Identification of Current Infant and Early Childhood Mental Health Consultation (IECMHC) Services and Points of Contact Across the U.S. and U.S. Territories.

Formative Data Collections for Program Support

0970 – 0531

Supporting Statement Part A – Justification

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A1. Necessity for the Data Collection

The Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS) seeks approval to collect information to better understand and articulate the current Infant and Early Childhood Mental Health Consultation (IECMHC) landscape.

Background

IECMHC is deeply rooted in social and racial equity efforts. Research has shown that the presence of IECMH consultants strengthens caregiving environments and decreases the rate of preschool expulsions and suspensions, particularly in communities impacted by systemic racism and inequities.[1] IECMHC is increasingly recognized as an essential support in the effort to develop and sustain high quality early care and education, increase provider capacity to attend to the social and emotional needs of infants and young children, increase children's social-emotional well-being, decrease early care provider turnover and burnout, and reduce racial disparities in terms of how children are understood and responded to within their early care environments.[2]

IECMHC is a multilevel intervention which is increasingly being implemented and scaled in a range of early childhood settings across states, territories, and tribal communities, including: Early Head Start and Head Start, child care, family child care homes, home visiting, state PreK, early intervention, child welfare, and pediatric primary care settings. Despite, or due to, this expansion and proliferation of IECMHC services, there is great variability and significant differences in IECMHC services across states and territories related to eligibility, scope of service, model of IECMHC services, and qualifications of IECMH consultants. Additionally, and importantly, many early learning and child care providers remain unsure or unaware of how to best access these essential mental health services for their programs.

To fill these gaps, the National Head Start Center on Health, Behavioral Health, and Safety is partnering with the Office of Child Care (OCC) and the Office of Head Start (OHS) to conduct a formative data collection of the current IECMHC landscape, centering our efforts on articulating the current IECMHC systems operating within a state and identifying how child care and early learning providers can better understand and access IECMHC services for their programs.

For the purposes of our scan, IECMHC is defined as:

> *A prevention-based service that pairs a mental health consultant with families and adults who work with infants and young children in the different settings where they learn and grow, such as child care, preschool, and their home. The aim is to build adults' capacity to strengthen and support the healthy social and emotional development of children –*

[1] Trivedi, P., deMonsabert, J., & Horen, N. (2021). Infant and early childhood mental health consultation: Overview of research, best practices, and examples. *SRI Education*.

[2] Center of Excellence for Infant and Early Childhood Mental Health Consultation (2022). Status of the Evidence for Infant and Early Childhood Mental Health Consultation (IECMHC) http://www.iecmhc.org/documents/CoE- Evidence-Synthesis.pdf

early and before intervention is needed. IECMHC improves children's lives by supporting their social, emotional and behavioral health and development.[3]

Through formative data collection, we aim to clarify, for ACF and the field more broadly, current IECMHC systems, as well as identify key points of contact in each U.S. state and territory, including tribal communities. We also aim to foster greater understanding and access to these services for our child care and early learning communities. The surveys and interviews proposed in this request will inform this effort by obtaining input from key audiences about availability, awareness, and understanding of services; and identifying key points of contact in this area.

Legal or Administrative Requirements that Necessitate the Collection

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

A2. Purpose of Survey and Data Collection Procedures

Overview of Purpose and Use

The purposes of these information collection efforts are 1) to obtain input on the current availability of IECMHC services and systems across U.S. states and territories; 2) to obtain input on current awareness and understanding of IECMHC services from ACF/OCC administrators to inform OCC training and technical assistance (T/TA) related to increasing awareness and utilization of IECMHC services; and 3) to identify key points of contact for IECMHC services across states and territories who could help to support providers in that state.

The majority of the information will be used internally within ACF to inform T/TA for states and territories, including the development of IECMHC related training, resources, and other supports. While ACF does not intend to publish the results of the data collection effort, aggregate data may be used to inform discussions at a national meeting. Contact details for IECMHC services and supports, including a point person from each state and territory, will be made publicly available at the completion of the project. Prior approval will be confirmed for those whose contact information will be shared. This information will be used to identify an ECMHC point of contact for every state and territory to support access to ECMHC services for providers.

This proposed information collection meets the following goals of ACF's generic clearance for formative data collections for program support (0970-0531):

- Delivery of T/TA to support IECMHC program implementation/utilization.
- Planning for provision of programmatic or evaluation-related T/TA specific to IECMHC.

[3] Center of Excellence for IECMHC, SAMHSA

- Requesting information about IECMHC resources, programs, or other ACF services or related activities to provide consolidated public sources of information for those using or interested in ACF funded services, or those interested in systems, programs, or research related to ACF.

Processes for Information Collection

Surveys will collect data from three primary audiences: IECMHC Program or Statewide Administrators, OCC state leads, and Head Start Collaborative Directors. The surveys will be distributed using Qualtrics, a user friendly, mobile optimized software. The surveys will be distributed using contact information supplied by OHS and OCC. The IECMHC program director/statewide administrators have been compiled through a robust scan of IECMHC programs in partnership with national experts. Additionally, a de-identified link will be provided, allowing selected survey recipients to forward the survey to colleagues able to provide additional information. Section A12 provides detail on the total number of estimated surveys that will be completed. After initial distribution, the team will send two reminders in two-week increments to those who received a direct link.

Given the nuanced nature of IECMHC, follow up interviews will be conducted based on responses to the survey, with the intention to gain more detail and information. Interviews will focus on IECMHC for child care providers. Participants will be IECMHC program administrators only. We will intentionally select 20 interview participants to represent a range of IECMHC implementation and programming:

- No reported IECMHC services/no statewide IECMHC system;
- IECMHC services present in state but limits on scope, eligibility or availability;
- Established statewide IECMHC systems.

Geographic diversity and representation will be prioritized.

All interviews will be conducted on Zoom and recorded with participant permission. The interviews will be stored in a secure Box folder. As this is not a research study, interviews will not be transcribed or analyzed, but rather used to inform the formative data collection.

Information Collection Title	***Respondent, Content, Purpose of Collection***	***Mode and Duration***
IECMHC Survey for IECMHC Administrators/Managers	***Respondents:*** IECMHC Program Leaders/Administrators ***Content:*** IECMHC program administrative design and implementation ***Purpose:*** Identify state wide leads/primary contacts for IECMHC	***Mode:*** Electronic Survey ***Duration:*** 45 minutes
IECMHC Survey for	***Respondents:*** Child Care Development Funds State Leads	***Mode:*** Electronic

OCC Administrators	***Content:*** IECMHC services available to child care recipients in the state ***Purpose:*** Learn about scope of IECMHC services in child care	Survey ***Duration:*** 30 minutes
IECMHC Survey for OHS Collab Directors	***Respondents:*** OHS Collab Directors in all states/territories ***Content:*** IECMHC service provision within OHS ***Purpose:*** Learn about administration of IECMHC services in OHS	***Mode:*** Electronic Survey ***Duration:*** 30 minutes
IECMHC Follow-up Interview	***Respondents:*** Selected from IECMHC Administrators ***Content:*** Follow up to survey responses ***Purpose:*** Learn additional details about implementation, delivery, and connection to statewide initiatives	***Mode:*** Virtual Interview on Zoom ***Duration:*** 1 hour

A3. Improved Information Technology to Reduce Burden

Information will be collected via surveys distributed through email and electronic, web-based completion/submission methods to reduce burden to respondents. Follow-up interviews will be administered using a virtual platform to aid in scheduling and accessibility.

A4. Efforts to Identify Duplication

While concurrent IECMHC scans are taking place, those scans are limited in either their scope (e.g., only looking at certain states) or have a different focus (e.g., a scan of IECMHC legislation and funding across states). This information collection effort is necessary because it will provide information about current IECMHC services and efforts and identify key points of contact in each state and U.S. Territory.

A5. Involvement of Small Organizations

Some respondents may represent small businesses or organizations. Data collection will be offered via web-based formats and virtual meeting platforms, reducing burden and increasing convenience for the respondent.

A6. Consequences of Less Frequent Data Collection

This is a one-time data collection.

A7. Special Circumstances

There are no special circumstances for the proposed information collection.

A8. Federal Register Notice and 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 request to extend approval of the umbrella generic with minor changes. The notice was published on January 28, 2022, (87 FR 4603), and provided a sixty-day period for public comment. ACF did not receive any comments on the first notice. A second notice was published, allowing a thirty-day period for public comment, in conjunction with submission of the request to OMB. ACF did not receive any comments on the second notice.

Consultation with Outside Experts

No consultations have taken place with experts outside of the project team.

A9. Tokens of Appreciation for Respondents

It is extremely important to provide those with lived experience, experts, staff, and others providing their feedback for these efforts with equitable compensation or tokens of appreciation for participation. As noted in a 2022 report by the Office of the Assistant Secretary for Planning and Evaluation this "helps ensure a diverse population with varied views can participate." As such, we plan to provide Honoria to respondents, as described in section A13.

A10. Privacy of Respondents

Information collected will be kept private to the extent permitted by law. Respondents will be informed of all planned uses of data, that their participation is voluntary, and that their information will be kept private.

A11. Sensitive Questions

There are no sensitive questions in this information collection.

A12. Estimation of Information Collection Burden

Burden Estimates

Our team has identified between one and five IECMHC statewide or local program administrators per state/territory to receive the survey. Additionally, respondents will be provided with a de-identified link enabling them to, when necessary, forward the survey to a colleague able to provide additional information. The number of respondents reflected in the table below considers the estimation that approximately half of the respondents may forward the survey to an additional respondent.

As described in Section A2, we will purposely select up to 20 respondents to the follow-up interviews. Follow-up interviews will take no longer than one hour. This estimate is based on previous experience implementing semi-structured interviews of similar scope.

To estimate the number of respondents for the surveys focusing on OCC and OHS administrators, we partnered with OCC and OHS leadership to identify representatives in each state/territory to receive the IECMHC survey. OHS identified their Head Start Collaborative Directors, federal employees, for each state and territory. OCC identified state leads, all of whom are employed by state-level agencies and are not federal employees. OCC and OHS provided a list of 80 and 56 survey respondents, respectively. Due to the fact that OHS staff are federal employees, they are not included in the burden table calculations because the survey falls within the scope of their federal duties. However, for these surveys, a de-identified link will also be provided, enabling the respondents to forward the survey to a colleague able to provide additional information. The estimated number of respondents represented in the table below takes into account that approximately half of the OHS respondents (28) may forward the survey to an additional respondent who may not be a federal employee and these numbers are included in the table below. Given the specificity of the OCC-focused survey, we do not estimate the survey being forwarded to additional respondents.

Estimates for the average time each survey will take to complete are based upon past experiences with surveys of similar length and scope, as well as the design of the survey, which asks about current knowledge and requires minimal long-form responses. The survey was also provided to a sample group of fewer than 10 individuals to assess average length for completion.

- The IECMHC Survey for IECMHC Administrators is estimated to take approximately 45 minutes or less to complete.
- The surveys for OCC and OHS Administrators are estimated to take approximately 30 minutes or less to complete.

Cost Estimates

The cost to respondents was calculated using the Bureau of Labor Statistics (BLS) job codes for Education and Childcare Administrators-Federal Executive Branch [11-9030] and Social and Community Service Managers [11-9151] and associated wage data from May 2023, which is $54.35 and $40.10 per hour respectively. To account for fringe benefits and overhead the rates were multiplied by two which is $108.70 and $80.20 respectively.

https://www.bls.gov/oes/current/oes_stru.htm

Instrument	Total Number of Respondents	Total Number of Responses Per Respondent	Average Burden Hours Per Response	Total Burden Hours	Average Hourly Wage	Total Annual Cost
IECMHC Survey for IECMHC Administrators/Managers	113	1	.75	84.75	$80.20	$6,796.95
IECMHC Survey for OCC Administrators	80	1	.50	40	$108.70	$4,348.00
IECMHC Survey for OHS Collab Directors	28	1	.50	14	$108.70	$1,521.80
IECMHC Follow-up Interview	20	1	1.0	20	$80.20	$1,604.00
Total Burden and Cost Estimates:				158.75		$14,270.75

A13. Cost Burden to Respondents or Record Keepers

Directly engaging the communities ACF serves and including these individuals in ACF research is in line with the following priorities of the current Administration and HHS:

- *Advancing Racial Equity and Support for Underserved Communities Through the Federal Government (EO 13985)*[11]
- *Further Advancing Racial Equity and Support for Underserved Communities Through the Federal Government*[12]
- *Presidential Memorandum on Restoring Trust in Government through Scientific Integrity and Evidence-Based Policy Making*[13]
- *ACF Evaluation Policy*[14]
- *HHS Strategic Plan FY 2022-2026*[15]

Consistent with the guidance documents referenced, and to ensure the involvement of a variety of people with diverse experiences and perspectives in relevant fields, we propose to offer participants an honorarium for their time spent providing their expertise and experience. Specifically, we propose to offer IECMHC program and statewide administrators who participate in the interviews an honorarium of $100. These individuals will provide up to one hour of their time to share their specific knowledge in this field based on their experiences. Offering this will

convey respect for the time required to participate. Evidence indicates providing appropriate compensation for time is best practice[4].

A14. Estimate of Cost to the Federal Government

The total cost for the data collection activities under this current request will be $14,270.75

A15. Change in Burden

This is for an individual information collection under the umbrella formative generic clearance for program support (0970-0531).

A16. Plan and Time Schedule for Information Collection, Tabulation, and Publication

Estimated Time Schedule for Information Collection and Tabulation:

- Following OMB approval, for about two months: Survey dissemination and completion
- 1-2 months after survey completion: Survey result tabulation and analysis
- Winter 2024-25: Follow-up interviews administered and completed
- 1-2 months after completion of interviews: Follow-up interview results tabulation and analysis
- Winter/Spring 2025: Write-up and dissemination of information collection efforts

Under this umbrella generic, the information is meant to inform ACF activities and may be incorporated into documents or presentations that are made public. While the main intent of this data collection effort is not to publish the results, aggregate data may be used to inform discussion at a national meeting. Data will primarily be utilized to inform the development of T/TA supports for states and territories. There is a possibility that data may be published in the future and may be incorporated into conferences or national presentation/meetings or shared with OCC grantees to promote greater awareness of IECMHC services and systems of care for child care providers.

A17. Reasons Not to Display OMB Expiration Date

All instruments will display the expiration date for OMB approval.

A18. Exceptions to Certification for Paperwork Reduction Act Submissions

No exceptions are necessary for this information collection.

[4] Abdelazeem B, Abbas KS, Amin MA, El-Shahat NA, Malik B, Kalantary A, Eltobgy M. The effectiveness of incentives for research participation: A systematic review and meta-analysis of randomized controlled trials. PLoS One. 2022 Apr 22;17(4):e0267534. doi: 10.1371/journal.pone.0267534. PMID: 35452488; PMCID: PMC9032371