

Healthy Marriage and Responsible Fatherhood Grantee Data Collection Plan Template

Formative Data Collections for Program Support

0970 - 0531

Supporting Statement

Part A

December 2020

Submitted By:
Office of Planning, Research, and Evaluation
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

Project Officers:
Dr. Katie Pahigiannis, Senior Social Science Research Analyst, OPRE
Katie.Pahigiannis@acf.hhs.gov

Ms. Pooja Gupta Curtin, Social Science Research Analyst, OPRE
Pooja.Curtin@acf.hhs.gov

Rebecca Hjelm, Social Science Research Analyst, OPRE
Rebecca.Hjelm@acf.hhs.gov

Harmanpreet Bhatti, Social Science Research Analyst, OPRE
Harmanpreet.Bhatti@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 generic information collection under the umbrella generic, Formative Data Collections for Program Support (0970-0531).
- **Description of Request:** This generic information collection requests approval for a data collection plan template to help the 2020 cohort of Healthy Marriage and Responsible Fatherhood grantees organize their required performance measures (PM) data collections, so they can consistently collect and report high quality data. A separate, full, information collection request is being sought from the Office of Management and Budget (OMB) for the PM data collection and reporting instruments. Grantees will use the information in the completed data collection plan templates for their own operational purposes; grantees will submit their plans to the Office of Family Assistance (OFA) but the information will not be published.

We do not intend for this information to be used as the principal basis for public policy decisions.

- **Time Sensitivity:** Grantees will be asked to complete their initial data collection plans and review them with their OFA Family Assistance Program Specialists in January 2021, pending OMB approval. Grantees will update their data collection plans in February 2021 and begin implementing the plan in March 2021 in advance of the start of PM data collection on April 1, 2021.

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) requires that the 2020 cohort of Healthy Marriage and Responsible Fatherhood (HMRF) grantees collect data from clients served by their programs and report on grant-level performance to ACF on a quarterly basis. Office of Management and Budget (OMB) approval is being sought for performance measures (PM) data collection and reporting instruments under a separate, full, information collection request (ICR)¹.

This generic information collection (GenIC) is to request approval for a data collection plan template to help HMRF grantees organize their data collection efforts when using the required PM data collection and reporting instruments, so that they can consistently collect and report high quality data.

HMRF grantee organizations have expertise in providing services to clients; however, they may be less experienced in data collection best practices. To help grantees plan and execute high quality data collection, it is necessary to provide them with a data collection plan template. Optimizing high quality, consistent, and complete data collection through comprehensive planning will help ensure that the data collected by grantees are as useful as possible for ACF's and grantees' program performance monitoring and program improvement. Grantees will use the information in the completed templates for their own operational purposes; grantees will submit their plans to the Office of Family Assistance (OFA) to receive assistance in completing them, but the information will not be published.

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

A2. Purpose

Purpose and Use

The primary purpose of this data collection is to help the 2020 cohort of HMRF grantees plan for and implement high quality performance measures data collection to optimize the usefulness of the data collected for program improvement as well as ACF's program performance monitoring. Grantees will use the template to design and implement consistent data collection processes and train staff on them. Grantees will submit their plans to OFA and will consult with their Family Assistance Program Specialist on their plans, before initial plans are finalized and when revisions are made.

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 assistance and workflows related to program implementation or the development or refinement of program and grantee processes, and the development and refinement of recordkeeping and communication systems.

The information collected is meant to contribute to high quality data collection among HMRF grantees, which will contribute to the body of knowledge on ACF programs. It is not intended to be used as the

¹ An initial Federal Register Notice related to this collection of information was published on November 30, 2020 (85 FR 76580), providing a 60-day comment period to the public. ACF will submit the full request to OMB following the public comment period.

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

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

Not applicable; the proposed data collection is to support grantees' planning and implementation efforts rather than to support an evaluation.

Study Design

Grantees will be asked to complete their initial data collection plans and review them with their Family Assistance Program Specialists before they begin collecting client and program data on April 1, 2021 (pending OMB approval of the PM ICR). Grantees will be required to update their plans at least annually to reflect changes in their data collection processes. This is further described in the response to A12.

<i>Data Collection Activity</i>	<i>Instrument(s)</i>	<i>Respondent, Content, Purpose of Collection</i>	<i>Mode and Duration</i>
Organizing and documenting performance measures data collection	Data collection plan template	<p>Respondents: Grantee staff</p> <p>Content: Data collection plans</p> <p>Purpose: To help ensure high quality data collection.</p>	<p>Mode: Paper</p> <p>Duration: 6 hours per respondent per year</p>

Other Data Sources and Uses of Information

This data collection plan template will be used to help organize and document grantees' processes for administering the performance measures instruments, which are currently in the process of finalization for OMB review under a separate, full, ICR (see 85 FR 76580). The instruments included in that ICR are updates of the instruments approved and renewed by OMB under OMB Control No. 0970-0460 (Expiration Date: 9/30/2021). Grantees may use the currently approved instruments for purposes of completing their initial data collection plans.

A3. Use of Information Technology to Reduce Burden

Grantees will use the data collection plan template to create a tailored data collection plan that is specific to their grant program and populations served. Grantees will be provided a template in a Microsoft Word file so they can easily adapt the template to their own programs and submit electronically to OFA. Given the tailored nature of the grantee-specific data collection plans, there are no applicable uses of information technology to reduce burden at this time.

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

There are no other sources of information that would help HMRF grantees develop data collection plans in a consistent, efficient method across all grantees in the 2020 grantee cohort. No superfluous or unnecessary information is requested of grantee staff in completing the template, and the template does not ask for information that can be reliably obtained through other sources.

A5. Impact on Small Businesses

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

The potential exists for completion of the data collection plan template to affect grantees that are small entities. The data collection plan template is designed to minimize the burden on all organizations involved, including small businesses and entities, by collecting only critical information needed for effective data collection plans and processes.

A6. Consequences of Less Frequent Collection

The data collection plans that grantees will develop using this template are “living” plans to be prepared once at the beginning of their grants and updated annually thereafter. Annual updates are necessary to reflect changing circumstances in their programs, lessons learned from the prior year of data collection, and implications for staff training and resource allocation. If plans are updated less frequently, they may not reflect the processes needed to ensure consistent, high quality, and secure collection of client and program data.

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 October 11, 2017, Volume 82, Number 195, page 47212 and provided a sixty-day period for public comment. A subsequent notice, updated with more specific information, was published on June 18, 2019, Volume 84, Number 117, page 28307, and provided a thirty-day period for public comment. During the notice and comment periods, no substantive comments were received.

Consultation with Experts Outside of the Study

Not applicable; the data collection plan template is based on technical assistance provided to grantees in the 2015 (prior) cohort.

A9. Tokens of Appreciation

No tokens of appreciation are proposed.

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

Not applicable; grantees will not collect or capture confidential or personally identifiable information in their data collection plan templates. The plans are intended to document data collection processes for program improvement purposes only; they will not be published.

A11. Sensitive Information²

² Examples of sensitive topics include (but not limited to): social security number; 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

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

Not applicable; grantee data collection plans will not include any sensitive information.

A12. Burden

Explanation of Burden Estimates

Grantees will be required to develop data collection plans and update them on a regular basis to reflect changes in their data collection processes. Because grantees will begin collecting client and program data mid-way through their first grant year, we estimate a burden of six hours to develop the initial data collection plan. Given the scope of HMRF data collection, and the need for grantees to adjust plans during the public health emergency³ to ensure client and staff safety, we estimate that grantees will need six hours per year for updates.

Estimated Annualized Cost to Respondents

The associated average hourly wage rate for the data collection plan would be \$35.05 obtained from May 2019 National OES data (the most recent available) for Social and Community Service Managers (OES 11-9151), found at <https://www.bls.gov/oes/home.htm>.

As indicated in the table below, grantees will submit one data collection plan (one response) to OFA per year, for each of the three years in the request period. Total burden across the 113 grantees will thus be 2,034 hours across the three years, or 678 hours and \$23,763.90 per year.

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)	Annual Burden (in hours)	Average Hourly Wage Rate	Total Annual Respondent Cost
Data collection plan template	113	3	6	2,034	678	\$35.05	\$23,763.90

A13. Costs

There are no additional costs to respondents.

A14. Estimated Annualized Costs to the Federal Government

Beyond the normal labor costs for ACF staff, annualized costs to the federal government for the data collection plan template are 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 as other related direct

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, 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.

³ Beginning in March 2020, an ongoing global public health emergency necessitated a shift to primarily virtual service provision and data collection across HMRF grantees.

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

costs. Estimated costs for developing and obtaining approval for the data collection plan template are approximately \$20,000. Estimated annual costs for grantee training and technical assistance related to the data collection plan template are approximately \$80,000; this is approximately 10 percent of the estimated annual cost for grantee training and technical assistance for performance measurement data collection and reporting.

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

Grantees will begin collecting client and program data in April 2021, as proposed in a separate full ICR (see 85 FR 76580). They will be asked to begin preparing a data collection plan using the template proposed through this GenIC in January 2021 for initial discussions with their Family Assistance Program Specialist. Grantees will then complete their initial data collection plan in February 2021 and begin implementing the plan in March 2021 in advance of the start of data collection for PMs and reporting requirements. This initial data collection plan will be developed iteratively, over an estimated 6 hours, as grantees finalize plans for the launch of data collection. It is expected that annual updates will also happen iteratively over an estimated 6 hours, as changing circumstances lead to changes in data collection plans.

A17. Exceptions

No exceptions are necessary for this information collection.

Attachments

Instrument 1: HMRF Grantee Data Collection Plan Template