

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS—Continued

| Form name   | Number of respondents | Number of responses per respondent | Total responses | Average burden per response (in hours) | Total burden hours |
|-------------|-----------------------|------------------------------------|-----------------|--|--------------------|
| Total ..... | 368                   | .....                              | 976             | .....                                  | 325.8              |

**Maria G. Button,**

*Director, Executive Secretariat.*

[FR Doc. 2024-07009 Filed 4-2-24; 8:45 am]

BILLING CODE 4165-15-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: The Maternal, Infant, and Early Childhood Home Visiting Program Performance Measurement Information System**

**AGENCY:** Health Resources and Services Administration (HRSA), Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

**DATES:** Comments on this ICR should be received no later than June 3, 2024.

**ADDRESSES:** Submit your comments to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or mail the HRSA Information Collection Clearance Officer, Room 14N39, 5600 Fishers Lane, Rockville, Maryland 20857.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call Joella Roland, the HRSA

Information Collection Clearance Officer, at (301) 443-3983.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the ICR title for reference.

*Information Collection Request Title:* The Maternal, Infant, and Early Childhood Home Visiting Program Performance Measurement Information System, OMB No. 0906-0017, Revision.

*Abstract:* This request is for continued approval of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Performance Measurement Information System. The MIECHV Program is administered by the Maternal and Child Health Bureau within HRSA in partnership with the Administration for Children and Families and provides support to all 56 states and jurisdictions, as well as tribes and tribal organizations. Through a needs assessment, states, jurisdictions, tribes, and tribal organizations identify target populations and select the home visiting service delivery model(s) that best meet their needs. There is no proposed change to the previously approved information collection instruments. Over the next 3 years, as part of efforts to implement new statutory provisions enacted as part of reauthorization of the MIECHV program, HRSA intends to engage with MIECHV awardees, home visiting model developers, and federal partners to identify opportunities to reduce administrative burden related to performance reporting, to enhance performance measures to measure disparities, and to align performance measures with other programs administered by HRSA’s Maternal and Child Health Bureau.

*Need and Proposed Use of the Information:* HRSA uses performance information to demonstrate program accountability and continuously

monitor and provide oversight to MIECHV Program awardees. The information is also used to provide quality improvement guidance and technical assistance to awardees and help inform the development of early childhood systems at the national, state, and local level. HRSA is seeking to continue collecting information on demographic, service utilization, and select clinical indicators for participants enrolled in home visiting services and a set of standardized performance and outcome indicators that correspond with the statutorily identified benchmark areas. This information will be used to demonstrate awardees’ compliance with statutory and programmatic requirements. It will also be used to monitor and provide continued oversight for awardee performance and to target technical assistance resources to awardees.

*Likely Respondents:* MIECHV Program awardees that are states, jurisdictions, and, where applicable, nonprofit organizations providing home visiting services within states.

*Burden Statement:* Burden in this context means the time expended by persons to generate, maintain, retain, disclose, or provide the information requested. This includes the time needed to review instructions; to develop, acquire, install, and utilize technology and systems for the purpose of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information; to search data sources; to complete and review the collection of information; and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS

| Form name  | Number of respondents | Number of responses per respondent | Total responses | Average burden per response (in hours) | Total burden hours |
|--|-----------------------|------------------------------------|-----------------|--|--------------------|
| Form 1: Demographic, Service Utilization, and Select Clinical Indicators ..... | 56                    | 1                                  | 56              | 560                                    | 31,360             |

TOTAL ESTIMATED ANNUALIZED BURDEN HOURS—Continued

| Form name   | Number of respondents | Number of responses per respondent | Total responses | Average burden per response (in hours) | Total burden hours |
|---|-----------------------|------------------------------------|-----------------|--|--------------------|
| Form 2: Performance Indicators and Systems Outcome Measures ..... | 56                    | 1                                  | 56              | 221                                    | 12,376             |
| Total .....   | 56                    | .....                              | 56              | .....                                  | 43,736             |

HRSA specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency’s functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

**Maria G. Button,**  
Director, Executive Secretariat.

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**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Health Resources and Services Administration**

**Agency Information Collection Activities: Submission to OMB for Review and Approval; Public Comment Request Title: Assessing the Use of Informal Contacts To Promote Caregivers’ Engagement and Satisfaction With Home Visiting**

**AGENCY:** Health Resources and Services Administration (HRSA), Department of Health and Human Services.

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act of 1995, HRSA submitted an Information Collection Request (ICR) to the Office of Management and Budget (OMB) for review and approval. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public during the review and approval period. OMB may act on HRSA’s ICR only after the 30-day comment period for this notice has closed.

**DATES:** Comments on this ICR should be received no later than May 3, 2024.

**ADDRESSES:** Written comments and recommendations for the proposed information collection should be sent

within 30 days of publication of this notice to [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). Find this particular information collection by selecting “Currently under Review—Open for Public Comments” or by using the search function.

**FOR FURTHER INFORMATION CONTACT:** To request a copy of the clearance requests submitted to OMB for review, email Joella Roland, the HRSA Information Collection Clearance Officer, at [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov) or call (301) 443-3983.

**SUPPLEMENTARY INFORMATION:**

*Information Collection Request Title:* Assessing the Use of Informal Contacts to Promote Caregivers’ Engagement and Satisfaction with Home Visiting OMB No. 0915-xxxx-NEW

*Abstract:* The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, authorized by Social Security Act, Title V, § 511 (42 U.S.C. 711) and administered by HRSA in partnership with the Administration for Children and Families, supports voluntary, evidence-based home visiting services during pregnancy and for parents with young children up to kindergarten entry. States, tribal entities, and certain nonprofit organizations are eligible to receive funding from the MIECHV Program and have the flexibility to tailor the program to serve the specific needs of their communities. Funding recipients may subaward grant funds to local implementing agencies to provide home visiting services to eligible families in at-risk communities.

This information collection is part of the Assessing and Describing Practice Transitions Among Evidence-Based Home Visiting Programs in Response to the COVID-19 Public Health Emergency Study, which aims to identify and study practices implemented in response to the COVID-19 public health emergency that support evidence-based practice and have the potential to enhance home visiting programming. One of the practices the study identified is the use of informal contacts. Informal contacts are any contacts between a home visitor and family that occur between formal

home visits (e.g., text messages, emails). The purpose of this information collection is to better understand, through rapid cycle learning, how MIECHV-funded home visiting programs can use informal contacts to improve service delivery and promote caregiver’s engagement and satisfaction.

Information will be collected in four phases designed to (1) identify informal contact strategies (co-definition phase); (2) pilot test and identify refinements to improve the implementation of strategies (installation phase); (3) iteratively test the strategies with refinements to their implementation (refinement phase); and (4) assess the potential of informal contact strategies to improve service delivery and promote family engagement and family satisfaction with home visiting programs (summary phase). Data collection activities include focus groups, online questionnaires, and review of documents and administrative data.

A 60-day notice published in the **Federal Register** on December 5, 2023, vol. 88, No. 232; pp. 84343-45. There were no public comments. One home visiting model developer requested copies of the information collection forms.

*Need and Proposed Use of the Information:* The onset of the COVID-19 public health emergency prompted home visitors to use telephone, text, and social media direct messaging to informally contact families on a more frequent basis—in some instances, daily. This practice has continued for some programs even after the end of the public health emergency and the transition back to in-person service delivery. Current evidence suggests considerable variation in strategies used by home visiting programs with regards to context, type, frequency, and purpose of informal contacts. While increasing contacts helped home visitors to build rapport and further address family needs, other findings suggest that informal contacts can place pressure on families to engage with home visitors beyond what they have the capacity for and increase the workloads of home