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Office of Management and Budget (OMB)

From: Kelly McKenzie
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Date: June 30, 2025

Subject: Non-Substantive Change Request – Understanding and Expanding the Reach of Home Visiting (HV-REACH) Project (OMB #0970-0638)

This memo requests approval of non-substantive changes to the approved information collection, Understanding and Expanding the Reach of Home Visiting (HV-REACH) Project (OMB #0970-0638).

Background

The HV-REACH project team received approval to conduct case studies in October 2024 with up to seven sites. Updates were approved in June 2025 to implement changes in response to priorities of the current administration. Currently, we have completed interviews with four sites and are in the process of recruiting the remaining three sites. 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.

Overview of Requested Changes

1. Increase the burden on Instruments 4 (Home Visiting Program Director and Other Staff Interview Protocol) and 6 (Family Interview Protocol).

We request to increase the number of respondents for Instrument 4 from 28 to 49, and Instrument 6 from 42 to 56. Some of our home visiting sites have recommended and included more respondents in home visiting leadership/director/supervisor roles (Instrument 4) than initially planned for and we are finding that these staff tend to be more knowledgeable about the centralized intake systems than the home visitor and other direct services staff. In addition, if we interview more home visiting programs (see #2 below), we would potentially interview more families (Instrument 6) if the timeline allows.

2. Increase the number of potential home visiting programs included in sites with regional implementation.

We initially planned to include two home visiting programs per site and for sites with regional implementation of their centralized intake systems, we have been recruiting two regions per site, and one home visiting program per region. However, we would like to have the option (timeline permitting) to speak with two home visiting programs per region in sites with regional implementation (for a total of up to four home visiting programs per site). For

sites with regional implementation of centralized intake systems, we are finding that these systems have more nuance and differences than those that are implemented consistently across a state or county. Including another home visiting program in the regions could allow for a more comprehensive understanding of the regional centralized intake systems in our sample.

Time Sensitivities

The timeline for which we have been able to set up interviews with home visiting programs has ranged and, in some cases, can take up to a month. We had hoped to complete the majority of data collection by August 2025 (with potential for later interviews if needed). The sooner we receive a response about whether we can increase the number of interviews, the sooner we can schedule interviews and ensure that we are able to include these data in our analysis.