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

*Information Collection Request Title:* Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Home Visiting Budget Assistance Tool, OMB No. 0906-0025-Revision.

January 9, 2023

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 in response to the Health Resources and Services Administration's invitation to offer public comments on the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program's Home Visiting Budget Assistance Tool (HV-BAT). ASTHVI's Data Committee, comprised of administrators of MIECHV grants, met with state administrators who had prepared and submitted the HV-BAT as part of the first cohort of 19 states to complete the report to discuss the updated administrative burden estimate associated with HV-BAT and potential value of the information collected.

In summary, there is a broad consensus among ASTHVI members who participated in the HV-BAT that:

- Even updated, the number of hours required on the part of local implementing agencies (LIAs) to complete the HV-BAT is significantly underestimated
- The time commitment required of states to complete the tool is substantial and is not reflected anywhere in the estimate
- The information generated by the HV-BAT is at best not useful, and at worst misleading
- The information derived from the HV-BAT is not useful enough to justify the amount of time spent to collect and report it
- The goal of estimating the true cost of home visiting programs can be better achieved, with greater accuracy and reduced burden, using other approaches to cost modeling

State estimates of the per-LIA level of effort required to complete the HV-BAT ranged from 30-70 hours, with an average of about 50 hours or double the estimate in the FRN. This does not take into account the time required of state agency personnel to review, assemble, and submit the tool, estimated at an additional 88-100 hours.

MIECHV is a government-wide leader in evidence-based policy, focused on measurement of outcomes for families. As such, the obligation to collect and report data in MIECHV exceeds that of most other federal grants. ASTHVI members are grateful for the ongoing conversation with HRSA concerning reductions to the already significant administrative burden of MIECHV, and the direct and indirect costs of that burden, consistent with direction in the recently-passed Jackie Walorski Maternal and Child Home Visiting Reauthorization Act of 2022. As stewards of public funds and leaders in service to children and families, we must examine not just what data can be collected, but the usefulness of the data and the cost of collecting it.

State administrators largely agree that even in the best case, the data collected in the HV-BAT does not offer enough value to justify the significant staff time and opportunity cost of data collection, compilation and quality, and follow-up activities. In the worst case, the data collected by the instrument is unrepresentative and misleading, and its use would be counterproductive in estimating the true cost of administering home visiting programs supported by MIECHV.

**Costs to Local Implementing Agencies**

Based on initial information offered to Cohort I states, administrators believe that completing the HV-BAT is a much larger undertaking for local agencies than HRSA initially intended or anticipated. The administrative burden associated with completing the HV-BAT varies depending on the size of a local implementing agency (LIA); the number of families served; whether the agency is solely funded by MIECHV or administers home visiting funds from other resources; and the number of LIAs in a state. Regardless, there is a strong consensus among the states that completed the HV-BAT as part of Cohort I that the estimate of the time burden to collect HV-BAT data, even adjusted upwards from 18 hours to 24 hours per local implementing agency in this Federal Register Notice, underrepresents the time demand on local agency staff by more than 100%.

There are multiple reasons for this, including:

- The tool collects, defines or calculates data differently than any other MIECHV report, significantly increasing the workload required to assemble the required information.
- In cases where a local agency implements more than one home visiting model, the HV-BAT must be completed for each model. While some calculations are consistent across models, many calculations are model-specific, increasing LIA time spent completing the forms.
- Data collected includes detailed questions about local agency facilities and other costs (ie, construction of partitions to create office space for home visitors to have confidential conversations) that may be decades old, require extensive research on the part of the local implementing agency, and do not represent the true cost of building out a program in 2022.

- While states were initially told that rough estimates would be acceptable, extensive follow-up questions asking for additional information, context and justification for data submitted necessitated multiple rounds of back-and-forth between local implementing agencies, state agencies, HRSA and its TA providers/reviewers. Administrators commented that, in most cases, significant amounts of time were spent double-checking, explaining and justifying information that was correct but was outside the range expected by the reviewers.

For these reasons and more, administrators' estimates of the per-local implementing agency staff time required to complete the HV-BAT ranged from 30 -70 hours, depending on the size of the LIA and other factors. Administrators' consensus is an average of approximately 50 hours per LIA, rather than the 24 hours this FRN reflects.

This time estimate includes local staff time needed to:

- Review information
- Receive training on completing the HV-BAT, including specific terminology and definitions used in the HV-BAT that are not used elsewhere in MIECHV
- Research historical information
- Re-calculate data related to current staff and families
- Fill out forms
- Complete internal review and approval processes
- Submit forms
- Respond to state agency staff questions during the compilation and quality review process
- Respond to HRSA questions about data submitted

Time estimates provided are based on the experience of Cohort I states. It appears that additional requirements may have been added to the HV-BAT for Cohort II, including but not limited to calculations for American Rescue Plan funds that were originally recorded on a client/use basis, not an expense basis. Additional requirements added to future versions of the HV-BAT would increase the time required of LIA staff to complete the tool.

State administrators observed that their contracts with local agencies do not currently include staff time or resources to complete the HV-BAT. When states were required to update their community needs assessments, many included allowances for local agency staff time to provide requested data in the contracts issued for that year. Administrators observed that, for a project as time-consuming as the HV-BAT, they would also need to provide additional administrative funding to local implementing agencies. While per-agency costs may appear small in Washington, DC, they add up quickly in state grants that average a few million dollars each. At an average of $50/hour for 100 hours of local implementing agency staff time to complete the HV-BAT for two models, an adjustment of $5,000 would need to be made. In a state with 20 local implementing agencies, this represents $100,000 that cannot be used to provide home visiting services to children and families. As one administrator commented, $100,000 is more than half of what was allocated for the needs

assessment, and exceeds what several of that state's local programs receive in their total MIECHV grants to provide home visits in the community.

**Costs to States**

It is important to note that the time estimates include only staff time on the part of local implementing agencies, and not time spent by state agency staff.

The added burden on state agencies must be viewed in the context of a program that is already overburdened with data collection and reporting, with meaningful implications for program administration. Input collected from state administrators and provided to HRSA as part of the ongoing discussion of the administrative burden associated with MIECHV include, but are not limited to, concerns that:

- It is not possible to complete all required data collection and reporting within the MIECHV grant's limitation on administrative expenses
- Over-reporting requires states to underwrite the costs of administering MIECHV grants
- Time spent on required reports takes away from programmatic activities such as quality initiatives, coordination with Medicaid and the Family First Preventive Services Act, family engagement, racial equity initiatives, and other important priorities
- Excessive data collection and reporting leads to burnout and departure of skilled and experienced administrators for other professional opportunities.

Addition of the HV-BAT to the two-page long list of reports already required of states for the MIECHV grant will only exacerbate these issues.

The administrative burden on state agency staff of the HV-BAT includes much more than simple data collection and reporting. One Cohort II administrator reported spending more than 20 hours preparing for the upcoming HV-BAT, including familiarizing themselves with the materials, communications planning, coordination with systems partners and home visiting contracts team, attending and preparing webinars, developing a Q&A, and updating contracts. This investment was required before the tool had even been rolled out in the state. Additional state agency activities associated with the HV-BAT include, but are not limited to:

- Reviewing materials, attending trainings, and preparing to educate and support LIAs in correctly developing and reporting data that is not collected, or not collected according to these definitions, elsewhere in MIECHV
- Tracking down state-level data that is also not reported elsewhere in MIECHV, sometimes including physically traveling to different departments of state government to locate data to meet the reporting requirements

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- Completing additional calculations and application of awardee-level expenses applied to LIA expenses, such as dividing training, data, and QA expenses typically paid for at the state awardee level and applying them to LIA expense
- Outreach to LIAs, scheduling and delivering trainings on the tool
- Offering technical assistance calls to respond to questions and provide support
- Locating additional data not directly related to MIECHV in order to meet the reporting requirements, which in some cases necessitated physical travel to other state departments or agencies
- Conducting data review and quality control
- Completing data submission
- Responding to extensive questions regarding data submitted, including exchanges with local agencies, HRSA staff and contractors to provide additional context and justifications when data fell outside ranges expected by federal staff.

The HV-BAT is a complex tool, requiring support from state program, data, contracts and financial management staff. Completing the HV-BAT on the part of a state requires input from virtually every part of the state's MIECHV team. Because some LIAs are fully funded by MIECHV, and others implement home visiting with multiple funding streams, many states essentially created and managed two separate systems of HV-BAT in order to accurately share information on the specific data on families that is being asked of for each group. This led to two different trainings and meetings, and the burden of tracking two different sets of data.

Adding to state staff time – but potentially increasing the direct cost of the HV-BAT as well – the tool was designed to have data entered in Stata, a costly and complex healthcare financial analytics program that most states do not subscribe to, cannot afford, and on which state agency staff have not been trained. As the barriers to using Stata became apparent in the roll-out of the HV-BAT to Cohort I, an Excel work-around was created to offer a temporary, though incomplete, solution. If HRSA plans to continue with this software, cost estimates for the continued HV-BAT should include funds for states to subscribe to Stata; train their personnel to use it; and input data from local implementing agencies (none of which use the program) into the system. This will be a direct increased cost to the MIECHV program in each state, as ASTHVI has been unable to identify any state that currently uses the software in agencies that administer home visiting. The reliance on Stata for data reporting is both expensive and extremely time consuming. The Excel workaround for reporting required additional time to format the data correctly—meaning that either option proved to be difficult and time-consuming.

Cohort I administrators worked to develop a consensus estimate of the time associated with the HV-BAT. Understanding that the amount of time required of the state varies widely depending on the number of local implementing agencies; the size and capacity of local agencies; the number of models being implemented with MIECHV funds, and the number of HV-BATs that must be processed by state agency staff, administrators estimate the following burden on state agency staff *for a state that is not using Stata*:

- Developing state staff familiarity with tool, across state team, and preparation to train/support LIAs (20 hours)
- LIA training (10 hours)
- Supporting LIA work on document including responding to questions (16 hours)
- State review of data (8 hours)
- State edits for quality control, including exchange with LIAs (8 hours)
- Compiling final document, including data entry and formatting, conducting final quality check/edits, and completing state internal review and approval process (16 hours)
- Communicating with TARC concerning feedback and making further edits (10 hours)

This is a minimum average total of **88 hours** for each state office, or more than two weeks' FTE to complete one report. Given that many state MIECHV teams have been reduced to two or three staff (or fewer), this represents a surprisingly large percentage of the state MIECHV team's time for this one report.

These back-of-the-envelope estimates of time to complete the tool may also be too low. Two states carried out a more detailed analysis, including reviewing meetings and calls, and surveying their LIA and state staff, to calculate the total burden of the HV-BAT. One state estimated total time at 382 hours of LIA staff time and 196 hours of state agency staff time, for a total of 578 hours—which it acknowledged is still an underestimate due to the recent departure of staff whose time spent on HV-BAT was unable to be tracked and incorporated into this total. Another state recorded 279 hours of state staff time and 366 hours of LIA time, for a total of 645 hours to complete the tool.

If it actually takes an average of 600 hours per state to complete the HV-BAT – 300,000 hours of local and state staff across 50 states – this represents a cost of $1.5 million to the MIECHV program nationally (not including federal agency or contractor time and salaries). This is time and money spent that takes away from quality improvement, innovation, and services to children and families.

Administrators note that, in addition to the estimates above of local implementing agency time and costs and state agency time and costs, the level of questions and back-and-forth with HRSA and contractor staff following submission of reports indicates that there are substantial resources being invested in the HV-BAT by HRSA and contractor staff as well. Administrators do not have the ability to estimate accurately the federal staff and contractor time and costs associated with the HV-BAT, but note that they should also be factored in to the overall direct costs, and opportunity costs, associated with this single report.

**Flawed and Duplicative Data**

State administrators are accustomed and committed to data collection, reporting, and accountability. If the HV-BAT generated accurate and useful information that is not available from other sources, administrators would have fewer concerns about this tool.

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However, that has not been the experience of Cohort I administrators. Concerns about the usefulness of the HV-BAT include, but are not limited to:

- Data collected is out of date, backwards-looking, and not useful in calculating the true cost of delivering home visiting services. For example, information collected on salaries paid to home visitors in a program that has been flat-funded for a decade do not reflect what would be required on an ongoing basis to pay home visitors a living wage or to recruit and retain the skilled staff needed to implement a maximally effective program.
- The way that data is constructed and calculated in the HV-BAT can be extremely misleading. For example, dividing the cost of a home visiting program by the number of families enrolled in a given time period makes models with high attrition appear to be more cost-effective than models whose families remain enrolled and complete the entire curriculum.
- Facilities cost estimates are based on existing office space, which may be substandard and insufficient but all that a program can secure given pressure to reduce overhead costs and retain maximum funding for services to families in an environment of flat or declining budgets.
- Agencies that do not offer benefits including health care to their staff appear to be more cost-effective than those that do, potentially locking in budgeting that in turn becomes a barrier to ever offering appropriate benefits to home visitors.
- Feedback was not meaningful. Comments and questions were limited to data that feel outside a predetermined range.
- Many states are required to conduct their own cost modeling, which they carry out using alternative methods that are less burdensome and more accurate than the HV-BAT.

**Recommended Alternatives**

In general, Cohort I participants have not found the HV-BAT to be useful in meeting the stated objectives of monitoring program costs, developing program budgets, or conducting economic evaluations informing feasibility of alternative funding sources. In addition to the concerns outlined above, administrators have also raised questions about the state's legal right to demand local implementing agency financial data that is largely unrelated to the administration of MIECHV grants. An alternative approach to true cost modeling that calculates the costs of implementing a high quality home visiting program that pays its staff appropriate wages, in appropriate facilities, with needed technology, would potentially be helpful and would be less labor-intensive on the part of local, state and federal staff. It would be more useful for future budgeting than backwards-looking approaches that codify inadequate pay scales, facilities, and outdated tech. In addition, several states reported that they already have their own, state-sanctioned, approach to cost modeling. These states suggest that HRSA should offer a waiver to states that are already conducting cost modeling.

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If HRSA continues with the HV-BAT, the following changes would make the data more useful (though, in many cases, increase the administrative burden of the report):

- Request context on things such as costs provided, such as if pandemic-era costs were significantly lower or higher than a steady-state year
- Allow programs to list salary and fringe benefits separately in the Labor Costs tab
- Update the platform to have enough cells to match the drop-down selections, which have too few entry cells
- Eliminate the frontier and rural data collection from the tool.  The MIHOPE study did not identify urban/rural as a cost driver
- Eliminate the requirement to report portion costs for every line
- Eliminate the requirement to calculate rescue fund costs. This requirement was not applied universally across all states. Since it is temporary funding, it should not be included moving forward to determine the overall cost of operating a home visiting program
- Use other sources to collect data, such as obtaining data on startup model fees from the models. States are also able to do cost modeling to share almost all of the data that is being asked for in the HV-BAT
- Work with the national models to standardize reporting in the preferred, most commonly used data systems to streamline HV-BAT data collection (this would reduce the administrative burden of data collection for other reports as well).

In summary, states' experience suggests that the estimate of LIA staff time required to complete the HV-BAT is too low by a factor of 100% and omits a significant investment of state agency resources needed to complete the tool.  As designed, the HV-BAT does not produce accurate or helpful information; and is not a good use of MIECHV resources.  The same purpose could be better achieved, with less burden and improved results, by deploying a true cost modeling approach that is less labor-intensive and more forward-looking.

Thank you for the opportunity to comment on the administrative burden associated with HV-BAT. We look forward to working with you to improve the efficacy of this tool for the remaining cohorts.

Sincerely,

*Catriona Macdonald*

Catriona Macdonald
Executive Director