

3.2.4 Definition of Promising

HHS intends that for a project to be considered promising, the following conditions must be met:

- One study of a project must meet evidence standards.
- That study must find only favorable or null impacts within a given outcome domain. Thus no studies that meet evidence standards for an outcome domain can show an unfavorable impact within the domain.
 - If the review examines more than one measure to identify impacts on a particular domain (e.g., Unemployment Insurance data and participant survey data), as long as one measure (among those selected according to 3.2.2.3 above) finds favorable impacts for that outcome, the intervention can receive a Promising rating for that outcome.
 - Projects that have both favorable and unfavorable impacts in a given domain will be categorized as mixed.

3.2.5 Definition of Ineffective

HHS intends that for a project to be considered ineffective, the following conditions must be met:

- One or more studies of a project must meet evidence standards.
- There must be only findings of unfavorable or null effects in a given domain.
 - For studies finding null effect in a given domain, the review will include a measure of statistical precision—so that small, under-powered studies do not drive the effectiveness rating. If an intervention has been evaluated using only small studies, a lack of detectable effects could reflect either ineffectiveness of the intervention or the lack of statistical power to detect effects. It would be misleading to characterize this latter scenario as an ineffective project.

3.2.6 Definition of Developmental

HHS intends that for a project to be considered developmental, the following conditions must be met:

- There must be at least one current, ongoing evaluation of the project that uses a study design that meets evidence standards but has not yet produced impact findings.

3.2.7 Additional Category of Mixed and Definition of Mixed

HHS intends that there be an additional category for categorizing evidence of effectiveness called mixed. HHS proposes that for a project to be considered mixed, the following conditions must be met:

- One or more studies of a project must meet evidence standards.

- The studies find both favorable and unfavorable impact estimates within the same domain.

3.2.8 HHS intends that narrative descriptions of rated projects, narrative descriptions of approaches, and information on case studies be provided to users of the Clearinghouse to facilitate a fuller understanding of the field of welfare-to-work interventions.

4.0 Submission of Comments

Comments may be submitted until August 5, 2018 by email to OPREinfocollection@acf.hhs.gov.

Naomi Goldstein,

Deputy Assistant Secretary for Planning, Research, and Evaluation.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Notice of Single Source Award Based on Non-Statutory Earmark to the Delta Region Community Health Systems Development Program

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

ACTION: Notice.

SUMMARY: The purpose of the Delta Region Community Health Systems Development Program is to support collaboration with and input from the Delta Regional Authority to develop a pilot program to help underserved rural communities in the Delta region identify and better address their health care needs and to help small rural hospitals improve their financial and operational performance. HRSA received an additional \$2,000,000 in FY 2018 to support the Delta Region Community Health Systems Development Program, increasing the total FY 2018 resources from \$2,000,000 to \$4,000,000. The single award recipient, the Rural Health Resource Center has a need for additional funds to support activities performed within the scope of this program. The center will use a multipronged approach to deliver phased-in technical assistance (TA) to all eight Delta Region communities.

ADDRESSES: Further information on the Delta Region Community Health Systems Development Program is available at: <https://www.hrsa.gov/ruralhealth/programopportunities/fundingopportunities/?id=8d869eff-0bca-4703-a821-88a9f0433b73>.

FOR FURTHER INFORMATION CONTACT:

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Background

The Delta Region Community Health Systems Development program is authorized by Section 711(b) of the Social Security Act, (42 U.S.C. 912 (b)), as amended.

HRSA established the Delta Region Community Health Systems Development Program in FY 2017, under announcement HRSA–17–117, providing up to \$2,000,000 per year to one awardee, the Rural Health Resource Center for a three-year project period: September 30, 2017 through September 29, 2020. The FY 2018 House Report 115–244 and Senate Report 115–150 Division H of the Consolidated Appropriations Act of 2018 (Pub. L. 115–141) provided direction that an additional \$2,000,000 included in the appropriation to be used to support the Delta Program. HRSA plans to increase the maximum funding per year for the Delta Region Community Health Systems Development Program to \$4,000,000 for one award recipient in FY 2018, as well as in subsequent budget periods within the three-year project period, should funds become available.

Conclusion

HRSA will provide \$2,000,000 in additional resources to the current award recipient, the Rural Health Resource Center in FY 2018 to support additional activities within the scope of the Delta Region Community Health Systems Development Program. The recipient will utilize its existing infrastructure and a multipronged approach to deliver intensive assistance to all eight Delta Region communities, including onsite assessments in financial, operational performance, and quality improvement in the areas of population health, social services, emergency medical services, and telehealth. Please direct any questions or concerns to RMoscato@hrsa.gov.

Dated: May 31, 2018.

George Sigounas,
Administrator.

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