

MMHSUD Evaluation Plan Comments
MAMA'S PROMISE (California)

Information Collection Request Title: Evaluation of the Maternal and Child Health Bureau Pediatric Mental Health Care Access Program and the Screening and Treatment for Maternal Mental Health and Substance Use Disorders Program, OMB No. 0906-xxxx—New.

(1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions

The MAMA'S PROMISE team (referred to as PROMISE throughout) finds the proposed mixed evaluation plan to be extensive. While tools are not yet available, the approach – to evaluate practitioners' and implementation staffs' workflows – seems to be robust in understanding how grantees provide services.

(2) The accuracy of the estimated burden

PROMISE considers the estimated burden feasible with a timeline and ample lead time to alert participants. We do question, however, what options a grantee might have if they do not employ a *likely respondent*. For example, PROMISE does not currently staff a Champion. Are evaluation questions and the related estimated burden eliminated for that staff, or will the evaluation team ask similar questions of other staff, increasing their time burden?

(3) Ways to enhance the quality, utility, and clarity of the information to be collected

PROMISE offers these initial thoughts without full awareness of the evaluation tools:

- a. We find the breadth of roles included in the evaluation promising to more broadly understand how roles contribute to optimal implementation. It is unclear, however, how participants' voices will be reflected in this evaluation, if at all. PROMISE considers it important to ask patients:
 - The extent to which they think their provider sought the most accurate, current intervention for their care;
 - The extent to which patients knew and were comfortable with their diagnoses being discussed to aid their care;
 - Perceived care quality for their diagnoses; and
 - Clarity of information shared by their provider if the PROMISE hotline consultation, for example, yielded a change in care management.

We believe that care receipt and a patient's perception thereof is part of implementation. We should note that PROMISE is housed in a data-driven unit where participants are familiar with study participation. Compensation for their time (e.g., gift cards) is a standard that we build into our budgets.

- b. Related to evaluation implementation: to prepare *likely respondents* for the evaluation, it would be useful for the evaluation team to brand HRSA-MMHSUD programming in marketing leading up to evaluation activities so that providers can more easily respond to questions. Given the numerous grant-funded programs throughout the region, the evaluation team and grantees might mention verbally and/or in materials that services are part of a HRSA-MMHSUD initiative so that when the evaluation team recruits participants will be more easily able to identify the HRSA-MMHSUD grantee (e.g., PROMISE) and engage in conversation.

(4) The use of automated collection techniques or other forms of information technology to minimize the information collection burden

We welcome software and strategies that will help the evaluation while being minimally invasive to daily activities. Availability polls that automatically create calendar appointments on days evaluation participants note they are available; QR codes embedded in email invitations that lead to surveys; automatic email and calendar reminders; online text that is accessible to screen readers; and the option to audio record verbal responses to be transcribed later by the evaluation team are also helpful tools that shorten the logistical time required for evaluation activities.

Peripherally, we would like to offer that shared grantee software to collect provider and patient data of interest would have been useful to this effort. Just as HRSA Healthy Start has ChallengerSoft software available to its grantees for use via purchase of a license, HRSA MMHSUD might consider one standard software build that allows grantees to purchase user seats.