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**From:** Hart, Kristi <[Kristi.M.Hart@dhhs.nh.gov](mailto:Kristi.M.Hart@dhhs.nh.gov)>  
**Sent:** Wednesday, June 5, 2024 11:30 AM  
**To:** HRSA Paperwork <[paperwork@hrsa.gov](mailto:paperwork@hrsa.gov)>  
**Subject:** [EXTERNAL] Response to Federal notice

I would like to provide the following questions and comment to the federal register notice about the HRSA Statewide Needs Assessment Update:

- Will HRSA be providing updated data tables to facilitate updating of needs Assessment Updates?
- We would like to request sub-population level data that is NOT county-based, such as data Race, Ethnicity and Language, as well as data related to refugee immigration and Native American populations not residing on tribal lands to support awardees in identifying sub-populations within communities requiring focused outreach and attention, that may not rise to the level of significance when viewed at a county level.
- If updated data will not be provided, additional funds to facilitate the work required to update Needs Assessments will be necessary. The needs assessment update was and will again be labor-intensive. Many awardees do not have the internal resources to conduct this work.
  - o These funds should be ADDITIONAL, and should not be expected to be drawn from already anticipated grant awards or funds intended for service delivery or program administration.
  - o If additional funds cannot be obtained, consider reallocating funds associated with an All-Grantee Meeting to awardees to be allocated for Needs Assessment Updates.
- While a needs assessment update may be helpful, if new data changes the communities identified as at-risk due to improvements since the prior data was collected, removing services from previously served communities could cause a regression in those communities. The re-opening should include an allowance for continuing services at a reasonable level in communities identified by the 2020 Needs Assessment update, in recognition that providing resources is the exact reason for communities seeing improvements.

Kristi Hart  
(She/ her/ hers)  
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Ms. Maria Button, Director  
Executive Secretariat, Office of Operations  
Health Resources and Services Administration  
Rockville, MD 20857

*Agency Information Collection Activities: Proposed Collection: Public Comment Request;  
Information Collection Request Title: The Maternal, Infant, and Early Childhood Home Visiting  
Program Statewide Needs Assessment Update*

July 22, 2024

Dear Ms. Button,

The Association of State and Tribal Home Visiting Initiatives (ASTHVI) appreciates the opportunity to comment on the next update of the needs assessment under the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. ASTHVI understands there are no changes proposed in this next needs assessment update, and that HRSA is seeking comment on the administrative burden on states and Tribes wishing to update their assessment. However, ASTHVI members would like to offer feedback on the assessment's content and highlight opportunities for further improvement in service of families in at-risk communities.

State administrators believe that the structure and rushed nature of the report's submission timeline does not allow adequate time for reflection and analysis given the complexity of determining which communities are truly "in need." Many counties that are impoverished simply do not meet the determined threshold; other counties that perhaps have improved and risen above the thresholds are, in many ways, being penalized for doing so, as their services are subsequently revoked.

Administrators have also shared examples of communities in need identified based on indicators that are not considered by the assessment, and their inability to designate

communities with legitimate need because of the limitations of the criteria outlined in the assessment. For example, the criteria create difficulties serving populations experiencing homelessness, who are unable to stay in the same geographic area long-term. These challenges are compounded by the rush to submit the needs assessment update—this last round was due the same month it was released—which left little time for states to do more than the bare minimum of analysis. The lack of flexibility and rushed nature of the needs assessment unintentionally contributes to inequities in provision of services.

ASTHVI members strongly recommend the immediate addition of a provision permitting continued services in a community if a needs assessment update finds that community to be marginally above the threshold. Every geographic area has some level of need, and allowance should be made for the needs assessment to reflect this fact. ASTHVI members additionally believe it imperative that a method of demonstrating need outside of a data threshold, and measuring genuine community engagement, be quantified and implemented as soon as feasible into the needs assessment, perhaps through additional opportunities for comment or listening sessions. Equity means something different to every grantee, and the needs assessment could be more equitable with more flexibility on what to emphasize and explore within the report.

ASTHVI shares HRSA's understanding that the needs assessment is a critical and foundational resource providing essential information to state and Tribal administrators in identifying and serving families in need. We appreciate the opportunity to share the feedback that ASTHVI members provided, in the spirit of improving this assessment and ensuring it continues to serve all families in need.

Sincerely,

*Catriona Macdonald*

Catriona Macdonald, Executive Director



# Texas Department of Family and Protective Services

**Commissioner**  
*Stephanie Muth*

July 23, 2024

HRSA Information Collection Clearance Officer  
Room 14N39  
5600 Fishers Lane  
Rockville, Maryland 20857

RE: *Information Collection Request Title: The Maternal, Infant, and Early Childhood Home Visiting Program Statewide Needs Assessment Update—OMB No. 0906-0038—Revision*

To Whom It May Concern:

The Texas Department of Family and Protective Services, as the MIECHV program awardee for the state of Texas, submits the following comments for consideration to the request for information on the MIECHV statewide needs assessment update.

1. Necessity and utility of the proposed data collection for the proper performance of the agency's functions.

DFPS supports the opportunity to update our MIECHV needs assessment to expand the number of at-risk communities eligible to receive MIECHV-funded grants for evidence-based home visiting services. With the increased funding from our most recent MIECHV award, in addition to an increase in state general revenue for home visiting, Texas is now serving 47 out of 59 eligible at-risk communities. Should Texas receive additional match funding in the next grant cycles, the Texas MIECHV program is prepared for additional growth and expansion to address remaining gaps in home visiting availability, limited saturation in larger communities, and limited reach in rural and remote areas of Texas. We intend to update the statewide MIECHV needs assessment in 2025 to account for shifting demographics, population growth, and changes in community context.

2. Accuracy of the estimated burden

Texas will continue to work with The University of Texas Health Science Center at Houston to update the Texas MIECHV needs assessment, in conjunction with an update to Texas' [community maltreatment risk maps](#) (non-MIECHV funded). PEI produces the risk maps to identify and allocate resources across our family support programs (MIECHV and others) to communities and families that could most benefit from them. The risk maps provide zip code level data on risk factors related to child maltreatment such as *Family Poverty, Health & Disability, Child Safety & Health, Low Income, and Low Education*. The risk maps form the basis of the [Texas MIECHV Needs Assessment](#), which also looks at the quality and capacity of existing programming and unmet needs to identify priority communities for Texas MIECHV. Our research partners estimate that the needs assessment update will require 500 hours.

3. Ways to enhance the quality, utility, and clarity of the information to be collected

Texas receives the largest MIECHV grant at almost \$27 million. We currently support 25 MIECHV Local Implementing Agencies (with an additional 21 subgrantees) and are implementing eight home visiting models. We are a large state both geographically, with 254 counties, as well as in population. Our recommendation to HRSA as it develops all requirements, opportunities, and guidance is to keep in mind the challenges for larger states compared to smaller state programs. The amount of information gathering and analysis required for a state of our size to effectively understand and represent the diverse needs of children, families, agencies, and communities is significant.

4. Use of automated collection techniques or other forms of information technology to minimize the information collection burden

We have longstanding relationships with research partners, such as the University of Texas, who are able to assist us with evaluation efforts and the needs assessment and may not utilize other tools. Our recommendation would be that these be available, but not required, and allow states to conduct the needs assessment to meet their own unique needs building on their existing resources and capacity, within requirements.

Thank you for the opportunity to respond to this information request.

Respectfully,

*Claire Hall*

Claire Hall  
MIECHV Project Director  
Division of Prevention and Early Intervention  
[Claire.hall@dfps.texas.gov](mailto:Claire.hall@dfps.texas.gov)

July 23, 2024

Submitted via email to [paperwork@hrsa.gov](mailto:paperwork@hrsa.gov).

Re: Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: The Maternal, Infant, and Early Childhood Home Visiting Program Statewide Needs Assessment Update (89 FR 45903)

To Whom It May Concern:

Start Early appreciates the opportunity to offer information in support of the U.S. Department of Health and Human Services (HHS) Health Resources and Services Administration (HRSA) regarding its proposed Statewide Needs Assessment Update for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. Our comments focus on promoting both cross-system coordination and state utilization of needs assessment data.

### **About Start Early**

Start Early is a non-profit, public-private partnership that works to advance quality early learning for families with children, before birth through their earliest years, to close the opportunity gap. Thousands of young children, parents, and members of the early childhood workforce are reached each year through our programs, training, evaluation, and advocacy efforts.

We do this work with a recognition that advancing equity in early childhood access, use, participation, and outcomes for young children and their families is inextricably tied to advancing equity and justice for people of color and communities that have been under-resourced and divested from. Our home visiting priorities include ensuring adequate support and compensation for a diverse workforce, centering family and provider voice in program and system improvement, and fully integrating home visiting into the early learning system and continuum of supports for pregnant and parenting people.

### **Recommendations**

#### **Promoting Cross-System Coordination**

We encourage HRSA to consider how the MIECHV Statewide Needs Assessment can support states in cross-system coordination and collaboration efforts. For example, we encourage HRSA to ask states about the specific strategies (e.g. relaxing program income guidelines) they use to encourage cross-program and cross-system referrals for families. Additionally, while we recognize that states are required by the MIECHV authorizing statute to leverage their Title V MCH Block Grant, Head Start, and CAPTA needs assessments for identification of at-risk counties, we also encourage HRSA to list states' PDG needs assessments as an additional, optional point of comparison that could promote collaboration across programs and systems that serve the prenatal-5 population. Whereas other data sources (e.g. the Head Start needs assessment) requires states to aggregate program- or local-level data before using it to make decisions at the regional or state levels, using the state-level data in the PDG needs assessment is unlikely to create significant burden for state leaders and is likely to complement the other needs assessments already mentioned in statute.

## **Supporting State Data Utilization & Decision-Making**

We recognize the importance of gathering statewide needs assessments for the MIECHV program and applaud HRSA's efforts to use that data at both the state and national levels to articulate the ongoing need for this critical work. **We also encourage the agency to gather input from state leaders on how they are actively using the data in their MIECHV statewide needs assessments and what changes or guidance would allow the needs assessment data to be used more effectively.** From our partners in state systems across multiple states, Start Early has received the feedback that because states do not have the capacity to update their state needs assessments frequently but are required to use the assessment for decision-making purposes, they are sometimes unable to make decisions flexibly using real-time data. For example, if many families served by MIECHV-funded programs move to another county due to economic or other factors, the needs assessment may appear to indicate that one county has unused MIECHV-funded program slots (which could be interpreted as a lack of need for programming), while clients' new home county does not appear on previous needs assessments at all. We encourage HRSA to solicit additional feedback on these types of challenges and provide additional guidance to states in order to ensure that the critical information included in the MIECHV state needs assessments can be used to respond to the evolving needs of communities.

### **Conclusion**

Thank you for consideration of the above comments. For additional information, please contact Nadia Gronkowski, Policy Manager at Start Early, 33 W. Monroe Street, Suite 1200, Chicago, Illinois 60603, [ngronkowski@startearly.org](mailto:ngronkowski@startearly.org).

Sincerely,



Yvette Sanchez Fuentes  
Senior Vice President, National Policy  
Start Early