

**HEALTH RESOURCES AND SERVICES ADMINISTRATION
MATERNAL AND CHILD HEALTH BUREAU
PERFORMANCE MEASURES
FOR DISCRETIONARY GRANT INFORMATION SYSTEM (DGIS)
Revision- 0915-0298**

Attachment F – Summary of Public Comments

<u>Commenter Location:</u>	Idaho Parents Unlimited
<u>Comment Summary:</u>	Request for a copy of the proposed changes to the Family-to-Family Form 1 (F2F).
<u>Resolution:</u>	No resolution needed. Commenter was sent draft F2F form.
<u>Commenter Location:</u>	University of New England (UNE)
<u>Comment Summary:</u>	Request for a copy of the proposed data collection plan and draft reporting instruments.
<u>Resolution:</u>	No resolution needed. Commenter was sent proposed data collection plan and draft instruments, as requested.
<u>Commenter Location:</u>	Indiana University School of Medicine
<u>Comment Summary:</u>	Request for a copy of the proposed data collection plan and draft reporting instruments.
<u>Resolution:</u>	No resolution needed. Commenter was sent proposed data collection plan and draft instruments, as requested.
<u>Commenter Location:</u>	Boston University School of Medicine
<u>Comment Summary:</u>	Provided positive feedback on proposed revisions.
<u>Resolution:</u>	No resolution needed.

Commenter Location: Montana Department of Human Services, Meadowlark Initiative

Comment Summary: Request for a copy of the proposed data collection plan and draft reporting instruments.

Resolution: No resolution needed. Commenter was sent proposed data collection plan and draft instruments, as requested.

Commenter Location: KU School of Medicine-Wichita

Comment Summary: Request for a copy of the draft reporting instruments.

Resolution: No resolution needed. Commenter was sent proposed data collection plan and draft instruments, as requested.

Commenter Location: Montana Department of Human Services, Meadowlark Initiative

Comment Summary: Provided comment on proposed changes.

Resolution: Responded to commenter with clarification that the new Training Form replaces their current Form 10 and that the new Leadership, Education, and Advancement in Undergraduate Pathways (LEAP) Training Program Trainee Information Form will only be required of grantees selected for the LEAP program. Also asked the commenter if they would be willing to share any provider types they feel are missing from the new Training Form and what kind of information would be helpful to their program in our guidance about how to count and report provider types on the new Training Form.

Commenter Location: Family Voices

Comment Summary: Request for a copy of proposed changes to the Family-to-Family Form 1 (F2F).

Resolution: No resolution needed. Commenter was sent draft F2F form.

Commenter Location: Family Voices

Comment Summary: Provided significant narrative feedback on F2F Form 1. As a result, program held a call with the commenter to discuss all of their concerns.

Resolution: Updates to the form which include: adding “families of CYSHCN” into the definition of the form’s numerator; revised the examples provided for Question A, 1 and A, 1, a to include, “small group individualized assistance,” deletion of Question A, 1, c which asked the grantee to estimate a percentage of the types of trainings provided; reintroducing 4 subcategories for Question A, 2; deletion of Question A, 3, b; aligned inconsistent use of eg”, “e.g.” and “ex” to simply, “for example”; and updated “tribal organization” to “American Indian or Alaska Native.”

Commenter Location: National Place via Spanadvoacy.org

Comment Summary: Provided feedback on F2F Form 1 all of which mirrored what was submitted by Family Voices, as the two organizations work closely together. The only unique piece of feedback was regarding the planned use of MICH-20 as a benchmark source. The commenter suggested use of MICH-19 to incorporate systems of care which use a medical home. However, we intend to proceed with use of MICH-20, as this benchmark source is the most up to date and includes systems of care includes having a medical home.

Resolution: Resolution mirrors what is described above for Family Voices.

Commenter Location: RI Maternal Psychiatry Resource Network Program (RI MomsPRN)

Comment Summary: Provided significant narrative feedback on Training Form 15. Due to the length and unorganized nature of the feedback, the applicable MCHB program held a call with the commenter to discuss all of his concerns, as some were unique to his project. He was satisfied with the conversation and proposed outcomes. Provided minimal feedback on Health Equity Core Form, WMH1, WMH2, WMH4, and Attachment C New Form 2, Form 3, and Form 5.

Resolution: Updates to the form which include: adding the phrase, “non-specialty” to the grouping of provider types to assist with

reporting; adding the phrase “if applicable” to alleviate concerns about reporting the type of providers enrolled *and* participating; to changed “teleconsultation” to “consultation,” which includes both teleconsultation and in-person consultation; removed the categories of polysubstance use and co-occurring mental and substance use disorders for tracking consultation conditions; and updated the form to reflect question B, 3 as optional (Percent of individuals screened for behavioral or mental health condition). The Tier 4 outcome measure for WMH4 will become optional.

Commenter Location: Division of Public Health – North Carolina Department of Health and Human Services

Comment Summary: Provided minimal feedback which resulted in minor updates to Training Form 15.

Resolution: Updated the footnote in the form to clarify the definition of an “Enrolled” provider; clarified that each training could be counted in more than one topic category; updated the form to reflect “Treatment modality-focused trainings” instead of “Treatment strategies-related trainings”; and clarified the definition of “treatment.”