



Assistant Secretary Lynn Johnson
Administration for Children and Families
US Department of Health and Human Services
330 C St. SW, Washington DC 20201

Proposed Information Collection Activity; Family Level Assessment and State of Home Visiting (FLASH-V) Outreach and Recruitment Study (New Collection)

March 26, 2020

Dear Assistant Secretary Johnson,

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 the Administration for Children and Families' (ACF) request for comment on the proposed information collection activity titled, Family Level Assessment and State of Home Visiting (FLASH-V) Outreach and Recruitment Study.

ASTHVI members are grateful for the opportunity to offer feedback on the proposed study. We appreciate ACF's interest in developing and testing innovative strategies to address bottlenecks in the recruitment and enrollment process and look forward to seeing future iterations of this study. To accurately capture member feedback, the ASTHVI Data Committee held a call to review the study and accompanying instruments. Our comments are a summary of the questions and concerns raised by the more than 25 home visiting data experts from around the country who joined that conversation.

As we reviewed the FLASH-V study, administrators offered two important global observations.

First, ASTHVI members feel that having additional context regarding the motivation for designing the study in this particular manner would be helpful when reviewing the proposed mechanisms detailed in the notice. Additional background on the rationale behind the study design and intended use will help administrators to better understand the objective, review and critique the intricacies of the study and its instruments, and, ultimately, present this study to local implementing agencies (LIAs). Many of the questions raised on the Data Committee call focused on trying to deduce the intent behind particular features of the study while parsing

what information would be most useful and could also be collected in a time- and cost-sensitive way. Administrators asked how the study would identify effective strategies to address caseload capacity issues if it only considers LIAs that are under capacity? The exclusion of LIAs with full caseloads would seem to result in the omission of effective, time-tested strategies. ASTHVI members fully support and promote innovation in the delivery of home visiting services, including those funded by MIECHV, but administrators question the decision to focus solely on under-capacity programs.

Administrators also expressed a concern that the study has the potential to feel punitive. LIAs are likely to feel understandably apprehensive about participating in a study where they are identified as chronically under-capacity, and as a result, their referral procedures and protocols are under review. The aforementioned exclusion of full capacity LIAs highlights those concerns. ASTHVI strongly encourages ACF to include a clear commitment that the study will not be used to punish LIAs, and recommends including continuous quality improvement or other improvement- or strength-based language to clearly signal that intent.

The Data Committee also raised a number of questions about study logistics. Will ACF and/or HRSA be charged with completing this work, or will a TA provider or other third party oversee the study? Will Tribal programs be invited to participate? What is the expected time period, including both the anticipated start date and timeframe for the two data collection phases? How many LIAs and referral partners is ACF hoping to review? How will ACF be communicating with and identifying LIAs? What role will state and Tribal home visiting leads, model developers, HARC members, and others be expected to play in helping to facilitate this study? Will additional technical assistance be offered to LIAs that participate? The answers to these questions will help ASTHVI members support LIAs participating in this study and be more prepared for its roll-out.

It would also be helpful for important study instructions and parameters laid out in the various instruments to be summarized and included in future notices. For example, the "LIA Eligibility Assessment Form" explicitly states that participation in this study is voluntary. It instructs LIAs to complete the form only if they are typically or currently under capacity. Awardees reviewing the Federal Register notice on its own would be unaware that the proposed data collection activities are voluntary, and only intended for under-capacity LIAs. Summarizing this information up front, along with other important details such as the \$2,500 compensation for the "MIS Data Submission," in the study summary would be helpful.

With these global comments in mind, we are pleased to offer the following specific comments on the instruments:

Instrument	Comments
LIA Eligibility Assessment Form	<p>While this form is apparently straightforward, it raises questions about how appropriate LIAs will be identified. The instrument seems to identify four stages of outreach: (1) contacting LIAs in Phase I, (2) contacting LIAs through the HARC LIA Member list, (3) contacting LIAs based on HARC Network Member, and (4) contacting LIAs through MIECHV State Leads. It is unclear how LIAs will be identified for outreach in the various stages, particularly the first three, and why the state lead is consulted last. If, for example, an LIA that has been operating under-capacity because of staffing challenges, it may not be appropriate for inclusion in a study focused on improving referral practices. This is information that is most likely to be learned through consultation with state leads.</p>
LIA Eligibility Assessment Form for MIS Data	<p>ASTHVI Data Committee members unanimously agree that this form would take more than the estimated 15 minutes to complete. In many cases, the LIA would not be able to provide all the necessary information without coordination with model developers or state leads; it would also require involvement of other data staff/contractors to pull a custom report. Perhaps, given the purpose of the form, rough estimates rather than precise numbers would be adequate. The time required to complete this form is tied to the level of accuracy of these estimates. Additional detail regarding the level of accuracy needed would be helpful.</p> <p>Additionally, some LIAs may use as many as three data systems. Will LIAs be required to fill out one form for each system? Focus on one system? Attempt to summarize the three systems in one report? Clarification is needed for LIAs using multiple data systems.</p>
Request for LIA Recommendations from HARC State Networks	<p>The request for HARC State Networks to recommend LIAs for this study has the potential to create some disconnect in the field. It raises questions about what can and cannot be shared with regards to data, particularly if awardees are not consulted. ASTHVI members recommend that future versions of this instrument encourage HARC Members to contact state or Tribal home visiting leads before recommending LIAs.</p>
Request to LIAs for Community Referral	<p>Strong relationships with referral partners are essential for LIAs to serve their families. Similar to the recommendation above,</p>

<p>Partner Contact Information</p>	<p>administrators recommend that LIAs notify their referral partners that they may be contacted by ACF for the purposes of this study, along with a timeline for that contact, when sharing their names with ACF.</p> <p>Members of the Data Committee requested confirmation that this study intends only to contact referral partners that refer families <u>to</u> home visiting programs, and not partners that home visiting programs refer <u>out</u> to. Requiring information about both types of referral partners would significantly increase the workload and time associated with completing this form.</p>
<p>Interview Protocol Local Implementing Agency</p>	<p>This form in particular is the most difficult to review without additional information about the study’s purpose and the intended use of the findings. Absent that background, administrators cannot determine if there are questions that should be added, removed, or updated.</p>
<p>Interview Protocol Community Referral Partner</p>	<p>Administrators expressed caution that these interviews be conducted in ways that do not damage partners’ relationships with LIAs. For example, an important and strong referral partner might feel singled out or undervalued when probed about ways to increase the number of referrals provided. ASTHVI members understand that it is not the intent of these interviews to disrupt relationships, but caution that questions – and the need and purpose for the interviews – be presented with sensitivity.</p>
<p>MIS Data Submission</p>	<p>Administrators are concerned that 16 hours is a substantial underestimation of the time required to complete this data submission. Complete information will require LIAs to coordinate with data staff and contractors, along with model developers and state leads. LIAs that are part of a centralized system might not have the ability to make those data requests. LIAs may be uncomfortable sharing data without a HIPAA agreement.</p> <p>The compensation provisions raised several questions. Do referral partners receive an incentive to participate? Is the LIA responsible for distribution of compensation received to referral partners, data contractors, state leads, etc.? If additional costs are incurred to pull a custom data extract, is that reimbursable for participating LIAs?</p> <p>Finally, Administrators recommend creating a data dictionary to refer to when pulling these data elements. Different awardees</p>

	collect this information in different forms. Without some level of standardization, the data received will be difficult to analyze.
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Thank you for your attention to these comments. We look forward to seeing how the FLASH-V study evolves, and continuing to work with you to improve health, child welfare, and early education outcomes for even more children across the country.

Sincerely,

Kassondra Kugler, Washington
ASTHVI Data Committee Co-Chair

Ginny Zawistowski, Minnesota
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