

**HEALTH RESOURCES AND SERVICES ADMINISTRATION
MATERNAL AND CHILD HEALTH BUREAU
PERFORMANCE MEASURES
FOR DISCRETIONARY GRANTS**

1. Circumstances of Information Collection

This is a request by the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) for revision of Office of Management and Budget (OMB) approval to collect information from public or private agencies or organizations engaged in demonstrations, research, training, or other projects that receive funding from the Special Projects of Regional and National Significance (SPRANS) and Community Integrated Service Systems (CISS) federal discretionary grant programs, and other categorical discretionary grant programs. SPRANS and CISS programs are authorized by Section 501 of Title V of the Social Security Act, PL 101-239 and are administered by HRSA's MCHB. This system is used for grants related to program initiatives such as Healthy Start, Emergency Medical Services for Children (EMSC)/Trauma, Traumatic Brain Injury (TBI), and Poison Control. The OMB number for this activity is 0915-0298 and the current expiration date is March 31, 2009.

Because MCHB discretionary grants programs are diverse, grant reporting forms and performance measures have been designed to capture information across the variety of grants. The attached common grant documents includes the entire set of forms to address the range of information needed from different MCHB discretionary grant programs. However, each grantee will only be required to complete forms in this package that are applicable to its initiative.

This common set of performance measures has replaced separate grant reporting requirements. Previously, each division and office within MCHB prepared separate documents for reporting for their specific discretionary grant programs. This effort, however, consolidates reporting and forms for all SPRANS, CISS, and other discretionary grant programs, and includes instructions for completing the information. This has streamlined the reporting process for grantees and provides data required by Congress under the Government Performance and Results Act of 1993 (GPRA '93). The information enables MCHB to account for over \$122 million of federal discretionary funds, and assesses the progress and impact of SPRANS and CISS funded programs vis a vis MCHB's strategic plan and Healthy People 2010 goals.¹

History and Legislative Requirements

The Maternal and Child Health Bureau evolved from the Children's Bureau established in 1912. The enactment of Title V of the Social Security Act of 1935, specifically Section 509, which states that "the Secretary shall designate an identifiable administrative unit with expertise in maternal and child health within the Department of Health and Human Services, which ... shall be responsible for ... promoting coordination at the Federal level of the activities authorized

¹ Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services: *Understanding Title V of the Social Security Act: A Guide to the Provisions of the Federal Maternal and Child Health Block Grant*.

under this Title [V],” sanctioned the Maternal and Child Health program (MCH) as well as provided the foundation and overall structure for the MCHB.² Situated within the Health Resources and Services Administration (HRSA), MCHB continues to administer Title V and leads the nation in efforts to improve and promote the health of mothers and children.

With the establishment of Title V, many programs aimed at extending health and welfare services to mothers and children were enacted. These programs have evolved since 1935 with passage of many legislative amendments.

In 1981, the Omnibus Budget Reconciliation Act of 1981 (OBRA '81), Public Law (PL) 97-35, amended Title V of “the Social Security Act to establish a [block grant] program for maternal and child health services ... by consolidating specified [categorical] programs of Federal assistance to States.”³ This amendment resulted in the creation of the Maternal and Child Block Grant. The categorical programs consolidated under the block grant program included: Maternal and Child Health and Children with Special Needs Services, Lead-Based Paint Poisoning Prevention Program, Genetic Disease Programs, Sudden Infant Death Syndrome Programs, Hemophilia Treatment Centers, and Adolescent Pregnancy Grants. Additionally OBRA '81 authorized a set-aside of discretionary federal funds for SPRANS as part of the MCH Block Grant, “by setting forth provisions concerning: (1) the allotment of such funds; (2) payments to States; (3) use of grant money” in addition to other provisions.³ The set-aside of federal funds permits withholding of some of the MCH Block Grant appropriations each fiscal year to support certain categorical programs.

The Omnibus Budget Reconciliation Act of 1989 (OBRA '89), Public Law (PL) 101-239 specifically defined two set-asides for discretionary programs, SPRANS and CISS, by amending Section 502 of Title V to state:

[The] Secretary shall retain an amount equal to 15 percent for the purpose of carrying out activities described in section 501(a)(2) [and] of the amounts appropriated under section 510(a) for the fiscal year in excess of \$600,000,000, and the Secretary shall retain an amount equal to 12 $\frac{3}{4}$ percent thereof for the projects described in subparagraphs (A) through (F) of section 501(a)(3)” respectively.⁴

The MCHB Block Grant is the base on which SPRANS and CISS grants rest. The passage of OBRA '81 provided more discretion to states in using federal funds. State governments, the recipients of the MCH Block Grants, have the discretion to self-direct block grant funds to areas they identify as needing funding. The SPRANS and CISS grants, under MCHB, complement the state MCH Block Grants. They also enable MCHB to fulfill its leadership mission to foster “state-of-the-art” research, policy, programs, and practice.

² Section 509, Title V: Maternal and Child Block Health Services Block Grant, Social Security Act (US Code §§701-710, subchapter V, chapter 7, Title 42)

³ Subtitle D, Title XXI: Medicare, Medicaid, and Maternal and Child Health, Omnibus Budget Reconciliation Act of 1981, PL-97-35.

⁴ Section 6502, Subtitle C, Title VI: Medicare, Medicaid, Maternal and Child Health and other health provisions. Omnibus Reconciliation Act of 1989, PL-101-239.

The common performance measures used for the discretionary grant programs meet mandated reporting requirements. The attached forms and performance measures are intended to cover all the discretionary grant programs managed by MCHB.

MCHB Programs

The programs administered by MCHB fall into three major categories:

- **Maternal and Child Health Services Block Grants:** Large formula grants to state health departments to support basic MCH services, programs, and public health infrastructure.
- **SPRANS and CISS Programs:** “Set aside” discretionary grant programs under Title V.
- **Other Categorical Programs:** Additional funding programs administered by MCHB including the Healthy Start Initiative, Emergency Medical Services for Children, Traumatic Brain Injury, and Universal Newborn Hearing Screening.

Special Projects of Regional and National Significance (SPRANS)

Special Projects of Regional and National Significance (SPRANS) grants are awarded on a competitive basis to a variety of applicant organizations including public or private agencies engaged in demonstrations, research, training, and other projects to support efforts that provide quality health care to all mothers and children. Examples of grants funded through SPRANS include:

- **MCH research:** Research grants are intended to develop new knowledge and approaches to deliver and treat health problems of mothers and children, including children with special needs.
- **MCH training:** Training grants address the need to provide skilled leadership for maternal and child health programs. The grants support training for a variety of specialized clinical and laboratory services not routinely available; provide professional consultation and technical assistance; upgrade skills and competencies of state and local MCH personnel; develop standards, procedures, and guidelines; disseminate program information; and ensure that academic training curricula include current content to serve MCHB program needs.
- **Genetics:** Genetics grants provide for the testing, counseling, referral, and follow-up of individuals and families at risk for affected by genetic disorders through broad-based programs. Projects include genetic disease education, testing, and counseling that are carried out in conjunction with other health service programs.
- **Hemophilia:** Hemophilia grants support the development of regional hemophilia programs (e.g., Hemophilia Diagnostic and Treatment Centers) and promote programs that are regionalized and applicable to other chronic and disabling conditions.
- **PPMCH:** Partnerships to Promote Maternal and Child Health assists national membership organizations in developing improved approaches to delivering maternal and child health care and improved public health programs for women and children at the national, state and/or local level, including: 1) organizations representing State public health officials focused on maternal and child health; 2) organizations representing local public health

officials focused on maternal and child health; 3) organizations representing groups dedicated to improving the health of mothers and children; and/or 4) organizations representing the concerns of families relating to maternal and child health.

- **IUMCH:** Improving the Understanding of Maternal and Child Health and Health Care Issues program seeks to improve understanding of maternal and child health and health care issues by public and private sector individuals who have the decision making responsibility for paying for, determining policy concerning, and/or designing or implementing health services for women and children. The program assists national membership organizations representing those individuals to educate their members about the complexities of and approaches to meeting the health and health service needs of women and children so that their members can make more clearly informed decisions that will impact mothers and children.
- **Other Special Projects to Improve Maternal and Child Health (MCHIP):** Grants include other demonstration projects that provide innovative approaches to early intervention, training and services development, newborn screening for sickle cell and other genetic disorders and hearing impairment, sudden infant death syndrome, lead poisoning, perinatal and women's health, and services and projects for children with special health needs and their families. This category also includes grants for health system infrastructure development and data capacity building.
- **Integrated Women's Health:** The goal of this demonstration program is to improve women's health and expand capacity in State MCH programs by 1) creating a locus of responsibility (or focal point) for the coordination of women's health programs, and 2) to the extent possible, establishing an infrastructure to improve women's health services through the creation of sustainable linkages and partnerships with community-based organizations, academic institutions, federal, state, and local agencies.
- **Healthy Tomorrows:** Partnerships for Children Programs are intended to support projects for mothers and children that improve access to health services and utilize preventive strategies. The initiative encourages grantees to develop the ability to seek additional support from the private sector and from foundations to form community-based partnerships to coordinate health resources for pregnant women, infants, and children.
- **Oral Health Integrated Systems Development Grants:** Oral health grants support the development of infrastructure at the state and community level to increase access to dental services for State Children's Health Insurance Program (SCHIP) and Medicaid eligible children and to develop and implement comprehensive integrated public and private sector services and support systems to address the unmet oral health needs of children.

Community Integrated Services Systems (CISS)

Community Integrated Services Systems (CISS) is a federal discretionary grant program that receives 12.75% of Title V appropriations that exceed \$600 million. The CISS program seeks to reduce infant mortality and improve the health of mothers and children by funding projects for the development and expansion of integrated services at the community level. CISS funds six grant categories that include:

- Maternal and infant health home visiting programs;

- Projects to increase participation of obstetricians and pediatricians under Title V programs;
- Integrated maternal and child health service delivery systems;
- Maternal and child centers that provide pregnancy services and preventive and primary care for infants for not-for-profit hospitals;
- Maternal and child projects that serve rural populations; and
- Outpatient and community-based services programs for children with special needs provided through inpatient institutional care.

Funding preference is given to applicants who plan to carry out the grant project in geographic areas with high infant mortality rates. For maternal and child health centers that provide pregnancy and preventive services, grantees must designate matching funds equal to the Federal award that will be applied to the development or expansion of maternal and child health service centers.

Other Categorical Funding

MCHB also administers additional funding programs, which include:

- **Healthy Start Initiative:** Healthy Start supports the development of programs and strategies to reduce infant mortality in targeted high-risk communities and the replication of program successes across the Nation.
- **Emergency Medical Services for Children Program (EMSC):** Public health agencies/hospitals or emergency service programs receive grants to improve EMS programs for children with critical illnesses and life-threatening injuries.
- **Traumatic Brain Injury Demonstration Grant Program (TBI):** This program provides grants to States to implement systems that assure access to comprehensive and coordinated TBI services and to improve health and other services for people who have sustained a traumatic brain injury.
- **Universal Newborn Hearing Screening Program:** This program supports grants to states and agencies to improve early identification and intensive intervention for infants with hearing impairment.

Description of Reporting Forms

Part 1: Detail Sheets for Performance Measures (Attachment A): This is a central set of performance measures. The performance measures reflect MCHB's strategic and priority areas. Collectively, they communicate the MCHB "story" to a broad range of stakeholders on the role of the Bureau in addressing the needs of maternal and child health populations. Individual grantees will respond to only a limited number of performance measures that are specifically relevant to their program.

A performance measure detail sheet defines and describes each performance measure. The detail sheet includes: a performance measurement and goal statement, an operational definition for the performance measure, relevance to Healthy People 2010 Objectives, data source and issues surrounding data collection, and a statement on the significance of the performance measure in the maternal and child health field. These detail sheets assure consistent understanding and reporting among all grantees and when appropriate, allow for national data aggregation. In many cases, data forms are included as attachments to assist the grantee in reporting on the measure.

Part 2: Financial and Demographic Data Elements Forms (Attachment B): These forms are completed by all grantees to report financial and demographic information. The forms capture grantee annual budget details, project funding profile, budget details by types of individuals served, project budget expenditures by types of services, number of individuals served by type of individual and source of insurance, project abstract, summary data, tracking performance measures, and project performance/outcome measure detail sheet. This type of information is currently provided by grantees of all programs. These forms consolidate and streamline this information and make data collection and reporting consistent across all of the grant programs.

Part 3: Other Data Elements (Attachment C): This section includes other data requested by MCHB divisions and offices and captures information that grantees are already reporting for program administration and management purposes for certain grant categories. Only one of the additional data elements, if any, is reported by a subset of grantees. The information highlights unique characteristics of discretionary grant projects that are not captured in Parts 1 or 2.

Proposed Changes

With the current OMB approval for this activity expiring, MCHB took the opportunity to update its performance measures for discretionary grants. To assist in this update, MCHB hired a contractor to review and suggest improvements to the set of national performance measures on which grantees report. In addition, a primary goal of this update was to increase MCHB-wide reporting on a core set of measures and to update the measures to reflect the most current thinking in MCH policy and practice.

Soon after contract award, the contractor reviewed the reporting patterns of current grantees and conducted seven group interviews with staff from MCHB divisions and offices. The interviews were conducted to gather input from MCHB staff on how to make the measures and forms more applicable to the activities of the discretionary grantees- including resource centers, cooperative agreements, and other infrastructure grantees- and thereby increase the number of grantees that report on any given measure. After the information from the internal interviews was compiled, a Subject Matter Expert Panel Meeting was convened to further refine proposed revisions. These proposed revisions were then extensively reviewed and further vetted by MCHB senior staff including the Bureau's Director.

The proposed revisions include the following:

- Revised existing measures- Approximately 15 existing measures have proposed revisions. MCHB believes these revisions will help to increase MCHB-wide reporting on the measures.
- Additional new measures- MCHB is proposing approximately 8 new performance measures and a new form on products and publications. These proposed new performance measures focus on such areas as sustainability, technical assistance and medical home.
- Deleted measures- MCHB is proposing that approximately 12 performance measures be deleted. We found that these measures were not reported on by grantees, were outdated or could be incorporated into a revised or new measure.
- This package contains the addition of MCHB program performance measures. In the previous information collection request for these performance measures, OMB approved developmental measures for the purpose of providing flexibility for grantees so they had the ability to choose and tailor performance measures that accurately reflected their programs. The grantees have adopted these measures, and HRSA/MCHB is requesting OMB's approval for them. These new measures can be found in Attachment A in the last section entitled "New Section, MCHB Program Performance Measures".

2. Purpose and Use of Information

The consolidated grant performance measures and instructions centralized all of the Bureau's separate discretionary grantee reporting requirements. This information allows grantees and MCHB to set priorities and strategies for meeting the needs of the maternal and child health population. The information that is requested is necessary to manage the program, monitor the status of women and children, and improve grantees' accountability for use of federal funds.

Federal Uses of Information

The data and attendant information that are collected from the discretionary grant recipients allow the Bureau to monitor grantee performance and progress toward achieving both short-term and long-term goals. The information provides the Bureau with timely information not only on grantee progress toward achieving goals, but also serves as a mechanism to identify technical assistance needs required by grantees to meet specified objectives.

MCHB uses the information to monitor and assess grantee progress, report on Bureau activities, and support budget planning.

Grantee Uses of Information

States, local agencies, and other grantees use the data to respond to other Federal, State, and local performance requirements/requests; to set priorities for their maternal and child health populations; and to develop and justify efforts to advance MCHB-related agendas within States and communities.

Because of the diversity of grant categories administered by the MCH Bureau, the grant reporting forms and set of performance measures forms appears extensive. However, each grantee only responds to certain applicable portions that are appropriate to that grant.

The common set of measures still preserves the ability of grantees to highlight their own program needs and characteristics by allowing grantees to choose performance measures that pertain to their specific program. It also allows for standardized accountability across all grantee sites in measuring program progress and impact toward stated goals. Further, this consolidated effort collects consistent and comparable information across all sites and different program areas.

Information Collection

This package is the result of the MCHB's work over the past several years to define, realign and centralize its priorities, and it is modeled after the consolidated Maternal and Child Health Block Grant application.

There are three major components to the forms: 1) Attachment A - Detail Sheets for Performance Measures; 2) Attachment B - Financial and Demographic Data Forms; and 3) Attachment C - Other Data Elements. Most grantees do not complete all sections of the three components, but complete only the applicable parts of the overall package. Part 1 (Performance Measures) is used by all grantees, but each grantee reports on only a subset of measures. These forms parallel those previously approved for the Title V Block Grant Measures. Part 2 (Financial and Demographic Forms) is used by all grantees. The forms contain sections to report data by service areas and many grantees report their data in only one service area thus reducing the complexity of reporting. However, grantees that provide services to more than one population will report their data for each applicable service category. A few of the forms in Part 2 apply to only research grants, which have some unique requirements in order to be consistent with research programs from other agencies such as NIH. Part 3 (Other Data Elements) is used only by those grant programs where the Bureau has a specific requirement, such as Healthy Start Grants.

Attachment D, the "MCH Pyramid"⁵ presents the conceptual framework used to develop the performance measures and data forms. It defines the core public health services delivered by MCH agencies. From bottom to top, the pyramid illustrates the basic types of services provided, in order of the size of the population affected by the service. In developing the core set of national discretionary grant performance measures, consideration was given to whether all levels of the pyramid were represented by the measures.

3. Use of Improved Information Technology

This activity is fully electronic. To accommodate the recognized need for better access to data, the states' demands for an electronic version of the forms, and in compliance with GPRA, grantees use an Electronic Reporting Package (ERP) to report data and to disseminate performance reports via the web. The (ERP) enables states to submit information and report data

⁵ Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services: *Maternal and Child Health Services Title V Block Grant Program: Guidance and forms for the Title V application/annual report*, April 30, 2000, p.17.

in a universal format. The ERP provides pre-formatted and interactive data entry that helps assure standardized data across States and greatly simplifies the data entry process. All calculations (e.g., ratios, rates, percentages, and totals) are automated, tables are interlocked where data overlap, and historical data are preserved so that only the annual data for the year in question needs to be newly entered.

4. Efforts to Identify Duplication

MCHB made efforts not to duplicate data collection efforts of other Federal agencies, as required by Section 509(a)(5) of Title V of the Social Security Act. The data requested in these measures are unique to the discretionary programs, required by statute, and are not available elsewhere.

5. Involvement of Small Entities

This project does not have a significant impact on small entities.

6. Consequences if Information Collected Less Frequently

Annual submission of grant reporting requirements is required by law to entitle grantees to receive federal grant funds for each year of their grant award.

7. Consistency with the Guidelines in 5 CFR 1320.5(d)(2)

This data collection request is fully consistent with the guidelines in 5 CFR 1320.5(d)(2).

8. Consultation Outside the Agency

The notice required in 5 CFR 1320.8(d) was published in the *Federal Register* on December 2, 2008, Volume 73, Number 232, page number 73336. The 30-day *Federal Register* notice published on March 30, 2009. Comments were received from one organization. These comments and HRSA's responses are attached (Attachment E).

Collaborations Utilized in Developing the Proposed Revisions

There was an extensive collaboration process carried out for this discretionary grant performance measures revision with the involvement of a wide range of individuals and organizations. After group interviews were held with staff from MCHB's divisions and offices to discuss how to make the measures and forms more applicable to the activities of the discretionary grantees, a 2-day Subject Matter Expert Panel Meeting was convened to further refine the proposed revisions. In addition to MCHB senior staff, panel members included subject matter experts personally selected for their expertise in performance measurement, maternal and child health, cultural competence, family participation and other topical areas (see Attachment F). Five of the subject matter experts are MCHB grantees. The revisions proposed in this clearance package were developed from the collaborations described above.

9. Remuneration of Respondents

Respondents will not be remunerated.

10. Assurance of Confidentiality

The information that is collected does not identify any individuals by name or collect any individual information.

11. Questions of a Sensitive Nature

There are no questions of a sensitive nature.

12. Estimates of Annualized Hour Burden

Nine grantees representing a broad range of grant categories were initially selected to pilot the common grant reporting measures. All grantees completed Part 2 (Financial and Demographic Forms). Grantees completed portions of Part 1 (Performance Measures) and Part 3 (Other Data Elements) that were relevant to their program activities. The pilot grantees reported that the average time to complete the information was 6 hours. Program experience following OMB approval also found that the average hour burden was approximately 6 hours. In addition, five grantees participated in the January 2009 Subject Matter Expert Panel Meeting where proposed changes to the performance measures were discussed. There are approximately 898 respondents, and the total annual hour burden is estimated at 5,388 hours for all respondents. The following table identifies the annualized burden estimate:

Form	Number of Respondents	Responses per Respondent	Total Responses	Burden hours per response	Total burden hours
Grant Report	898	1	898	6	5,388

13. Estimates of Annualized Cost Burden to Respondents

There are no capital or startup costs associated with this data collection.

14. Estimates of Annualized Cost to the Government

This activity requires approximately 1 FTE GS-1 and 1 FTE GS-13 at 20% time for an average annual cost of \$55,000. In addition, about \$700,000 in contract costs is required annually for the operation of the system for automated reporting and analysis of data. On this basis, the estimated average annual cost to the Federal Government is \$755,000.

15. Changes in Burden

The current inventory for this activity is 3,786 hours. We are requesting a new total of 5,388 hours, an increase of 1,602 hours. This is a program adjustment resulting from an increase in the number of grantees reporting information.

16. Time Schedule, Publication, and Analysis Plans

This activity is an annual data collection. Submission of all documents by grantees will take place at different grant cycles throughout the year depending on the program for which the grantee is reporting.

17. Exception for display of expiration date

The expiration date will be displayed.

18. Certifications

This project meets all of the requirements in 5 CFR 1320.9. The certifications are included in this package.

ATTACHMENTS TO SUPPORTING STATEMENT
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Attachment A	PART 1: Performance Measure Detail Sheets
Attachment B	PART 2: Financial and Demographic Data Elements
Attachment C	PART 3: Other Data Elements
Attachment D	The MCH Pyramid
Attachment E	Comments from the Hemophilia Alliance and MCHB Responses
Attachment F	Participant List from January 2009 Subject Matter Expert Panel Meeting