



Ms. Maria Button, Director
Executive Secretariat, Office of Operations
Health Resources and Services Administration
Rockville, MD 20857

8 November 2021

Dear Ms. Button,

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 Quarterly Performance Report, OMB No. 0906-0016, Revision*.

ASTHVI members are grateful to HRSA for consistently engaging state administrators in conversations about the changes to quarterly data collection. Our Data Committee met virtually on October 27 to discuss these changes and appreciates the opportunity to provide feedback on the revised proposal.

We would like to affirm the update to the reporting due date to provide administrators 45 days, rather than 30, after the end of each period to prepare and submit reports. This recommendation was important to ASTHVI members, as additional time increases the quality and accuracy of the data submitted to HRSA and reduces the likelihood of subsequent revisions. We appreciate HRSA's responsiveness to this recommendation.

Much of the Data Committee's discussion of the revised proposed quarterly report focused on *Table A.2: Place-based services*. The proposed definitions for LIA Organization Name and LIA Address in this table imply that each LIA should only be entered into this table once, regardless of the number of sites or locations, and that the LIA Address should reflect the address that most accurately reflects where services are delivered. During the Committee's discussion, it became clear that some awardees would need to change how they complete this report, because they are currently entering LIAs with multiple locations and models into multiple table rows to reflect where services are provided. Additionally, it would be difficult to report a single address for an LIA that serves a wide geographic area that "accurately reflects where services are delivered." Additional clarification in these

definitions and instructions on how to complete Table A.2 would help awardees provide consistent information to HRSA.

We would appreciate clarification on how the data in Table A.2 is used. As an example, reporting zip codes in this table is labor-intensive for some awardees, as this data must be entered by hand into HVIS. It is unclear to ASTHVI members how this information is used and whether the amount of time and resources needed to enter this information is justified by the value-add of providing it. Knowing the intent of the data collection, ASTHVI Data Committee members would be able to provide suggestions to make reporting a more efficient and helpful process for both HRSA and MIECHV administrators.

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 Branwen
ASTHVI Data Committee Co-Chair

Virginia Zawistowski
ASTHVI Data Committee Co-Chair