HEALTH RESOURCES AND SERVICES ADMINISTRATION
MATERNAL AND CHILD HEALTH BUREAU
PERFORMANCE MEASURES
FOR DISCRETIONARY GRANT INFORMATION SYSTEM (DGIS)
Revision- 0915-0298

1. Circumstances of Information Collection (Background)

The Health Resources and Services Administration (HRSA) is requesting continued approval from the Office of Management and Budget (OMB) to use reporting requirements for grant programs administered by the Maternal and Child Health Bureau (MCHB), including national performance measures, in accordance with the "Government Performance and Results Act (GPRA) of 1993" (Pub. L. 103-62). This Act requires the preparation of an annual performance plan covering each program activity set forth in the agency's budget, which includes establishment of measurable goals that may be reported in an annual financial statement to support the linkage of funding decisions with performance.

Performance measures for MCHB discretionary grants were initially approved by OMB in January 2003, and the latest approval was obtained in 2016 for significant revisions. Continued approval from OMB is currently being sought to continue the use of performance measures with minor revisions. Most of these measures are specific to certain types of programs and are not required of all grantees. The measures are categorized by domains (Adolescent Health, Capacity Building, Child Health, Children with Special Health Care Needs, Lifecourse/Crosscutting, Maternal/Women Health, and Perinatal/Infant Health). Grant programs are assigned domains based on their activities. In addition, there are three core measures and financial/demographic forms that are utilized by all grantees. MCHB programs are authorized by Section 501 of Title V of the Social Security Act, PL 101-239 (see attachment A) and are administered by HRSA's MCHB. The Discretionary Grants Information System (DGIS) is used for grants related to program initiatives such as those listed above. The OMB number for this activity is 0915-0298 and the current expiration date is 6/30/2019.

Grant reporting forms and performance measures for MCHB discretionary grant programs have been designed to capture information across the variety of grants. The attached common grant documents include the entire set of forms to address the range of information needed from different MCHB discretionary grant programs. However, each grantee is only required to complete forms in this package that are applicable to its initiative. Specific measures and forms are assigned by the Project Officer when the grant competition is announced. The proposed revisions are reflected in the track changes in attachments C and D.

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 under this Title [V]," sanctioned the Maternal and Child Health program as well as provided the foundation and overall structure for the MCHB.[1] Situated within 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 several 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." 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. 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 ¾ percent thereof for the projects described in subparagraphs (A) through (F) of section 501(a) (3)" respectively.

The MCH 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 facilitate research, policy, programs, and practice.

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 discretionary grant programs managed by MCHB.

[1] 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)

Description of Reporting Forms

DGIS electronically captures data from the approximately 700 discretionary grant awardees made each year. Many of these grants are supported under the Title V MCH Block Grant Federal set-aside programs (SPRANS and CISS). The DGIS electronically captures performance measures, program-specific information, annual financial data, and abstract data for MCHB's discretionary grants. These data help to demonstrate the impact of these discretionary grants, assess the effectiveness of these programs, inform programmatic planning, and ensure that quality health care is available to the nation's MCH populations. Originally released in October 2004, the DGIS is a web-based system that allows grantees to report their data online to MCHB through HRSA's Electronic Handbooks as part of grant application and performance reporting processes. The data captured in the performance measures and the financial forms are aggregated to display program data.

MCHB Programs

Programs administered by MCHB fall into three major categories:

- **The State MCH Block Grant program**, which awards formula grants to 59 states and jurisdictions to address the health needs of mothers, infants, and children, as well as children with special health care needs (CSHCN) in their state or jurisdiction;
- **Special Projects of Regional and National Significance (SPRANS)** that address national or regional needs, priorities, or emerging issues (such as opioids, maternal mortality, and Zika) and demonstrate methods for improving care and outcomes for mothers and children; and
- **Community Integrated Service Systems (CISS)** grants, which help increase local service delivery capacity and form state and local comprehensive care systems for mothers and children, including children with special health care needs.

Other Categorical Programs: Additional funding programs administered by MCHB include Autism and Other Developmental Disorders; the Sickle Cell Services Demonstrations; the James T. Walsh Universal Newborn Hearing Screening Program; Emergency Medical Services for Children (EMSC); the Healthy Start Program; Heritable Disorders; Pediatric Mental Health Care Access Grants; Screening and Treatment for Maternal Depression; Family to Family Health Information Centers; and the Maternal, Infant, and Early Childhood Home Visiting Program.

Special Projects of Regional and National Significance (SPRANS)

HRSA awards SPRANS grants to 1) respond to legislative set-asides and directives, 2) address critical and emerging issues of regional and national significance in maternal and child health, and 3) support collaborative and innovative learning across states so programs can utilize existing best practices and evidence. Examples of grants funded through SPRANS include:

- **Genetics:** Projects to improve access to genetic counseling and services for those at-risk of having a genetic condition and their families.
- **Hemophilia:** Projects to improve the quality of care in 135 hemophilia treatment centers serving 33,000 patients with hemophilia and related blood disorders per year.

- **MCH training:** Projects to support targeted interdisciplinary professional training in areas such as behavioral health, nutrition, public health, and adolescent health. In FY 2016, SPRANS projects trained 9,222 individuals across the country and provided continuing education to 73,548 practicing MCH professionals to improve care and outcomes for MCH populations, including state and local MCH professionals such as Title V leaders and staff, school nurses, and childcare providers.
- **MCH Research and Data**: Projects to support 1) translational research to advance MCH science and practice; 2) capacity-building to use data to drive improvements in state Title V programs and outcomes; and 3) The National Survey of Children's Health, which is the only source for annual national and state-by-state data for many Title V outcome and performance measures, as well as for 15 Healthy People Objectives.
- **Oral Health**: Projects to improve perinatal and oral infant health.
- **Epilepsy:** Projects to improve access to quality services for children and youth with epilepsy in underserved areas.
- **Sickle cell disease:** Projects to improve care coordination for children and families affected by sickle cell disease
- **Fetal Alcohol Syndrome:** Projects to decrease the prevalence of alcohol use during pregnancy through provider and consumer education.

Community Integrated Services Systems (CISS)

CISS grants are awarded on a competitive basis and support states and communities in building comprehensive, integrated system of care to improve care and outcomes for all children, including children with special healthcare needs. For example, CISS funding supports Early Childhood Comprehensive Systems (ECCS) to establish CoIIN partnerships at the community level that work together to enhance early childhood systems building and demonstrate improved outcomes in population-based children's developmental health and family well-being indicators. ECCS works with 12 states and 27 communities to improve care coordination and systems integration so that more children are healthy at birth, thriving at age three, and school ready by age five. CISS funds six grant categories which include:

- Maternal and infant health home visiting programs;
- Projects to increase participation of obstetricians and pediatricians under Title V programs;
- Integrated MCH service delivery systems;
- MCH 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 grant projects in geographic areas with high infant mortality rates. For MCH 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 MCH service centers.

Other Categorical Funding

MCHB also administers additional funding programs, which include:

- **Autism:** The Autism and Other Developmental Disabilities program improves care and outcomes for children and adolescents with autism spectrum disorder (ASD) and other developmental disabilities (DDs) through training, advancing best practices, and service. The Autism and Other Developmental Disabilities program began in 2008 as authorized by the Combating Autism Act of 2006. The Autism Collaboration, Accountability, Research, Education and Support, or Autism CARES Act, reauthorized the program in 2014. The program supports training programs, research, and state systems grants.
    - Authorizing Legislation - Public Health Service Act, Section 399BB, reauthorized by Public Law 113-157, Section 4
- **Sickle Cell:** The Sickle Cell Disease Treatment Demonstration Program (SCDTDP) improves access to care and health outcomes for individuals with sickle cell disease, a genetic condition that results in abnormal red blood cells that can block blood flow to organs and tissues, causing anemia, periodic pain episodes, damage to tissues and vital organs, and increased susceptibility to infections and early death.
    - Authorizing Legislation - American Jobs Creation Act of 2004, Public Law 108-357, Section 712(c)
- **Universal Newborn Hearing Screening Program:** The James T. Walsh Universal Newborn Hearing Screening Program (UNHS Program) enables states and territories to develop statewide comprehensive and coordinated systems of care to ensure that newborns/infants receive hearing screenings and those who are diagnosed as deaf or hard of hearing receive appropriate and timely services. The Children's Health Act of 2000 (P.L. 106-310) authorized the UNHS Program in FY 2000. The Early Hearing Detection and Intervention Act of 2017 (P.L. 115-71) recently amended and reauthorized the program.
    - Authorizing Legislation - Public Health Service Act, Section 399M, as amended by Public Law 115-71, Section 2
- **Emergency Medical Services for Children Program (EMSC):** The Emergency Medical Services for Children (EMSC) program is the only federal grant program specifically focused on addressing the distinct needs of pediatric patients in emergency medical services. The EMSC program, authorized under the EMSC Reauthorization Act of 2014, works to ensure that seriously sick or injured children have access to the same high-quality pediatric emergency care, no matter where they live in the United States.
    - Authorizing Legislation – Public Health Service Act, Section 1910, as amended by Public Law 113-180, Section 2

- **Healthy Start:** The Healthy Start program provides grants to support community-based strategies to reduce disparities in infant mortality and improve perinatal outcomes for women and children in high-risk communities throughout the nation. Major and persistent racial and ethnic disparities exist for infant mortality, maternal mortality, and other adverse outcomes such as preterm birth and low birth weight.
    - Authorizing Legislation - Public Health Service Act, Section 330H, as amended by Public Law 110-339, Section 2
- **Heritable Disorders:** The Heritable Disorders in Newborns and Children program focuses on reducing the morbidity and mortality caused by heritable disorders in newborns and children by supporting state and local public health agencies' ability to provide screening, counseling, and health care services. Four million newborns each year are screened for at least 29 of the 35 core conditions on the Recommended Uniform Screening Panel (RUSP), a list of conditions recommended by the Secretary of HHS for state newborn screening programs. The Heritable Disorders in Newborns and Children program was authorized in 2000 and was reauthorized by the Newborn Screening Saves Lives Reauthorization Act of 2014.
    - Authorizing Legislation – Public Health Service Act, Section 1109-1112 and 1114, as amended by Public Law 113-240, Section 10
- **Pediatric Mental Health Care Access:** The Pediatric Mental Health Care Access Program promotes behavioral health integration in pediatric primary care by supporting the development of new, or the improvement of existing, statewide or regional pediatric mental health care telehealth access programs. These programs will provide tele-consultation, training, technical assistance, and care coordination for pediatric primary care providers to diagnose, treat and refer children with behavioral health conditions. This program works to address the shortages of psychiatrists, developmental-behavioral pediatricians, and other behavioral health clinicians who can identify behavioral disorders in children and adolescents and provide appropriate services through telehealth technologies that support and promote long-distance clinical health care, clinical consultation, patient and professional health-related education, public health and health administration.
    - Authorizing Legislation – Public Health Service Act, Section 330M (42 U.S.C. Section 254c-19) as added by the 21st Century Cures Act, Section 10002 (P.L. 114-255)
- **Screening and Treatment for Maternal Depression and Related Behavioral Disorders:** The Screening and Treatment for Maternal Depression and Related Behavioral Disorders Program expands health care providers' capacity to screen, assess, treat, and refer pregnant and postpartum women for maternal depression and related behavioral health disorders by providing training, real-time psychiatric consultation, and care coordination to front-line health care providers, including in rural and underserved areas. This program improves the mental health and well-being of pregnant and postpartum women and the social and emotional development of their infants.
    - Authorizing Legislation – Public Health Service Act, Section 317L-1, as added by the 21st Century Cures Act, Section 10005 (P.L. 114-255)

- **Family-to-Family Health Information Centers:** The Family-to-Family Health Information Centers (F2F HICs) Program assists families of children and youth with special health care needs (CYSHCN) to be partners in health care decision making. Staffed by family members who have first-hand experience using health care services and programs for CYSHCN, F2F HICs promote cost-effective, quality health care by providing patient-centered information, education, technical assistance, and peer support to families of CYSHCN and health professionals. Initially authorized by the Deficit Reduction Act of 2005, the program funded one health information center in each of the 50 states and the District of Columbia. Most recently, the Bipartisan Budget Act of 2018 reauthorized the program for FY 2018 and FY2019 at $6 million per year and added the requirement that F2F HICs be developed in all territories and at least one such center be developed for Indian tribes. The F2F HICs empower families of CYSHCN to be partners in health care decision making
    - Authorizing Legislation - Social Security Act, Section 501(c)(1)(A) as amended by Public Law 114-10, Section 216 and Public Law 115-123, Section 50501
- **Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV):** The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) supports voluntary, evidence-based home visiting services during pregnancy and to parents with young children up to kindergarten entry. The MIECHV Program builds upon decades of scientific research showing that home visits by a nurse, social worker, or early childhood educator during pregnancy and in the first years of life have the potential to improve the lives of children and families by helping to prevent child abuse and neglect; encouraging positive parenting; improving maternal and child health; and promoting child development and school readiness.
    - Authorizing Legislation – Social Security Act, Section 511 (j), as amended by Public Law 115-123, Section 50601

Domain Specific Measures and Program-Specific Measures (Attachment B):

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 MCHB in addressing the needs of MCH 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 including the tier structure for the performance measure, relevance to Healthy People 2020 Objectives, data source and issues surrounding data collection, and a statement on the significance of the performance measure in the MCH 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.

Financial and Demographic Data Forms (Attachment C):

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 served, project budget and expenditures, number of individuals served, 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.

Other Data Elements (Attachment D):

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. The information highlights unique characteristics of discretionary grant projects that are not captured in Parts 1 or 2. Forms capture grantee technical assistance/collaboration, whether there were any products, publications and submissions from their program and additional workforce development form.

2. Purpose and Use of Information

The performance data serves several purposes including grantee monitoring, program planning, and performance reporting. In addition, this data facilitates the ability to demonstrate alignment between MCHB discretionary programs and the MCH Title V Block Grant program to quantify outcomes across MCHB. The overall number of performance measures, and the design of the performance measures, are not changing. Revisions are being proposed to facilitate more accurate reporting of descriptive information in “Other Data Elements” related to Long-term Trainees in Maternal and Child Health, as well as activities related to Technical Assistance for certain programs.

Federal Uses of Information

The data and attendant information that are collected from the discretionary grant recipients allow MCHB to monitor grantee performance and progress toward achieving both short-term and long-term goals. The information provides the Bureau with timely information on grantee progress toward achieving goals, and 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.

Due to the diversity of grant categories administered by MCHB, 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 their grant, as assigned by Project Officers. In addition, the performance measure format utilizes a tiered approach in which grantees are able to demonstrate the full breadth of the work that their programs are doing in increasing levels of detail, regardless of proximity to the final outcome.

The common set of measures preserves the ability of grantees to highlight their own program needs and characteristics by allowing them 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. Furthermore, this consolidated effort collects consistent and comparable information across all sites and different program areas.

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 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

Efforts have been made to align with other 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 November 13, 2018, Vol.83, No. 219, p. 56353. No comments were received.

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 (example below)

Form	Number of Respondents	Responses per Respondent	Total Responses	Burden hours per response	Total burden hours
Grant Report	700	1	700	36	25,200
Total	700		700		25,200

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-14 at 10% time and 3 FTE GS-13 at 10% time for an average annual combined cost of $41,000. In addition, about $850,000 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 $891,000.

15. Changes in Burden

The current inventory for this activity is 21,600 hours. For this revision, there is an increase in the overall estimated annual burden, due to an increase in the number of programs expected to be reporting. However, most programs have a limited number of measures assigned (3 to 5

measures), with only Training programs, EMSC programs, and Healthy Start programs continuing to report additional program-specific measures as part of these discretionary grant performance measures.

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. See **https://perf-data.hrsa.gov/MCHB/DGISReports/** for more information.

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

Attachment A	**Section 501 of Title V of the Social Security Act**
Attachment B	**Domain-Specific Measures and Program-Specific Measures**
Attachment C	**Financial and Demographic Data Forms**
Attachment D	**Additional Data Elements**