ASTHVI
ASSOCIATION OF STATE AND TRIBAL HOME VISITING INITIATIVES

Ms. Cynthia Phillips
Director, Division of Home Visiting and Early Childhood Services
Maternal Child Health Bureau
Health Resources and Services Administration
Rockville, MD 20857

May 19, 2021

Dear Ms. Phillips,

The Association of State and Tribal Home Visiting Initiatives (ASTHVI) is a collaboration of administrators of home visiting funds dedicated to supporting the effective implementation and continuous quality improvement of home visiting programs. We are writing to respond to HRSA's information collection request, *The Maternal, Infant and Early Childhood Home Visiting Program Performance Measurement Information System* (OMB No. 0906-0017, Revision), published on April 19, 2021, which would modify several of the current data collection practices for demographic performance measures (Form 1) and benchmark performance measures (Form 2). We appreciate the opportunity to provide feedback and look forward to future collaboration.

ASTHVI applauds HRSA's efforts to consistently engage state and Tribal administrators in conversations about the changes to MIECHV data collection and performance measures. Our members appreciate the attention given to stakeholder feedback collected through a 60-day notice published in December and the subsequent revisions made as a result. The ASTHVI Data Committee is particularly grateful for the increased standardization across tables in Form 1 and for making the new substance use screening and substance use referral measures optional for awardees. The removal of a proposed table on father and caregiver engagement is another notable revision given the challenges certain models would have collecting that information.

Home visiting administrators from around the country joined the ASTHVI Data Committee on a call to review the proposed changes. During the call, administrators reiterated that it would be helpful to understand the reasons behind the proposed revisions. While the need for revisions is fairly self-evident in certain cases, there are other instances where administrators would benefit from additional context, background, and guidance explaining the rationale for those changes. This would improve data quality and comparability, and help administrators more effectively achieve HRSA's goals.

ASTHVI is pleased to offer the following responses to the changes proposed:

Form 1: Demographic, Service Utilization, and Select Critical Indicators

Section	Revision	ASTHVI Response
Table 1	Update table to include reporting for gender non-binary participants and unknown/did not report participant gender.	As mentioned in ASTHVI comments submitted in response to the 60-day notice, members appreciate HRSA's interest in expanding gender categories. With that being said, some states will be unable to report on the new "gender non-binary" categories. Members expressed interest in keeping the revised categories while allowing flexibility for those states unable to include that data. Several states raised concerns that the new categories could result in small numbers and identifiable data for certain tables in some areas. There were also questions raised about the use of tools validated for males or females that have not been validated for gender non-binary persons. In summary, administrators support the intent behind this revision and are requesting flexibility and guidance for states unable to collect this data, in situations with the potential for identifiable data, and the use of tools validated for a specific gender.
Tables 3, 5, 6, 7, 18, 19, and 20	Update tables to remove index child gender reporting	This revision will improve data quality and accuracy.
Tables 3, 4, 6, 7, 8, 9, 10, 11, and 18	Update tables to remove adult participant gender reporting	Members think this is a positive revision that will slightly reduce the burden of reporting on these tables.
Table 15	Change table title to "Home Visits"	This is a positive update.

Table 15	Update table to collect the number of home visits completed virtually.	Members are unsure if all states are actively and/or have been collecting information on the number of home visits completed virtually.
Tables 4, 9, 10, and 18	Update tables to include reporting for new and continuing adult participants	Additional information about the reasoning behind this update would be helpful. In some cases, this revision results in a descriptive form being used to measure outcomes. Table 18, for example, implies a direct causality between whether a participant or caregiver is newly enrolled or continuing and their health coverage status. Additional background on this change would be helpful. Members also requested clarification of the definition of "caregivers," and whether data on all caregivers, or only on the primary caregiver, should be reported in Form 1. While the majority of states on the call report only on the primary caregiver, some states report on all participating caregivers in Form 1.
Tables 5, 19, and 20	Update tables to include reporting for new and continuing index children	Administrators are not sure what the anticipated benefits of this revision are and expect that it will create additional burden for programs. This revision raises questions about the enrollment date of index children. Should index children be assigned a "new"or "continuous" status based on (a) when the family was enrolled in home visiting, or (b) when the index child as an individual was enrolled in home visiting. If a family was enrolled in home visiting prenatally, there could be a continuing family who started in the program last year that has a new index child born this year. In that situation, should the index children be considered "new" or "continuing"? Additional guidance would be helpful.

Form 2: Performance and Systems Outcomes Measures

Section	Revision	ASTHVI Response
Measure 13	Change measure name to "Behavioral Concern Inquiries"	This is a helpful clarifying revision.
Measure 16	Update measures to reflect caregiver health insurance coverage status	Administrators caution that the revisions to measure 16 will lower insurance coverage percentages for many states, with the revised "most recent" 6 consecutive months naturally resulting in lower coverage rates than the prior "at least" 6 consecutive months. How will reduced rates as a result of the measure revision be taken into account for the MIECHV demonstration of improvement process when comparing rates with those of previous years? ASTHVI would also highlight the continuing difficulties states that have not expanded Medicaid face with regards to health insurance coverage.
Measures 17, 18, and 19	Update missing data guidance	Members unanimously applaud this revision and request that this missing data guidance could also be added to measure 6.
Form 2	Inclusion of two optional measures to collect information on substance use screening and referrals	As mentioned above, ASTHVI is grateful that the new substance use screening and completed substance use referral measures have been made optional. The addition of such measures imposes a significant burden on data collection teams, at state agencies as well as local implementing agencies, and requires time to update data systems and educate staff. The biggest question administrators have about the two optional measures is how these measures will be used. Is there a benefit or incentive to collect this data? Are these being made optional as a way to test them in trial period? Is it to alleviate

		the burden on awardees? Will these measures be made mandatory in the future? If so, when can awardees expect these measures to be made mandatory? What is the reason for their inclusion? Given the aforementioned burden of implementing new measures, administrators would appreciate clarification on HRSA's long-term vision for these measures.
Optional Measure 1	Substance use screening	Members appreciate the updated timeline for this measure. The six-month window promotes accurate reporting and relationship building compared with the previous 30-day window. Home visitors in the field have shared that the answers to this question often change once a relationship has been built. Several members expressed concerns about home visitors as mandatory reporters in their state, and the possible complications that could arise as a result. This is another reason administrators are grateful that the substance use screening and referral measures have been made optional. Finally, administrators raised questions about the definition of substance use. What is considered unhealthy alcohol use, nonmedical prescription use, and illicit drug use? Is marijuana included? What validated measurement tools does HRSA recommends?
Optional Measure 2	Completed substance use referrals	Members appreciate the updates to this measure, including the removal of the 14-day timeline to measure receipt of services and the restriction of the denominator to primary caregivers enrolled in home visiting who had a positive screen.

		Recognizing that this is a systems outcome measure, ASTHVI members' primary concern is that this measure will reflect the resources available in a community rather than how effective home visiting programs are at connecting families with helpful resources.

Thank you for your attention to these comments. We look forward to working with you to improve health, child welfare, and early education outcomes for even more children across the country.

Sincerely,

Kasondra Kugler, Washington
ASTHVI Data Committee Co-Chair

Ginny Zawistowski, Minnesota
ASTHVI Data Committee Co-Chair