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- Form 1, Table 1:

We support the need for the new gender categories. However, the new gender categories will have an impact on the gender specific constructs for which there is no validated assessment tool (i.e. nonexistent validated IPV screening or depression screening tool for non-binary participants/did not report gender participants). Although we understand the need for the new gender categories, we ask for HRSA's consideration that with the current IL participants and the current data collection and reporting system, the burden of the changes to adapt the reporting system is estimated to be high.

- Form 1, Tables 4, 9, 10, and 18:

The breakdown for new and continuing is possible, but it is unclear how the information will be used by HRSA for tables 4 (age), 9 (educational attainment), 10 (employment status), and 18 (type of health insurance coverage). It seems that if programming needs to be adjusted, it would be adjusted regardless of new or continuing status of the adult participants.

- Form 1, Tables 5, 19, and 20: Update tables to include reporting for new and continuing index children.

The breakdown for new and continuing is possible, but it is unclear how the information will be used by HRSA for tables 5 (age), 19 (usual source of medical care), and 20 (usual source of dental care). It seems that if programming needs to be adjusted, it would be adjusted regardless of new or continuing status of the index children.

- Form 2, Measure 16:

Unclear how caregiver health insurance coverage status measures family economic self-sufficiency, when having continuous health insurance for the population in HV often depends on pregnancy status/low income?

What does the difference between New and continuing clients intend to measure? It is unclear as to why the delineation is necessary.

- Form 2, Measures 17, 18, and 19:

Unclear about the revisions indicated in Form 2. If the screenings are missing (in constructs that measure screenings for depression, developmental delays or IPV), will they no longer be counted as missing in the referrals?

- Form 2: Two optional measures on substance use screening and referral

The optional nature of the measures is welcome. However, we have several questions/comments to help assess the impact of these measures on data collection and reporting.

- Is this a pilot project or is this something will be required later on?

- Will HRSA be recommending or requiring specific screening tools?

- LIAs will need time to train and support staff on this new screening and it will need to be added to the data system for tracking.

- Screenings will potentially surface issues that require mandated reporting in IL – this would impact the role of Home Visitors. Home Visitors will need in-depth training if the plan is to go beyond using tools like the 4Ps, recommended for pregnant women. Two new measures will add to an already full schedule for Home Visitors.

- Will participants be able to opt out of this screening? Accepting home visiting services is voluntary and discussing substance use issues may lead to disengagement and/or refusal to continue to participate.

- Referrals depend a lot on the system in place in each area. Referral to other services may not be available if there is a positive screen. Also, there is a history in IL of proposed legislation in the General Assembly to require individuals applying for public benefits to be screened for substance use.