

May 13, 2021

Diana Espinosa

Acting Administrator

Health Resources and Services Administration

U.S. Department of Health and Human Services

5600 Fishers Lane | Rockville, MD | 20857

Re: Revisions to the Maternal, Infant, and Early Childhood Home Visiting Program Performance Measures

Dear Administrator Espinosa,

The National Service Office (NSO) for Nurse-Family Partnership® (NFP) and Child First appreciates the opportunity to respond to the Health Resources and Services Administration's (the Department's) proposed changes to the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program's Information Collection Request (ICR) (86 FRN 20372, published 4/19/21). The NSO commends the Department for considering our previous comments submitted in February 2021. In general, the NSO supports the changes proposed. However, the NSO again cautions that any proposed changes to the benchmarks imposes an increased burden on our Nurses, staff, and the families that we serve, and we recommend that the Department consider those burdens as it proceeds. Data collection and reporting are ongoing burdens for awardees, and the addition of even one new measure or assessment increases the time and resources for all awardees and staff. Requiring all the proposed changes by the 2022 reporting period may also need to be reconsidered. Pending more specific details (as explained below), the level of effort to implement these changes may be significant. The NSO offers the following specific comments.

- ***Form 1, Table 1:* Update table to include reporting for gender non-conforming participants and unknown/did not report participant gender.**

The NSO seeks further clarification regarding this proposed change. Does the Department intend to require specific language and categorization of gender options? Currently, the gender options for NFP include male, female, not answered, and transgender. It is unclear if this is sufficient given the update proposed.

- ***Form 1, Table 15:* Update table to collect the number of home visits completed virtually.**

The NSO recommends that Table 15 should include a required "notes" section so that awardees can define how the model being used refers to virtual visits. Since the definition provided by the Department defers to the model for specifics, there could be significant variant among awardees.

- ***Form 2, Measure 16:* Update measure to reflect caregiver health insurance coverage status.**

The NSO seeks clarification on how the Department intends to measure caregiver health insurance coverage status. Additionally, the frequency of data collection for this measure is unclear. Without a clear definition of what this will entail, it is hard for the NSO to evaluate our level of effort to make this change to our reporting. This proposed change may require a change to our data collection system, and depending on the ask, it may not be possible to make these changes in time for the 2022 reporting period. The NSO also recommends that the Department remove “the most recent data collection point within the reporting period” and replace it with a defined timeframe.

- **Form 2: Inclusion of two optional measures to collect information on substance use screening and referrals.**

The NSO commends the Department for considering our previous concerns with the substance use screening and referral tools and making this measure optional. We also agree with the Department’s decision to change the required timeframe for the completion of the substance use screen from 30 days of enrollment to six months of enrollment. This change aligns with the clinical practices of NFP and Child First and allows for clinical opinions and our families’ needs and desires, to guide their assessments. The NSO also strongly encourages the Department to consider more than one validated tool or substance use screening methods defined by the evidence-based model.

Thank you for your consideration of these comments and your continued work to bring quality programs to families in need.

Regards,



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