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Hi,

I am the Data/CQI lead for NC MIECHV. I am also part of the Alliance of State and Tribal Home Visiting Initiative (ASTHVI's) Data Committee, who met last week to discuss the proposed changes to Forms 1 and 2. While the ASTHVI is also submitting feedback on behalf of the Committee, here's some additional feedback on the proposed changes.

\*\*\*Overall, please update the Forms AND the Toolkits/FAQs so they ALL include the correct details for measure inclusion, exclusions, missing data, etc. Or at least make one comprehensive doc. Currently we have to flip back and forth between them all, since they all include various pieces of information/instructions, but none are comprehensive or standalone. It's the worst. If you make any changes/updates at all this should really be the priority.\*\*\*

For Form 1, the 30-day changes are much better than the 60-day changes. Thanks for only including gender in Table 1 and removing it from the others. Note that many awardees will have to make database changes or coordinate with other contracting agencies to update for the inclusion of non-binary gender; others may be completely unable to do so. Do you have a plan on addressing the wide variety of reporting that will likely occur with this?

For certain Tables (Table 4, 9, 10, etc.), looking at newly enrolled v. continuing participants AND pregnant participants v. caregivers seems more complicated & tedious than necessary. It's a lot of cross-splitting, making for small numbers in each category and might not tell you a lot anyway. Is looking at both really necessary? E.g., you could look at newly enrolled v. continuing for Table 9 but keeping pregnant v. continuing doesn't seem meaningful to keep here. What are you actually wanting to look at? What are you using this for? Recognize this is a data burden on awardees, as awardees & LIAs don't splice the data out this thoroughly for internal use. Think through what you're actually wanting to look at and streamline.

For Form 2, the change for PM 13 is great. The change in PM 16 is also helpful and more meaningful compared to the current definition. We won't have too many challenges to alter this PM, though it sounds like lots of awardees will struggle with how to record and analyze this.

One item related to PM 16 we'd like to know is how you plan on conducting the Demonstration of Improvement (DOI) process in the future; this PM will likely go down compared to last year with this change. If the DOI takes the average of two years, for example, FY20 and FY21, those percentages will likely be a lot higher compared to FY22 with this new change. How are you factoring this in for demonstrating improvement for certain measures that will be affected by new definitions?

THANK YOU for changing the missing data parameters for PMs 17, 18, & 19. The way it's currently done just doesn't make sense. Great change.

For the optional measures related to substance use screening/referrals, while we really appreciate that they are now optional v. required, could you provide more context on these measures and their overall purpose? Is this a trial run and they will change to be required in the future? Will awardees be penalized for not reporting these measures over multiple years? What if they report for one year and later decide not to due to time/data burden? Are there validated tools for this you're using, or will it be up to the models? More info would be helpful.