

Understanding and Expanding the Reach of Home Visiting (HV-REACH) Project

**OMB Information Collection Request
0970 – 0638**

Supporting Statement Part A

September 2024; Updated June 2025

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, DC 20201

Project Officers:
Kelly Jedd McKenzie

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

Part A

Executive Summary

- **Type of Request:** This is a nonsubstantive change request.
- **Progress to Date:** The initial request was approved in October 2024 and included plans to conduct case studies with up to seven sites. Interviews have been completed in four sites and the team is in the process of recruiting the remaining three sites.
- **Description of Request:** The Understanding and Expanding the Reach of Home Visiting (HV-REACH) Project is being conducted by the Office of Planning, Research, and Evaluation in the Administration for Children and Families in collaboration with the Health Resources and Services Administration. As part of this project, this effort includes a onetime set of qualitative case studies to describe centralized intake systems, used by seven purposively selected sites that refer families to Early Childhood Home Visiting programs. The research team is conducting virtual or in-person site visits, with semi-structured interviews and document collection, to understand different features of these systems and family and staff experiences with outreach, screening, referrals, and enrollment processes. The results are not intended to promote statistical generalization to different sites or service populations beyond the sample. The research team does not intend for this information to be used as the principal basis for public policy decisions.

Based on current data collection, the team requests to increase the number of respondents to two instruments and to increase the number of potential home visiting programs included in sites with regional implementation. These proposed changes are based on feedback from sites and for data quality.

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

A1. Necessity for Collection

The Office of Planning, Research, and Evaluation (OPRE) in the Administration for Children and Families (ACF) in collaboration with the Health Resources and Services Administration (HRSA) is conducting the Understanding and Expanding the Reach of Home Visiting (HV-REACH) Project.

Background

Early Childhood Home Visiting (ECHV) programs collectively reached about 278,000 families in the United States in 2021, while Maternal, Infant, and Early Childhood Home Visiting (MIECHV)–funded programs reached about 71,000 families (HRSA, 2022; National Home Visiting Resource Center [NHVRC], 2022). However, many more families are eligible for and could benefit from these programs. One study estimated that before March 2020, when the COVID-19 pandemic first disrupted home visiting services, one-third of MIECHV-funded programs served fewer than 85 percent of the families they could serve at a given time (Zaid et al., 2022). In addition, research suggests that home visiting programs commonly receive referrals from health care organizations or clinics; Women, Infants, and Children offices; child welfare agencies; and other community-based organizations (Zaid et al., 2022). Some families or populations can be underserved or missed when they are not connected to these organizations (Zaid et al., 2022; National Evidence-Based Home Visiting Model Alliance [NHVMA], 2018). It is necessary to collect information about centralized intake systems because outreach, screening, and referral systems play an important role in providing fair access to ECHV programs and advancing positive outcomes for children and families.

By streamlining screening and referral processes, centralized intake systems may help improve enrollment of families across different referral pathways. These types of systems have been in existence for decades and have become increasingly widespread in recent years (NHVMA, 2018; Roberts et al., 1996). Different models of centralized intake systems, such as triage, shared decision-making or coordinated intake, and market or collaborative intake models, vary in how they determine referrals and service placements for families (NHVMA, 2018). However, no studies have systemically documented the various models. In addition, the ways in which home visiting programs interact with the systems and the influence these systems have on family experiences around outreach, screening, referrals, and enrollment, —particularly for those that are underserved or may be missed by a system’s referral pathways—is largely unknown.

There are no legal or administrative requirements that necessitate this collection. ACF is undertaking the collection at the discretion of the agency. ACF has contracted with Mathematica and Brazelton Touchpoints Center to conduct this study.

Based on current data collection, we are requesting to increase the number of respondents for some instruments and including additional programs from specific sites. These changes are based on feedback from sites and for data quality. Some of our home visiting sites have recommended and included more respondents in home visiting leadership/director/supervisor roles than initially planned for and we are finding that these staff tend to be more knowledgeable about the centralized intake systems than the

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

home visitor and other direct services staff. Additionally, we are finding that including another home visiting program in some regions could allow for a more comprehensive understanding of the regional centralized intake systems in our sample.

A2. Purpose

Purpose and Use

The purpose of the qualitative case studies to be conducted as a part of the HV-REACH Project is to provide an in-depth understanding of the features of centralized intake systems, how they reach potentially eligible families, and how they support and expand the enrollment of families in ECHV programs. Understanding and explaining how different features of these systems influence family and staff experiences of outreach, screening, referral, and enrollment processes can potentially lead to opportunities for program improvement efforts, technical assistance, or changes to centralized intake system processes. For instance, ACF and HRSA can use information about different centralized intake systems to develop policy and program guidance. In addition, the public-including current centralized intake systems, staff from localities considering implementing them, and technical assistance providers who work with centralized intake systems-can use information from the case studies about (1) successfully implementing or enhancing existing centralized intake systems or (2) utilizing new outreach or referral pathways to expand enrollment to families not consistently reached. For example, staff from localities considering implementing centralized intake can understand different staffing and governance structures that might work in their contexts. Researchers can also use the information to plan future studies of centralized intake systems that examine the outcomes of these systems.

The information collected 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.

Guiding Research Questions

Exhibit 1. HV-REACH Guiding Research Questions

1. What are the features, strengths, and challenges of centralized intake systems?
 - a. How do different models of centralized intake systems, such as triage, shared decision-making, and market models function in terms of structure, staffing, outreach and enrollment processes, and data collection and sharing?
 - b. What are the potential pathways through which families receive referrals to centralized intake systems?
 - c. How do the features of the centralized intake systems (including referral pathways), enrollment efficiency, time to service receipt, and local contexts vary across centralized intake systems?
2. How do centralized intake systems support outreach and enrollment of families in ECHV programs?
 - a. How do referral pathways into ECHV programs differ by the features of centralized intake models?
 - b. How do centralized intake systems prioritize and conduct outreach to specific groups of families?
 - c. Are the families referred to ECHV programs through centralized intake actually eligible and interested, and do they enroll?
 - d. What are the challenges and successes of reaching families and expanding enrollment in ECHV through centralized intake systems?

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

3. What are enrolled families' experiences with centralized intake systems?
 - a. What are families' experiences with enrollment through centralized intake systems?
 - b. How do these experiences vary by centralized intake model?

Study Design

To carry out the case studies, the HV-REACH research team will conduct virtual or in-person site visits in seven sites, where a site includes an organization or organizations that run a selected centralized intake system and two to four associated home visiting programs that receive referrals from the selected centralized intake system. The research team defines a home visiting program as an organization that delivers ECHV services. The research team will purposively select seven sites that fall into different models of identified centralized intake systems—for example, triage model, shared decision-making, and market. The team will select centralized intake system organizations and affiliated home visiting programs using the selection criteria and the selection and recruitment process described in Section B2 of Part B, under Respondent Recruitment and Site Selection. The team expects to select up to 16 sites in order to recruit seven sites for the case study data collection. Recruitment will cease after seven sites agree to participate.

Each site visit will include one round of semi-structured interviews with administrators or other staff at the centralized intake system organization(s) (up to about 6 respondents per site), home visiting program directors and other staff responsible for overseeing outreach and enrollment (up to about 7 respondents per site from up to four different home visiting programs), home visitors and other staff responsible for conducting outreach and enrollment (up to about 6 respondents per site), and families who were referred to home visiting through the selected centralized intake systems (up to about 8 respondents per site, with some sites with regional implementation having more) (Table A.1). The research team will purposively select these respondents to provide a range of perspectives on the study's research questions. Additional information about the proposed respondents is in Section B2 of Part B, under Methods and Design. The research team will also seek to obtain and review centralized intake system organization documentation that provides guidelines for or definitions of (1) eligibility, (2) centralized intake processes, and (3) referral pathways.

Exemption Request for Race and Ethnicity Questions: To collect information about respondents' race and ethnicity, the study team requests an exemption from the requirement to collect detailed information, as outlined in the revised "Statistical Policy Directive No. 15 (SPD-15): Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity." The study team plans to use the minimum categories in asking respondents to report on their race/ethnicity. The study team does not plan to collect detailed information on race/ethnicity (as outlined in SPD-15) as this is not necessary for planned data analysis and reporting and could compromise respondents' identity given the small sample size. The detailed information requested will also create an additional, unjustifiable burden for respondents, who are likely busy with their job responsibilities. Asking the straightforward questions using the minimum categories will provide necessary information with minimal respondent burden.

The proposed purposive sampling and qualitative data collection approach provide the flexibility needed to fully understand the various centralized intake systems and staff and families' experiences with those systems. The study's key potential limitation is that, despite purposive selection, the organizations in the

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

case studies might not ultimately include the full range of approaches used by different centralized intake systems. The respondents will also not be representative of all ECHV staff or families, which will limit the study's ability to generalize to other communities or centralized intake systems. These limitations will be acknowledged when sharing findings from the study. More details about the rationale of the study design are available in Section B1 of Part B, under Appropriateness of Study Design.

Table A.1. Data Collection Activities

Data Collection Activity	Instruments	Respondent, Content, Purpose of Collection	Mode, Duration, and Language(s)
Screening centralized intake system organizations	Instrument 1: Centralized Intake Administrator Screening Talking Points or Screening Email with Questions	<p>Respondents: Centralized intake administrators</p> <p>Content: Questions about referrals, geographic scope, ECHV models, and time in operation.</p> <p>Purpose: Determine if a nominated centralized intake system organization is eligible to participate in the study</p>	<p>Mode: Telephone and/or email</p> <p>Duration: 20 minutes</p> <p>Language: English</p>
Interviews	Instrument 2: Centralized intake Administrator and Other Staff Interview Protocol	<p>Respondents: Centralized intake administrators and other staff responsible for overseeing outreach, screening, and referrals</p> <p>Content: Defining centralized intake system characteristics; documenting outreach, screening, referrals, and enrollment processes and pathways; describing local contexts and community needs; communication processes and feedback loops with families and programs; successes and challenges of the system and opportunities for technical assistance</p> <p>Purpose: Understand (1) outreach, screening, and referral patterns of centralized intake systems, and (2) implementation strategies</p>	<p>Mode: Telephone and/or video call^a</p> <p>Duration: 90 minutes</p> <p>Language: English</p>
Document review request	Instrument 3: Document Review Request	<p>Respondents: Centralized intake administrators and home visiting program directors</p> <p>Content: Documentation and guidance related to outreach, screening, referrals, and enrollment processes and pathways</p> <p>Purpose: Understand the types of materials and documentation centralized intake</p>	<p>Mode: Telephone and/or email^a</p> <p>Duration: 15 minutes</p> <p>Language: English</p>

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

Data Collection Activity	Instruments	Respondent, Content, Purpose of Collection	Mode, Duration, and Language(s)
		systems use	
Interviews	Instrument 4: Home Visiting Program Director and Other Staff Interview Protocol	<p>Respondents: Home visiting program directors and other home visiting program staff responsible for overseeing outreach and enrollment</p> <p>Content: Perceptions of centralized intake; outreach, screening, referral, and enrollment processes and pathways; family characteristics; and successes and challenges of the system and opportunities for technical assistance</p> <p>Purpose: Understand (1) how home visiting programs function within centralized intake systems and (2) opportunities to improve the home visitor or family experience with centralized intake systems</p>	<p>Mode: Telephone and/or video call^a</p> <p>Duration: 60 minutes</p> <p>Language: English</p>
Interviews	Instrument 5: Home Visitor and Other Staff Interview Protocol	<p>Respondents: Home visitors and other home visiting program staff responsible for conducting outreach and enrollment</p> <p>Content: Implementation of centralized intake; experiences with outreach, screening, referrals, and enrollment processes using centralized intake; family characteristics; and opportunities for improvement or support</p> <p>Purpose: Understand (1) how home visitors assess, discuss, and support family enrollment and referral processes and (2) opportunities to improve the home visitor or family experience with centralized intake systems</p>	<p>Mode: Telephone and/or video call^a</p> <p>Duration: 60 minutes</p> <p>Language: English</p>
Interviews	Instrument 6: Family Interview Protocol	<p>Respondents: Parents/caregivers</p> <p>Content: Experience with outreach, screening, referrals and enrollment processes</p> <p>Purpose: Understand families' experience and perception of centralized intake systems in terms of eligibility, wait times, referrals, communication, and relationships with centralized intake or home visiting program staff</p>	<p>Mode: Telephone and/or video call^a</p> <p>Duration: 60 minutes</p> <p>Language: English and Spanish</p>
Form	Instrument 7: Participant Characteristics Form	<p>Respondents: All interview participants: Centralized intake administrators, home</p>	<p>Mode: Web^{a,b}</p>

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

Data Collection Activity	Instruments	Respondent, Content, Purpose of Collection	Mode, Duration, and Language(s)
		<p>visiting program directors, home visitors, parents or caregivers</p> <p>Content: Centralized intake administrators, home visiting program directors, and home visitors: Race and/or ethnicity, age, and sex Parent or caregiver: Parent/caregiver and child ages, race and/or ethnicity of parent/caregiver, primary language of the parent/caregiver, number of children</p> <p>Purpose: Describe interview sample</p>	<p>Duration: < 5 minutes</p> <p>Language: English and Spanish</p>

^aAlthough the research team has planned on conducting virtual site visits for a majority of the data collection, they will be prepared to conduct all data collection activities in person if a site prefers this mode.

^bIn instances where data collection is in person, respondents will complete a paper version of the Participant Characteristics Form.

Other Data Sources and Uses of Information

The candidate centralized intake systems are identified, the research team will consult publicly available documents to obtain information about them to begin the site selection process.

A3. Use of Information Technology to Reduce Burden

The research team will aim to conduct data collection virtually via telephone and videoconferencing software. At the beginning of the interview, the team will ask permission from respondents to record audio and/or video the interview to ensure that information is captured accurately without requiring a participant to repeat themselves. If a respondent does not agree to be recorded, we will proceed with the interview and ensure that notes are clear. The Participant Characteristics Form will be web-based and can be completed using a tablet, smartphone, desktop computer, or laptop. The research team will be prepared to conduct all data collection activities in person if a site prefers this mode. When data collection is in person, the study team will ask for permission from respondents to audio record interviews and complete a paper version of the Participant Characteristics Form.

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

Our examination of work in this area has not identified other current or planned efforts to collect in-depth information on the features of various centralized intake systems and their influence on staff and families' experiences of outreach, screening, referral, and enrollment—particularly for families that are underserved or that may be missed by an ECHV program's other referral pathways.

The data collection plan is designed to efficiently obtain information and minimize respondent burden. As much as possible, the research team will use publicly available information and information gathered from individuals nominating each site (federal staff and other subject matter experts) to identify and select case study sites. When feasible, the team will gather information about centralized intake systems from existing data sources, including through our document review. None of the study instruments will

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

ask for information that can be obtained from alternative data sources. For example, the semi-structured interview protocols will be tailored to only ask questions that are relevant for each respondent and about information that is not in documents collected before the interview.

A5. Impact on Small Businesses

Centralized intake system organizations and home visiting programs selected for this study may be small organizations. The research team is sensitive to the burden that interviews can impose and will work flexibly around staff (and family) schedules to minimize burden on these entities. The semi-structured protocols will be tailored for respondents to only ask information that is relevant to each organization and respondent and not available elsewhere. The team will also restrict the length of the Participant Characteristics Form to the minimum information required for describing the study sample and allow participants to complete it on the web during their scheduled interview time.

A6. Consequences of Less Frequent Collection

This is a onetime data collection.

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 this information collection activity. This notice was published on July 9, 2024, Volume 89 FR 56384. It provided a 60-day period for public comment. During the notice and comment period, nine comments were received. One comment was received from a supervisor of a home visiting program who said they work with other programs in the community to promote their program and assess referrals to determine which program is the best fit for the family. We responded to the commenter thanking them for this information and offered to put them on a project-maintained distribution list. The other eight comments were received from the director and a supervisor of a program. In summary, they indicated that they believe all the proposed information collection of information is pertinent and clear and that the burden estimates seem accurate. These commenters also recommended the use of virtual surveys and interviews to reduce burden. Specifically, one commenter noted: "Anonymous digital surveys would be recommended as an option for Home Visitors, Centralized Intake staff, and families. Digital Surveys and virtual interviews would be recommended for program respondents (current or former Home Visiting clients and/or those served by Centralized Intake in another capacity). Some Home Visiting respondents may need translation or a bilingual interviewer and may be hesitant to share in a live or virtual setting as opposed to completing a survey." The other commented that, "I would suggest utilizing digital survey tools to gather information prior to interviews. This may decrease the amount of time the interviews will take, and will allow the information to still be sent/received in a timely and organized fashion. Additionally, requesting clear, specific pieces of information will help the respondents provide the correct information quickly." We responded to these commenters thanking them for their comments and reiterating that we are using qualitative interviews and a short survey (the Participant Characteristics Form) to collect information from all respondents as this will provide the in-depth

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

information necessary to answer the study's research questions. As suggested by them, to reduce burden on participants, we have also planned to collect documents from some respondents and to use virtual modes of data collection unless a site indicates a preference for in-person data collection.

Consultation with Experts Outside of the Study

To complement the knowledge and experience of the research team, the team is consulting with research experts and interested parties who have studied, supported, or worked in centralized intake systems or home visiting programs or with families that have participated in home visiting (Table A.2). Three research experts reviewed the written draft design plan for the study. Eight experts participated in meetings about the design and reviewed the draft protocols.

Table A.2. HV-REACH Expert Advisers

Name	Affiliation
Rebecca Riley	Contractor for Early Childhood/Tribal Home Visiting
Allison West	Johns Hopkins Bloomberg School of Public Health
Susan Zaid	James Bell Associates
Allison Parish	Education Development Center Maternal, Infant, and Early Childhood Home Visiting Technical Assistance Center
Maria Elena Maestas	Bernalillo County Home Visiting Work Group
Laura Taylor	Central Jersey Family Health Consortium
Stephanie Beverley	Indiana Department of Health
Katy Leopard	Consilience Group
Melissa Miller	Help Me Grow National Center
Julie Leis	James Bell Associates

A9. Tokens of Appreciation

Participation in the HV-REACH data collection will place some burden on parents and caregivers who participate in the family interviews. To offset this burden, increase respondents' engagement with data collection, and acknowledge their efforts, the research team proposes to offer parents and caregivers who participate in virtual interviews a \$40 token of appreciation for their participation in the interviews. Participants who attend interviews in person will receive a \$55 token of appreciation to account for incidental expenses such as transportation that may otherwise prevent their participation. It is expected that the interview will last 60 minutes.

The proposed token is similar to those used on the Head Start REACH case study data collection (OMB #0970-0580) with parents and caregivers who were enrolled or not enrolled in Head Start, which resulted in robust participation in interviews and focus groups. Although the data will not be representative of or generalizable to any specific population of families, it is important that the research team secure participation from a range of parents and caregivers enrolled in ECHV programs to understand their experiences with the relevant centralized intake systems. Monetary tokens of

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

appreciation could enable respondents who are less likely to respond, such as those with greater barriers to participation (including financial barriers), to participate. Tokens of appreciation must be high enough to equalize the burden placed on respondents with respect to their efforts and potential incidental costs related to participation, as well as to motivate them to participate in the study rather than another activity.

The amount proposed is also based on research on tokens of appreciation. Research has shown that a token of appreciation can be an effective way to increase study participation by individuals who have low incomes or households that have relatively lower levels of education, which are demographics of interest in the HV-REACH project. Specifically, Bierer et al. (2021) and Cheff and Roche (2018) report that underpaying research participants can jeopardize efforts to be inclusive in studies, because income status can be a barrier to participation. Based on the research, the population that the research team is trying to reach, and the team's experience on other federal studies, the team believes \$40 (for virtual interviews) and \$55 (in-person interviews) is an appropriate amount but is not so high as to appear coercive for potential participants.

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

Personally Identifiable Information

The research team will be collecting individual contact information to schedule interviews and send honoraria and tokens of appreciation to interview respondents. They will also collect contact information for the individuals within each selected centralized intake system organization and home visiting program who act as a liaison for the research team (an on-site coordinator). They will work with the on-site coordinator to recruit home visiting programs and schedule interviews with their staff. They will work with on-site coordinators at affiliated home visiting programs to schedule staff interviews and to recruit enrolled families. They will work with the home visiting program staff to ensure none of the documents about the centralized intake systems that they collect from the centralized intake system organization(s) or home visiting programs include personally identifiable information (PII) or other sensitive information.

All electronic data will be transmitted and stored according to the level of security necessary for the sensitivity and identifiability of the data. All data—including, interview recordings, interview notes, and documents obtained—will be stored by Mathematica on secure network servers, with access limited to study staff. Information will not be maintained in a paper or electronic system from which data are actually or directly retrieved by an individuals' personal identifier.

Assurances of Privacy

Information collected will be kept private. Respondents will be informed of all planned uses of data and that their participation is voluntary.

The interview protocols (Instruments, 2, 4, 5, and 6) include language informing all respondents about the planned uses of the data the research team will collect, that their participation is voluntary, that

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

their information will be kept private to the extent permitted by law, and that they may withdraw their consent to participate at any time without any negative consequences.

Interviews for all respondents will be audio and/or video recorded with the permission of the respondents, and no one other than the research team will listen to or see the recording. If respondents want to say anything that they would prefer not to be recorded, they can ask the interviewer to pause the recording or to omit those comments from the final notes. The recordings and interview notes will be saved on a secure server and destroyed after the study.

Although the research team will not ask for any sensitive information, respondents may reveal information about adversities they are facing or other PII. Hence, they will obtain a Certificate of Confidentiality, which assures participants that their information will be kept private to the fullest extent permitted by law. Further, all materials to be used with respondents as part of this information collection, including consent statements and instruments, will be submitted to the Health Media Lab Institutional Review Board (IRB), the contractor's IRB, for review and approval.

Data Security and Monitoring

As specified in the contract, Mathematica will protect respondent privacy to the extent permitted by law and will comply with all federal and departmental regulations for private information. Mathematica has developed a data privacy and security plan that assesses all protections of respondents' PII. Mathematica will ensure that all of its employees, subcontractors (at all tiers), and employees of each subcontractor who perform work under this contract or subcontract are trained on data privacy issues and comply with the above requirements.

As specified in the evaluator's contract, Mathematica will use encryption in compliance with the Federal Information Processing Standard (FIPS) Security Requirements for Cryptographic Modules, as amended, to protect all instances of PII during storage and transmission. Mathematica will securely generate and manage encryption keys to prevent unauthorized decryption of information, in accordance with the FIPS. Mathematica will ensure that this standard is incorporated into its property management and control system and establish a procedure to account for all laptops, desktop computers, and other mobile devices and portable media that store or process sensitive information. Any data stored electronically will be secured in accordance with the most current National Institute of Standards and Technology requirements and other applicable federal and departmental regulations. In addition, Mathematica will submit a plan for minimizing the inclusion of sensitive information on paper records

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

and for the protection of any paper records, field notes, or other documents that contain sensitive information or PII that ensures secure storage and limits on access.

No data will be given to anyone outside the HV-REACH research team and ACF. All PII, typed notes, and audio and video recordings of interviews will be stored on restricted, encrypted folders on Mathematica's network, which will be accessible only to the research team.

A11. Sensitive Information¹

All respondents will provide information about their race/ethnicity and sex, which will provide contextual, descriptive information about the study sample. We want to allow participants to self-identify on these characteristics.

A12. Burden

Explanation of Burden Estimates

Table A.3 presents an estimate of the time burden for the data collections by instrument and respondent. These estimates were based on our experience with collecting information, interviewing professional staff, and interviewing families. The research team will collect data from up to 189 respondents (including administrators or other staff at the centralized intake system organization(s); home visiting program directors and other staff responsible for overseeing outreach and enrollment; home visitors and other staff responsible for conducting outreach and enrollment; and families who were referred to home visiting through the selected centralized intake systems).

Explanation of Cost Estimates

The average hourly wage estimates for deriving total annual costs were based on data from the Bureau of Labor Statistics report, Usual Weekly Earnings of Wage and Salary Workers (2023 fourth quarter first quarter). For each instrument in Table A.3, the team calculated the total annual cost by multiplying the annual burden hours by the average hourly wage.

The research team used the mean hourly wage of \$33.18 for women in professional and related occupations for the centralized intake administrators, home visiting program directors, and home visitors, because they expect many of the staff working in these positions to be women. The mean hourly wage of \$19.40 for women high school graduates with no college was used for families participating in the interviews. The tables these wages were drawn from are available at the following links:

¹ 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 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.

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

- Centralized intake system administrators, home visiting program director and staff, and home visitors: [Usual Weekly Earnings of Wage and Salary Workers, Fourth Quarter 2023 \(bls.gov\)](#) (Table 4)
- Parents and caregivers participating in interviews: [Usual Weekly Earnings of Wage and Salary Workers, Fourth Quarter 2023 \(bls.gov\)](#) (Table 5)

Table A.3 Estimated Annualized Cost 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/ Annual Burden (in hours)	Average Hourly Wage Rate	Total Annual Respondent Cost
Instrument 1: Centralized Intake Administrator Screening Talking Points or Screening Email with Questions	9	1	0.33	3	\$33.18	\$99.54
On-site coordination ¹	21	1	4.0	84	\$33.18	\$2,787.12
Instrument 2: Centralized Intake Administrator and Other Staff Interview Protocol	42	1	1.5	63	\$33.18	\$2,090.34
Instrument 3: Document Review Request	21	1	0.25	5	\$33.18	\$165.9
Instrument 4: Home Visiting Program Director and Other Staff Interview Protocol	49	1	1.0	49	\$33.18	\$1,625.82
Instrument 5: Home Visitor and Other Staff Interview Protocol	42	1	1.0	42	\$33.18	\$1,393.56
Instrument 6: Family Interview Protocol	56	1	1.0	56	\$19.40	\$1,086.40
Instrument 7: Participant Characteristics Form	154	1	0.08	12	\$26.29	\$315.48
Totals	394	-	-	314	\$ -	\$9,564.16

¹ There is no instrument associated with this activity, which refers to the time spent by the on-site coordinator (nominated by the home visiting program director) to help the research team coordinate data collection activities.

A13. Costs

The research team proposes to offer home visiting programs an honorarium to acknowledge their contributions to timely and complete data collection and recognize their staff time for coordinating study activities and participating in interviews.

The research team will offer each home visiting program a \$200 honorarium to be used by the programs at their discretion for their assistance with a range of study activities. They will require the program director's assistance in identifying appropriate respondents for the interviews and an individual to serve

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

as an on-site coordinator, who will function as a point of contact for the research team. The on-site coordinator will be instrumental in helping recruit and schedule interviews with home visiting staff and families in home visiting programs. They will offer on-site coordinators a \$100 honorarium for their assistance. They anticipate coordination activities to take about four hours per program.

The research team will offer centralized intake administrative staff a \$60 honorarium and offer all other staff (home visiting program directors and home visiting staff) a \$40 honorarium. They expect the interviews for administrative staff from centralized intake system organizations to take 90 minutes and all other interviews to take 60 minutes. It is important that the research team secures participation from a wide range of centralized intake and home visiting program staff to best understand each site's outreach, screening, referral, and enrollment processes from multiple perspectives.

In the event that the study sample includes a tribal site that prefers in-person data collection, the research team will offer the site contact a gift worth \$50 as a way of honoring cultural customs.

Incorporating practices such as offering gifts aligns with the principles of reciprocity and respect inherent in many indigenous and native cultures. McLay's (2021) insights highlight the importance of gifts as a means of appreciation within Native communities, underscoring the significance of such practices in research endeavors.

To develop honoraria amounts, the research team considered wage data, the amount of time spent to assist in data collection activities, cultural practices, and the potential disruption to the schedules of the targeted respondents for participation.

A14. Estimated Annualized Costs to the Federal Government

Table A.4 lists the annualized costs to the federal government. Estimates are based on the research team's budget for each task and include labor hours, other direct costs, indirect costs, and fee.

Table A.4 Estimated Annualized Costs to the Federal Government

Cost Category	Estimated Costs
Data collection for case studies	\$450,585
Analysis and reporting	\$348,711
Total costs over the request period	\$799,296

A15. Reasons for Changes in Burden

This nonsubstantive change request is to increase the number of respondents and sites for this data collection.

A16. Timeline

Table A.5 contains the timeline for the recruitment, data collection, analysis, and reporting activities. The research team will conduct qualitative analysis of the interviews and documents, and descriptive analysis of data obtained through the Participant Characteristics Form. These findings will be published in a report and/or briefs and may be included in presentations or briefings. Data files will not be made available because these publications will name the sites. Given the small number of sites, it would be

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

possible to identify respondents and match them to interview transcripts if these were made publicly available.

Table A.5. Study Timeline

Project Activity	Time Period
Recruitment	5 months, following OMB approval
Data collection	5 months, following recruitment
Analysis	10 months, following data collection
Reporting	5 months, following analysis

A17. Exceptions

No exceptions are necessary for this information collection.

Attachments

Appendices

Appendix A: Study FAQs for Staff

Appendix B: Centralized Intake Administrator Recruitment Email

Appendix C: Home Visiting Program Recruitment Email

Appendix D: Study FAQs for Families

Instruments

Instrument 1: Centralized Intake Administrator Screening Talking Points or Screening Email with Questions

Instrument 2: Centralized Intake Administrator and Other Staff Interview Protocol

Instrument 3: Document Review Request

Instrument 4: Home Visiting Program Director and Other Staff Interview Protocol

Instrument 5: Home Visitor and Other Staff Interview Protocol

Instrument 6: Family Interview Protocol

Instrument 7: Participant Characteristics Form

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

References

- Bierer, B. E., White, S. A., Gelinas, L., & Strauss, D. H. (2021). Fair payment and just benefits to enhance diversity in clinical research. *Journal of Clinical and Translational Science*, 5(1), e159.
- Cheff, R., & Roche, B. (2018). *Considerations for compensating research participants fairly and equitably: A think piece*. Toronto: Wellesley Institute.
- Health Resources and Services Administration. (2022, September). *The Maternal, Infant, and Early Childhood Home Visiting Program*. U.S. Department of Health and Human Services, Health Resources and Services Administration, Administration for Children and Families.
<https://mchb.hrsa.gov/sites/default/files/mchb/about-us/program-brief.pdf>.
- McLay, K. (2021, August 17). Cultural gives from indigenous and Native American cultures. 365Give. Retrieved November 1, 2022, from <https://www.365give.ca/cultural-gives-from-indigenous-and-native-american-cultures/>
- National Evidence-Based Home Visiting Model Alliance. (2018). *Centralized intake: Lessons learned and recommendations*.
https://www.nationalalliancehvmmodels.org/files/ugd/bc26e2_389831a76eaa41eaba7bb2b376a47816.pdf
- National Home Visiting Resource Center. (2022). *2022 home visiting yearbook*. James Bell Associates and the Urban Institute.
- Roberts, R. N., Akers, A. L., & Behl, D. D. (1996). Family-level service coordination within home visiting programs." *Topics in Early Childhood Special Education*, 16(3), 279–301.
<https://doi.org/10.1177/027112149601600303>
- Zaid, S., McCombs-Thornton, K., Faucetta, K., Childress, L., Cachat, P., & Filene, J. (2022, July). *Family level assessment and state of home visiting outreach and recruitment study report*. OPRE Report #2022-110. U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation.