Appendix I

The government received 4 comments to the Federal Register Notice (Volume 76, Number 246, page 79688 on December 22, 2011). The original comments follow this summary.All of the comments were supportive of the activities outlined in the FRN.

COMMENT: One comment noted some of the information regarding local program operations may not be available at the state level. In addition, this comment included terms that will require clarification for states to respond appropriately and accurately.

RESPONSE: HHS recognizes that some information may need to be obtained through direct contact with local sites and has included contacting approximately 120 local sites in the activities under this clearance. The MIHOPE team will work with each state to ensure the data requested is understood and achieves the aims of the site recruitment activities. HHS appreciates the request to provide clarification of data elements prior to the conference calls to minimize duplication of efforts and will aim to minimize burden wherever possible.

COMMENT: One comment requested the MIHOPE project include programs that are credentialed by the evidence-based program and to attend to program quality as well as program efficiency in service delivery.

RESPONSE: We will collect a rich set of data on all of the local sites considered for inclusion in the study. The data collection efforts will capture all of the constructs noted.

**From:**KevinMartin[[mailto:kmartin@scheadstart.com]](mailto:[mailto:kmartin@scheadstart.com])   
**Sent:**Thursday,January12,20128:07 AM  
**To:**ACFOPREInfoCollection  
**Subject:** Health survey

I feel that this survey is very much needed and should be implemented  
  
--

Kevin Martin

Health Services Manager

Strafford County Head Start

603-652-0990 ext 151

[kmartin@scheadstart.com](mailto:kmartin@scheadstart.com)

DATE: January 11, 2012

TO: Administration for Children and Families

Office of Planning, Research and Evaluation

370 L’Enfant Promenade SW

Washington, DC 20447

Attn: OPRE Reports Clearance Officer

OPREinfocollection@acf.hhs.gov

FROM: Nancy Peeler, MIECHV Project Administrator

Michigan Department of Community Health

109 W. Michigan Ave. FL 4

Lansing, MI 48913

peelern@michigan.gov

517 335-9230

RE: **Submission of Public Comments on Estimated Total Annual Burden**

**Mother and Infant Home Visiting Program Evaluation (MIHOPE)**

**Site Recruitment**

a. We agree that the collection of information will be necessary in order to select sites

for the study.

b. The estimate doesn’t take into account the time it will take the State

Administrator/staff to collect additional information that is listed, but was not

required in our MIECHV applications and which we may not have. For example,

details about local evaluations such as sample size, etc.

c. Some of the information to be collected is not clear – definitions will need to be

provided. Examples include:

In the calls with the State Administrator, Number of Families. If you are

seeking information about the expanded slots generated through MIECHV

funding (e.g. ‘new’), we have that information. If you are seeking information

about total new program enrollment in a particular timeframe, regardless of

fund source (existing or new from MIECHV), we would need to collect that

information from our local programs.

Likewise, any information regarding military families would be new

information that we would have to collect. Local sites may not have this

information, as it may not be required by their models.

Also listed for the calls with State Administrators, what are you including

under your definition of local evaluation? Does that included data collection

for reporting or for CQI or monitoring purposes, in the absence of a planned

evaluation?

d. The burden can be minimized by clearly defining terms ahead of time, and clearly

defining what information is being sought from whom.

Regarding the study itself, we have several questions/comments:

1. Will you be seeking additional information/data from the states regarding the

analysis of our Needs Assessments?

2. What is the incentive for a ‘comparison group’ family to participate in the study?

It is not wise to assume that there are alternate services within the community to

which a family can be referred in the event that they are not selected in the lottery

to receive services. Also, what are you including in your definition of ‘alternate

services’?

3. The study will need to be careful that in the course of outreach/recruitment and

enrollment related to the study, they do not cause the local programs to violate

state contract specifications around target population.

4. One of our infrastructure components is around coordinated local home visiting

enrollment, and centralized outreach, intake, enrollment, etc. Participation in the

study would impact this, given that the study wants to be involved in assigning

who will enroll. Pilot sites in our ‘central intake’ project may not be able to

participate in the study due to the potential conflict.

5. How will the study use the data that states are collecting to measure their

benchmarks? Local sites already have a significant data collection responsibility

under the MIECHV requirements; can some of what is being collected already be

used, in lieu of a whole new set of data collection requirements?

6. Given that the study is happening within the context of grants given to states, will

we need to send the study protocol through our state IRB process?

7. How much time will it take for local staff to complete the proposed weekly ‘webbased

activity logs’ for the study? That has the potential to compromise service

provision, and could reduce the number of families any one staff member can see,

and put local programs out of compliance with their state contracts to provide

services to a certain number of families.

8. There is reference made to accessing ‘state administrative records’; what records

or information are included within that term?

9. Will study data collected in a given state be shared with the State, and not just the

local program?

10. The study needs to clarify whether the children that will be enrolled in the study

must be receiving services under ‘MIECHV’ funds, or if it can be any ‘new’ child

enrolled in the program, regardless of fund source. For our state, if it is only

MIECHV funded slots, for several programs, there are < 30 slots being funded,

which potentially eliminates sites from your list. Also, some of our programs are

using blended and braided funds, so there aren’t any truly ‘MIECHV’ funded

slots.

11. It may be especially difficult for local sites to recruit enough families for the study

if they are using a home visiting model that serves families with children up to

five years of age (e.g., Healthy Families America), since families may remain in

the program for a longer period of time and fewer slots will become available

(e.g. fewer ‘new’ children coming into the program).

**From:**[Hillary.Elliott@parentsasteachers.org](mailto:Hillary.Elliott@parentsasteachers.org)[[mailto:Hillary.Elliott@parentsasteachers.org]](mailto:[mailto:Hillary.Elliott@parentsasteachers.org])   
**Sent:**Tuesday,January10,201212:09PM  
**To:**[hillary.elliott@gmail.com](mailto:hillary.elliott@gmail.com)  
**Subject:** Letter of Public Comment - Parents as Teachers

*Sent on behalf of Scott Hippert, President and CEO of Parents as Teachers:*

January 10, 2012

Administration for Children and Families

Office of Planning, Research and Evaluation

370 L’Enfant Promenade SW

Washington, DC  20447

Attn: OPRE Reports Clearance Officer

To Whom It May Concern:

Parents as Teachers (PAT) greatly appreciates the opportunity to provide comments in response to the Request for Public Comment on the Mother and Infant Home Visiting Program Evaluation (MIHOPE) of Home Visiting Program Models for Pregnant Women, Expectant Fathers, and Caregivers of Children Birth through Kindergarten Entry, published in the Federal Register on December 22, 2011 (Vol. 76, N.246). We would also like to commend the Health Resources and Services Administration (HRSA) and the Administration for Children and Families (ACF) for their dedication to the implementation of the Maternal, Infant, and Early Childhood Home Visiting. We are extremely pleased with the enactment of the provisions in the Affordable Care Act which, for the first time will provide mandated federal funding for home visiting services.

The MIHOPE provides the national evidence-based, early childhood home visiting community with an unprecedented opportunity to highlight the effectiveness of this funding opportunity while helping states to develop future strategies towards continued quality improvement and sustainable development of their state’s home visiting networks.  It is our understanding that the MIHOPE study team has carefully reviewed updated State plans and will be following up with States in early 2012 to gather additional information needed for MIHOPE study site selection. Careful attention to site selection will help ensure that study findings will inform the federal government about the effectiveness of the newly established MIECHV program and will ultimately help states develop and strengthen home visiting programs in the future.

Regarding the request for comments in the Federal Register Vol. 76, No. 246, we believe that the proposed collection of information from state representatives and local program directors is indeed necessary for appropriate site selection for the MIHOPE study. We also believe that the estimate of burden of the proposed collection of information appears reasonable, that the quality, utility, and clarity of the information to be collected is adequate, and we support the use of web-based surveys and/or use of other forms of technology which could minimize the burden on respondents. Again, we appreciate the opportunity to provide you with these comments.  We look forward to the continued progress of the Maternal, Infant and Early Childhood Home Visiting Program and MIHOPE.  I would be happy to discuss any questions that you may have about the comments provided. Thank you again.

Sincerely,



Scott Hippert

President and CEO

Cc: Audrey Yowell, PhD, MSSS, Division of Child, Adolescent, and Family Health

Moushimi Beltangady, MSW, MPP, Special Assistant to Deputy Assistant Secretary and

 Inter-Departmental Liaison for Early Childhood

David Heppel, M.D., Director, Division of Child, Adolescent, and Family Health

Linda Smith, Deputy Assistant Secretary and Inter-Departmental Liaison for Early Childhood Development

**From:**KarenEnns[[mailto:KarenE@nextdoorinc.org]](mailto:[mailto:KarenE@nextdoorinc.org])   
**Sent:**Tuesday,December27,20111:22PM  
**To:**ACFOPREInfoCollection  
**Subject:** comments on data collection

Please make sure that the programs being evaluated are credentialed by the evidence-based program they claim to be delivering.  There is a significant difference in program delivery and quality between those that are accredited/credentialed and those that are simply trying their best to follow the model.  Also, please give some consideration not only to program quality, but also program efficiency – volume of quality services delivered in a cost-effective manner.  Thanks, Karen

**Karen Enns, Program Director**

New Parent Services & Families First

The Next Door

P.O. Box 661, 965 Tucker Rd., Hood River, OR  97031

**Phone:  541-436-0306 (new!)**   Fax: 541-386-5440

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