents discussed the benefits of promoting coordination and referrals across early childhood systems and services within states and communities through the inclusion of other statewide needs assessments and additional data sources for identifying at-risk counties, and asked that HRSA's guidance allows for awardees to cite data from other needs assessment and state-level early childhood grants, such as those funded through the Preschool Development Grant Birth through Five.
 - a. HRSA response: No changes will be made to the information collection since the 2020 SIR guidance has already provided flexibility for awardees to leverage national, state, or local data sources across programs and

systems to provide justification for their selections of additional at-risk communities.

4. Comment: Respondents indicated that the burden estimates were likely low, and discussed the usage of automated collection techniques to minimize the information collection burden.
 - a. HRSA response: HRSA has considered this comment; however, no changes will be made to the information collection because the burden estimate reflects that the instructions only require respondents to add additional communities and provide supporting data and narrative for only those additions, rather than completing a full needs assessment that would support an increased burden estimate, and based on similar data collection and grant reporting requirements, this burden estimate reflects and aligns with the experience of awardees.

A 30-day notice published in the Federal Register on September 27, 2024, vol. 89, No. 188; pp. 79296-97.

Section 8B:

In response to the original 2020 needs assessment update SIR and data collection, HRSA engaged outside consultation to 1) develop the methodology for providing awardees with data, and 2) provide technical assistance to awardees once the 2020 needs assessment update SIR was released. In the process of developing the initial methodology, HRSA engaged MIECHV awardees to gain their feedback on the data and information to be collected and the proposed methodology for completing the needs assessment update. After the 2020 needs assessment was completed by awardees, HRSA engaged awardees to hear feedback about the data collection.

For this information collection, HRSA did not engage outside consultation, but considered the awardee feedback from the 2020 guidance, and engaged federal staff to simplify the reduce the data collection requirements.

9. Explanation of Any Payment or Gift to Respondents

Respondents will not receive any payments or gifts.

10. Assurance of Confidentiality Provided to Respondents

Respondents are staff members of MIECHV awardees, specifically state, jurisdiction, and nonprofit awardees. Awardee staff members, such as program managers, data analysts, and/or epidemiologists will be asked to complete the needs assessment update and provide information identifying at-risk counties, assessing the quality and capacity of existing home visiting services, assessing the capacity of substance use treatment services and counseling, and demonstrating coordination with other needs assessments in the state. No personally identifiable information (PII) is being collected through this SIR. All data will be reported in aggregate at the state or county level by the awardee. This project does not need IRB approval.

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

11. Justification for Sensitive Questions

This information collection does not include any sensitive questions or personally identifiable information.

12. Estimates of Annualized Burden Hours and Costs to Respondents

12A. Estimated Annualized Burden Hours

Awardees that are states, jurisdictions, and where applicable, nonprofit organizations providing services within states may choose to submit an updated needs assessment data summary (see Appendix B) and an edited needs assessment update narrative (see Appendix A for instructions). Additionally, states that have authorized a nonprofit organization to submit the needs assessment update on their behalf must provide documentation to that effect, such as a signed letter. There will be only one response per respondent, and the estimated burden per response is 30 hours. This burden estimate is based on similar data collection and grant reporting requirements and prior experiences of providing revision to HRSA.

We anticipate that the persons completing the needs assessment updates will be home visiting program managers or other administrative directors employed by the awardee. The individuals responding should be familiar with everyday operations, management, and administration of all home visiting activities, as well as data collection and analysis to assess statewide need and home visiting capacity. We expect that the primary respondent may require assistance from another program staff member. **Table 1** summarizes the annualized burden hours. Based on preliminary interest expressed by MIECHV awardees to date, HRSA anticipates that approximately 35 of the 56 awardees may respond to this information collection as it is optional.

Table 1. Estimated Annualized Burden Hours

| Types of Respondent | Number of Respondents | No. Responses per Respondent | Average Burden per Response (hours) | Total Burden (hours) |
|----------------------|-----------------------|------------------------------|-------------------------------------|----------------------|
| MIECHV awardee staff | 35 | 1 | 30 | 1,050 |

12B. Estimated Annualized Cost to Respondents

The estimated total cost to respondents is approximately \$79,800 (**Table 2**). This annualized cost to respondents is based on the average wage of state government employed epidemiologist from the 2023 Bureau of Labor Statistics report on Wage Statistics (Bureau of Labor Statistics, 2023). This was selected because this occupation is most likely to be the MIECHV Program staff who will be completing this data collection. The average hourly wage was multiplied by 2 to account for the costs of fringe benefits and overhead. Mean wage was used instead of median wage because the mean wage is not available for state government epidemiologists. Furthermore, the

mean wage for state government epidemiologists (\$38.00) is close to the median wage for all epidemiologists (\$39.13).

Table 2. Estimated Annualized Cost to Respondents

| Type of Respondent | Number of Respondents | Total Burden (hours) | Average Hourly Wage | Total Respondent Cost (\$) |
|---------------------------------|-----------------------|----------------------|---------------------|----------------------------|
| State Government Epidemiologist | 35 | 1,050 | \$76.00 | \$79,800 |

13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

Other than their time, there is no cost to respondents.

14. Annualized Cost to the Federal Government

Table 3 presents the types of costs to the government that will be incurred, which fall into the following categories:

- Cost of federal staff time for project oversight and development
- Cost of federal staff time for technical assistance and review and approval of needs assessment updates

Table 3. Estimated Cost to the Federal Government

| Type of Cost | Description of Services | Annual Cost |
|------------------------------------|--|-----------------|
| Government Program Analyst (30%) | Project management and oversight, consultation, and development | \$37,122 |
| Government Project Officers (2%) | 16 regional project officers to provide TA to awardees and review and approve needs assessment submissions | \$56,430 |
| Total Estimated Annual Cost | | \$93,552 |

HRSA estimates the average annual cost for the federal government will include personnel costs for project oversight, submission reviews, and analysis. This will include federal program analyst at Grade 11 Step 1 (\$39.66 hourly rate, \$59.49 adjusted to account for overhead costs) for 624 hours.

Government costs will also include personnel costs for providing technical assistance to awardees and time for federal project officers to review and approve needs assessment updates. These tasks will be completed by 16 federal project officers at an average Grade 13 Step 1 (\$56.52 hourly rate, \$84.78 adjusted to account for overhead costs) (Office of Personnel Management, 2024) for 41.6 hours each, or a total annual level of effort of 2080 hours.

The total annual cost to the Federal Government for this requirement is \$93,552.

15. Explanation for Program Changes or Adjustments

This is a reinstatement request. The 2020 statewide needs assessment update approved under OMB control number 0906-0038 expired November 30, 2021, and is discontinued. The prior approval was discontinued as the requirement was for a one-time data collection in response to the 2018 reauthorizing statute, and the estimated burden per response was 120 hours.

HRSA anticipates one response per respondent and the estimated burden per response is 30 hours. The decline in burden is because the respondent electing to update their needs assessment only needs to update Table 7. With the prior collection, respondents had to also fill out Tables 1-6.

This updated burden estimate is also based on similar data collection and grant reporting requirements and prior experiences of providing revision to HRSA. This opportunity allows for awardees to draw on existing data to identify additional at-risk communities rather than requiring awardees to conduct a full needs assessment and new data collection.

16. Plans for Tabulation and Publication and Project Time Schedule

Data and information submitted through the amended needs assessment updates will be reviewed and synthesized by HRSA staff to inform program monitoring. Additional analysis may be conducted to examine the capacity of the MIECHV Program to reach families in at-risk counties, and information may be synthesized across needs assessments to identify a national estimate of at-risk counties. Findings from this analysis may be used in publications or other public facing products.

The findings from this information collection and analyses will be compiled and presented by HRSA in the MIECHV Outcomes Dashboard to inform how home visiting programs address the needs of at-risk counties across the country. The dashboard is expected to be released in 2025 and will be updated annually thereafter. The expected time schedule for project activities is presented in **Table 4**.

Table 4. Estimated Time Schedule for Project Activities

| Activity | Expected Timeline |
|----------------------|---|
| Receive OMB approval | No later than January 2025 (estimated) |
| Technical assistance | Ongoing, after awardees indicate interest in amending their needs assessment update and receive the instructions |
| Data collection | Needs assessment updates can be submitted after the receipt of the instructions and no later than March 15, 2025. |
| Review and approval | HRSA will review submitted materials and provide final approval by May 2025. |

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.