THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

FORM 4

QUARTERLY PERFORMANCE REPORT

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0906-0016. Public reporting burden for this collection of information is estimated to average 24 hours per response for Section A and 40-200 hours per response for Section B, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-29, Rockville, Maryland, 20857.

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) and Tribal MIECHV grantees are required to submit the information outlined below on a quarterly basis.

Quarterly reporting periods are defined as follows. Reports are due 60 1530 days after the end of each reporting period:

- Q1 October 1-December 31;
- Q2 January 1-March 31;
- Q3 April 1-June 30;
- Q4 July 1-September 30

Definitions for key terms are included in Appendix A. Please carefully consult key term definitions before completing this form.

Grant Number(s):	

Section A:

Table A.1: Program Capacity

Column A	Column B	Column C	Column D	Column E
Number of New	Number of Continuing	Current Caseload	Maximum Service	Capacity Percentage (C÷D)
Households Enrolled	Households	(A+B)	Capacity	(Auto-Calculate)
		(Auto-Calculate)		

Commented [A1]: No proposed changes to this table.

Table A.2: Place-Based Services

Add a row for each <u>additional communityLocal Implementing Agency (LIA)</u> <u>served providing services</u> during the reporting period. For each LIA, add the address of the LIA, the counties served by that LIA, the zip codes of families served <u>within those counties</u> by that LIA, and the <u>number of households served from each of those zip codes</u> evidence based home visiting model(s) or promising approaches implemented by the LIA.

Column A	Column B	Column C**	Column D**	Column E**
Community Local	LIA Address	Zip Codes within	Zip Codes	Number of
Implementing Agency (LIA)		Community		<u>Households</u>
Organization Name		Countiesy*		Served Evidence
				Based Home
				Visiting Models or
				Promising
				<u>Approaches</u>
Total				Sum of Column D
				(all rows)

^{*}Note that the same county can be served by multiple LIAs.

^{**}Additional rows can be added if needed.

Table A.3: Family Engagement

Column A ¹	Column B	Column C	Column D	Column E ²
Number of Households Currently Receiving Services	Number of Households who Completed Program	Number of Households who Stopped Services Before	Other	Total (A+B+C+D)
		Completion		(Auto- Calculate)

Table A.4.1: Staff Recruitment and Retention

Column A	Column B	Column CA	Column D	Column E	Column FB	Column G	Column H	Column IC
Number of	Number of	Number of	Number of	Number of	Number of	Number of	Number of	Number of
New FTE	Continuing	FTE	New FTE	Continuing	FTE	New FTE	Continuing	FTE
MIECHV	FTE	MIECHV	MIECHV	FTE	MIECHV	MIECHV	FTE	MIECHV
Home	MIECHV	Home	Supervisors	MIECHV	Supervisors	Other Staff	MIECHV	Other Staff
Visitors	Home	Visitors	_	Supervisors	$(\mathbf{D} + \mathbf{E})$		Other Staff	(G+H)
	Visitors	(A+B)		_	(Auto-			(Auto-
		(Auto-			Calculate)			Calculate)
		Calculate)			·			

¹ Validation: Column A should equal Table A-1. columns A and B

Commented [A2]: No proposed changes to this table.

² Validation: Column E should equal Table A.2 sum of all rows in Column C

Table A.4.2: Staff Vacancies

Column A	Column B	Column C	Column D
Number of Vacant FTE	Number of Vacant FTE	Number of Vacant FTE	Number of FTE MIECHV Staff
MIECHV Home Visitors	MIECHV Supervisors	MIECHV Other Staff	Vacancies (A+B+C) (Auto-
			Calculate)

Section B:

Section B is only applicable to awardees that are currently on a corrective action plan related to a formal assessment of improvement.

MEASURE 1

1.
BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH

CONSTRUCT: PRETERM BIRTH

<u>2.</u>

TYPE OF MEASURE

Systems Outcome

3.

PERFORMANCE MEASURE

Percent of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preterfollowing program enrollment

<u>4.</u>

SPECIFICATION

 $\frac{\text{NUMERATOR: Number of live births (index child or subsequent children among mothers who enrolled in home visiting prenatally before 37 weeks) born before 37 completed weeks of gestation and after enrollment}{}$

 $\underline{\textbf{DENOMINATOR: Number of live births after enrollment who were born to mothers enrolled in home \underline{\textbf{visiting prenatally before 37 weeks}}$

5. VALUE FOR REPORTING PERIOD (percentage)	Numerator:
Value:	Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:

7. NOTES

^{*} Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

MEASURE 2

BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH **CONSTRUCT: BREASTFEEDING** 2. TYPE OF MEASURE **Systems Outcome** 3. PERFORMANCE MEASURE Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age **SPECIFICATION** NUMERATOR: Number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age DENOMINATOR: Number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) enrolled in home visiting for at least 6 months <u>5.</u> VALUE FOR REPORTING PERIOD (percentage) Numerator: Value: Denominator: MISSING DATA* 6.b. Value – Enter the number of cases missing from measure calculation: 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation. 7. NOTES

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missing data, and if possible, plans to reduce the amount of missing data in future reporting.

MEASURE 3

BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH

CONSTRUCT: DEPRESSION SCREENING

2. TYPE OF MEASURE

Performance Indicator

3. PERFORMANCE MEASURE

Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally)

4. SPECIFICATION

 $\underline{\textbf{NUMERATOR:}} \ \textbf{For those not enrolled prenatally, number of primary caregivers enrolled in home visiting}$ who are screened for depression within the first 3 months since enrollment; for those enrolled prenatally, the number of primary caregivers screened for depression within 3 months of delivery

 $\underline{\textbf{DENOMINATOR:}} \ \textbf{For those not enrolled prenatally, the number of primary caregivers enrolled in home visiting for at a local primary caregiver of the primary caregivers of the primary caregiv$ least 3 months; for those enrolled prenatally, the number of primary caregivers enrolled in home visiting for at least three months post delivery

5. VALUE FOR REPORTING PERIOD (percentage)	Numerator:
Value:	Denominator:
6.a. Definition	6.b. Value – Enter the number of cases missing from measure calculation:
Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether a screening occurred using a validated tool, but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible),	

but not in the numerator. All cases of missing data should be excluded from the measure calculation.	
7. NOTES	
8. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure	
	7. NOTES 8. Measurement Tool Utilized

^{*} Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

MEASURE 4

1. BENCHMARK AREA: MATERNAL AND NEWBOI	1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH		
CONSTRUCT: WELL CHILD VISIT			
2. TYPE OF MEASURE			
Performance Indicator			
3. PERFORMANCE MEASURE			
Percent of children enrolled in home visiting who rece American Academy of Pediatrics (AAP) schedule	ived the last recommended visit based on the		
4. SPECIFICATION			
NUMERATOR: Number of children (index child) enr recommended well child visit based on the AAP sched			
DENOMINATOR: Number of children (index child) e	enrolled in home visiting		
5. VALUE FOR REPORTING PERIOD (percentage)	Numerator:		
Value:	Denominator:		
6. MISSING DATA*	6.b. Value – Enter the number of cases missing from measure		
6.a. Definition	calculation:		
Data are considered missing if one or more data elements needed to determine inclusion in the			
numerator or denominator are unknown, including if a home visit occurred but the home visitor did not collect the data. All cases of missing data should be			
excluded from the measure calculation.			
7. NOTES			

^{*} Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the

 $\frac{missing\ data,\ and\ if\ possible,\ plans\ to\ reduce\ the\ amount\ of\ missing\ data\ in\ future\ reporting}{MEASURE\ 5}$

1.
BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH

CONSTRUCT: POSTPARTUM CARE	
2. TYPE OF MEASURE	
Performance Indicator	
<u>3.</u> <u>PERFORMANCE MEASURE</u>	
Percent of mothers enrolled in home visiting prenatally visit with a healthcare provider within 8 weeks (56 days)	y or within 30 days after delivery who received a postpartum s) of delivery
4. SPECIFICATION	
NUMERATOR: Number of mothers enrolled in home who received a postpartum visit with a healthcare prov	
DENOMINATOR: Number of mothers who enrolled in delivery and remained enrolled for at least 8 weeks (56)	
5. VALUE FOR REPORTING PERIOD (percentage)	Numerator:
Value:	Denominator:
6. MISSING DATA*	6.b. Value – Enter the number of cases missing from measure calculation:
6.a. Definition	and the contention.
Data are considered missing if one or more data elements needed to determine inclusion in the	
numerator or denominator are unknown. All cases of missing data should be excluded from the measure	
calculation.	
7. NOTES	

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missing data, and if possible, plans to reduce the amount of missing data in future reporting.

MEASURE 6

BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH

CONSTRUCT: TOBACCO CESSATION REFERRALS

2. TYPE OF MEASURE

Performance Indicator

3. PERFORMANCE MEASURE

Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment.

SPECIFICATION

NUMERATOR: Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment

DENOMINATOR: Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were enrolled for at least 3 months

5. VALUE FOR REPORTING PERIOD (percentage)	Numerator:
Value:	Denominator:
6. MISSING DATA*	6.b. Value – Enter the number of cases missing from measure calculation:
6.a. Definition Data are considered missing if one or more data	
elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether the primary	
caregiver used tobacco or cigarettes at enrollment since inclusion in the denominator cannot be determined if the screening result is unknown. When	
there is no documentation of whether a referral was provided, but all other data elements are known and inclusion in the denominator can be determined,	
then the primary caregiver should be included in the	

denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.	
7. NOTES	

^{*} Note: When the percent of missing data is $\geq 10\%$, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

MEASURE 7

BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS **CONSTRUCT: SAFE SLEEP** 2. TYPE OF MEASURE Performance Indicator 3. PERFORMANCE MEASURE Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing and without soft bedding **SPECIFICATION** NUMERATOR: Number of infants (index child aged less than 1 year) enrolled in home visiting whose primary caregiver reports that they are always placed to sleep on their backs, without bed-sharing and without soft bedding DENOMINATOR: Number of infants (index child) enrolled in home visiting who were aged less than 1 year during the reporting period VALUE FOR REPORTING PERIOD (percentage) Numerator: Value: Denominator: MISSING DATA* 6.b. Value – Enter the number of cases missing from measure calculation: 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation. NOTES

^{*} Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

MEASURE 8

1. BENCHMARK AREA: CHILD INJURIES, ABUSE, DEPARTMENT VISITS	NEGLECT, AND MALTREATMENT AND EMERGENCY		
CONSTRUCT: CHILD INJURY			
2. TYPE OF MEASURE			
Systems Outcome			
3. PERFORMANCE MEASURE			
Rate of injury-related visits to the Emergency Departr home visiting	ment (ED) during the reporting period among children enrolled in		
4. SPECIFICATION			
NUMERATOR: Number of parent-reported nonfatal children (index child) enrolled in home visiting	injury-related visits to the ED during the reporting period among		
DENOMINATOR: Number of children (index child) enrolled in home visiting			
VALUE FOR REPORTING PERIOD (rate)	Numerator:		
Value:	Denominator:		
6. MISSING DATA*	6.b. Value – Enter the number of cases missing from measure calculation:		
6.a. Definition	Carculation.		
Data are considered missing if one or more data elements needed to determine inclusion in the			
numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.			
7. NOTES	,		

^{*} Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

MEASURE 9

1.
BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY CONSTRUCT: CHILD MALTREATMENT 2. TYPE OF MEASURE **Systems Outcome** 3. PERFORMANCE MEASURE Percent of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period 4. SPECIFICATION NUMERATOR: Number of children (index child) enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period DENOMINATOR: Number of children (index child) enrolled in home visiting VALUE FOR REPORTING PERIOD (percentage) Numerator: Value: Denominator: MISSING DATA* 6.b. Value – Enter the number of cases missing from measure calculation: 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation. 7. NOTES

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

MEASURE 10 BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT **CONSTRUCT: PARENT-CHILD INTERACTION**

2. TYPE OF MEASURE

Performance Indicator

PERFORMANCE MEASURE

Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool

SPECIFICATION

NUMERATOR: Number of primary caregivers enrolled in home visiting who receive an observation of caregiver-chil interaction by the home visitor using a validated tool

DENOMINATOR: Number of primary caregivers enrolled in home visiting with children reaching the target age range

VALUE FOR REPORTING PERIOD (percentage) Numerator: Value: Denominator:

MISSING DATA*

6.b. Value – Enter the number of cases missing from measure calculation:

6.a. Definition

Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether the index child received an observation of caregiver-child interaction by the home visitor using a validated tool, but all other data elements are known, then the index child should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.

7. NOTES

8. Measurement Tool Utilized

Indicate the validated measurement tool(s) utilized to address this measure

^{*} Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

MEASURE 11

1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT

CONSTRUCT: EARLY LANGUAGE AND LITERACY ACTIVITIES

2. TYPE OF MEASURE

Performance Indicator

3. PERFORMANCE MEASURE

Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day

SPECIFICATION

NUMERATOR: Number of children (index child) enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day

DENOMINATOR: Number of children (index child) enrolled in home visiting

VALUE FOR REPORTING PERIOD (percentage)	Numerator:
Value:	Denominator:
6. MISSING DATA* 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.	6.b. Value – Enter the number of cases missing from measure calculation:

7. NOTES

^{*} Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

MEASURE 12

BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT CONSTRUCT: DEVELOPMENTAL SCREENING 2. TYPE OF MEASURE **Performance Indicator** 3. PERFORMANCE MEASURE Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parentcompleted tool **SPECIFICATION** NUMERATOR: Number of children (index child) enrolled in home visiting with at least one screening within the AAP-defined age groups during the reporting period DENOMINATOR: Number of children (index child) enrolled in home visiting reaching the specified time frame during the reporting period VALUE FOR REPORTING PERIOD (percentage) Numerator: Value: Denominator: MISSING DATA* 6.b. Value – Enter the number of cases missing from measure calculation: 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether a screening occurred using a validated tool, but all other data elements are known, then the child should be included in the denominator (if eligible), but not in

the numerator. All cases of missing data should be excluded from the measure calculation.

7. NOTES

8. Measurement Tool Utilized

Indicate the validated measurement tool(s) utilized to address this measure

^{*} Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

MEASURE 13

1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT				
CONSTRUCT: BEHAVIORAL CONCERNS	CONSTRUCT: BEHAVIORAL CONCERNS			
2. TYPE OF MEASURE				
Performance Indicator				
3. PERFORMANCE MEASURE				
Percent of postnatal home visits where primary caregichild's development, behavior, or learning	ivers were asked if they have any concerns regarding their			
4. SPECIFICATION				
NUMERATOR: Number of postnatal home visits whe have any concerns regarding their child's developmen	ere primary caregivers enrolled in home visiting were asked if they at, behavior, or learning			
DENOMINATOR: Total number of postnatal home v	isits during the reporting period			
5. VALUE FOR REPORTING PERIOD (percentage)	Numerator:			
Value:	Denominator:			
6. MISSING DATA	6.b. Value – Enter the number of cases missing from measure calculation:			
6.a. Definition				
Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. If a home visit occurred, but there is no documentation of				
whether the primary caregiver was asked about behavioral concerns, then the home visit should be included in the denominator (if eligible – i.e., postnatal visit), but not in the numerator. All cases of				
missing data should be excluded from the measure				

calculation.

7. NOTES

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

MEASURE 14

BENCHMARK AREA: CRIME OR DOMESTIC VIOLENCE **CONSTRUCT: INTIMATE PARTNER VIOLENCE SCREENING** TYPE OF MEASURE Performance Indicator PERFORMANCE MEASURE Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) within 6 months of enrollment using a validated tool **SPECIFICATION** NUMERATOR: Number of primary caregivers enrolled in home visiting who are screened for IPV using a validated tool within 6 months of enrollment **DENOMINATOR:** Number of primary caregivers enrolled in home visiting for at least 6 months 5. VALUE FOR REPORTING PERIOD (percentage) Numerator: Value: Denominator: 6. MISSING DATA* 6.b. Value - Enter the number of cases missing from measure calculation: 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether a screening occurred using a validated tool (including if a screening did not occur because the caregiver was male and they only have validated tools for use among female caregivers), but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible),

but not in the numerator. All cases of missing data should be excluded from the measure calculation.

7. NOTES

8. Measurement Tool Utilized

Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is \geq 10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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1. BENCHMARK AREA: FAMILY ECONOMIC SELF-SUFFICIENCY CONSTRUCT: PRIMARY CAREGIVER EDUCATION 2. TYPE OF MEASURE Systems Outcome PERFORMANCE MEASURE Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in or maintained continuous enrollment in middle school or high school, or completed high school or equivalent during their participation in home visiting 4. SPECIFICATION NUMERATOR: Number of primary caregivers who enrolled in or maintained continuous enrollment in middle school or high school, or completed a high school degree or equivalent after enrollment in home visiting (and met the conditions specified in the denominator) DENOMINATOR: Number of primary caregivers without a high school degree or equivalent at enrollment VALUE FOR REPORTING PERIOD (percentage) Numerator: Value: Denominator: MISSING DATA* 6.b. Value – Enter the number of cases missing from measure calculation: 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation. NOTES

^{*} Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

MEASURE 16 BENCHMARK AREA: FAMILY ECONOMIC SELF-SUFFICIENCY **CONSTRUCT: CONTINUITY OF INSURANCE COVERAGE** 2. TYPE OF MEASURE **Systems Outcome** 3. PERFORMANCE MEASURE Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least 6 consecutive months 4. SPECIFICATION NUMERATOR: Number of primary caregivers enrolled in home visiting who reported having health insurance coverage for at least 6 consecutive months since enrollment in home visiting **DENOMINATOR:** Number of primary caregivers enrolled in home visiting for at least 6 months <u>5.</u> VALUE FOR REPORTING PERIOD (percentage) Numerator: Value: Denominator: MISSING DATA* 6.b. Value - Enter the number of cases missing from measure 6.a. Definition Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation. 7. NOTES

^{*} Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

MEASURE 17

<u>1.</u>	
BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AN	D
SUPPORTS	

CONSTRUCT: COMPLETED DEPRESSION REFERRALS

2. TYPE OF MEASURE

Systems Outcome

3. PERFORMANCE MEASURE

Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts

SPECIFICATION

NUMERATOR: Number of primary caregivers enrolled in home visiting who received recommended services for depression (and met the conditions specified in the denominator)

DENOMINATOR: Number of primary caregivers enrolled in home visiting who had a positive screen for depression within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally) and were referred for services

5. VALUE FOR REPORTING PERIOD (percentage)	Numerator:
<u>Value:</u>	Denominator:
6. MISSING DATA*	6.b. Value – Enter the number of cases missing from measure calculation:
6.a. Definition Data are considered missing if one or more data	
elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether a screening	
occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown. Data are also considered missing	
if there is no documentation of whether a referral was provided. All cases of missing data should be excluded from the measure calculation.	

7. NOTES

8. Measurement Tool Utilized

Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

MEASURE 18

1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND **SUPPORTS**

CONSTRUCT: COMPLETED DEVELOPMENTAL REFERRALS

2. TYPE OF MEASURE

Systems Outcome

3. PERFORMANCE MEASURE

Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner

4. SPECIFICATION

NUMERATOR: Number of children enrolled in home visiting who a) received individualized developmental support from a home visitor; b) were referred to early intervention services and receive an evaluation within 45 days; OR c) were referred to other community services who received services within 30 days (and met the condition specified in the denominator)

DENOMINATOR: Number of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool)

VALUE FOR REPORTING PERIOD (percentage)	Numerator:
<u>Value:</u>	Denominator:
6.a. Definition	6.b. Value – Enter the number of cases missing from measure calculation:
Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator. All cases of	

missing data should be excluded from the measure calculation.	
7. NOTES	
8. Measurement Tool Utilized	
Indicate the validated measurement tool(s) utilized to add	ress this measure

^{*} Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

MEASURE 19

1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND **SUPPORTS**

CONSTRUCT: INTIMATE PARTNER VIOLENCE REFERRALS

2. TYPE OF MEASURE

Performance Indicator

3. PERFORMANCE MEASURE

Percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information to IPV resources

4. SPECIFICATION

NUMERATOR: Number of primary caregivers enrolled in home visiting who received referral information to IPV resources (and met the conditions specified in the denominator)

DENOMINATOR: Number of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) within 6 months of enrollment

5. VALUE FOR REPORTING PERIOD (percentage)	Numerator:	
Value:	Denominator:	
6.a. Definition	6.b. Value – Enter the number of cases missing from measure calculation:	
Data are considered missing if one or more data elements needed to determine inclusion in the		
numerator or denominator are unknown, including if there is no documentation of whether a screening occurred using a validated tool, since inclusion in the denominator cannot be determined if the screening		
result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the		
denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator. All cases of		

missing data should be excluded from the measure

calculation.

7. NOTES

8. Measurement Tool Utilized

Indicate the validated measurement tool(s) utilized to address this measure

* Note: When the percent of missing data is ≥10%, a table note should be provided that addresses the reason for the missing data, and if possible, plans to reduce the amount of missing data in future reporting.

Section B:

Section B is only applicable to grantees that are currently on an Improvement Plan related to the formal assessment of improvement conducted after Year 3 of their MIECHV grant. Grantees are required to submit data for all constructs within the benchmark areas where they did not show improvement at the end of Year 3. Grantees should only complete the benchmark areas applicable to them.

Table B.1: Benchmark Area 1

Construct	Performance Measure	Numerator	Denominator	Percent/Average/Count
1.1				
1.2 1.3				
1.3				
1.4				
1.5				
1.5 1.6				
1.7				
1.8				

Table B.2: Benchmark Area 2

Construct	Performance	Numerator	Denominator	Percent/Average/Count
	Measure			
2.1				
2.2				
2.3				
2.4				
2.5				
2.6				
2.7				

Table B.3: Benchmark Area 3

Construct	Performance Measure	Numerator	Denominator	Percent/Average/Count
3.1				
3.2				
3.3				

Commented [A3]: Replaced to align with current MIECHV performance measures

3.4		
3.5		
3.6		
3.7		
3.8 3.9		
3.9		

Table B.4: Benchmark Area 4

Construct	Performance Measure	Numerator	Denominator	Percent/Average/Count
4.1				
4.2				
4.3				
4.4				
4.5				

Table B.5: Benchmark Area 5

Construct	Performance Measure	Numerator	Denominator	Percent/Average/Count
5.1				
5.2				
5.3				

Table B.6: Benchmark Area 6

Construct	Performance Measure	Numerator	Denominator	Percent/Average/Count
6.1				
6.2				
6.3				
6.4				
6.5				

DEFINITIONS OF KEY TERMS

Table	Field	Key Terms Requiring Definitions			
Number					
A.1	Program Capacity	New Household: A household, including a pregnant woman, female caregiver, and/or male caregiver who sign to participate in the home visiting program at any time during the reporting period and continues enrollment of the reporting period. The household may include multiple caregivers depending on model-specific definition.			
		Continuing Household: A household, including a pregnant woman, female caregiver, and/or male caregiver who were signed up and actively enrolled in the home visiting program prior to the beginning of the reporting period and continues enrollment during the reporting period. The household may include multiple caregivers depending on model-specific definitions.			
		Current Caseload: The number of households actively enrolled at the end of the quarterly reporting period. All members of one household represent a single caseload slot.			
		Maximum Service Capacity: The highest number of households that could potentially be enrolled at the end of the quarterly reporting period if the program were operating with a full complement of hired and trained home visitors			
		Note: The maximum service capacity is equivalent to the caseload of family slots approved by HRSA			
		Caseload of Family Slots: The highest number of families (or households) that could potentially be enrolled at any given time if the program were operating with a full complement of hired and trained home visitors. Family slots are those enrollment slots identified as MIECHV in accordance with the identified enrollment method of the awardee. For more information on the definition of a MIECHV family slot see the FY 2108 MIECHV Notice of Funding Opportunity Announcement, served by a trained home visitor implementing services with fidelity to the model for whom at least 25% of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding. All members of one family or household represent a single caseload slot. The count of slots should be distinguished from the cumulative number of enrolled families during the grant period. It is known that the caseload of family slots may vary by federal fiscal year pending variation in available funding in each fiscal year. Applicants should remember that inability to meet proposed caseloads may results in deobligated funds, which may impact future funding.			
		Capacity Percentage: Capacity percentage is a calculated indicator that results from dividing the current caseload by the maximum service capacity and multiplying by 100.			
A.3	Family Engagement	Currently Receiving Services: The number of households currently receiving services refers to households that are participating in services at the end of the reporting period.			
		Completed Program: The number of households who completed the program refers to households who have completed the program or transitioned to another program according to home visiting model-specific definitions and criteria during the reporting period.			

		Stopped Services Before Completion: The number of households who stopped services before completion refers to households who left the program for any reason prior to completion.
		Other: Other refers to those households who do not fall into the previous categories, and may include unreachable participants (i.e. the family is not regularly participating but did not actively sever ties, etc.)
A.4.1	Staffing Recruitment and	New Full Time Equivalent Home Visitor/Supervisor/Other Staff: A full time equivalent home
	Retention	visitor(s)/supervisor(s)/other staff who begins employment is employed with a contracted local implementing agency during at the end of the quarterly reporting period. Grantees Awardees should only report the proportion of
		the FTE that is supported by MIECHV grant funds.
		Continuing Full Time Equivalent Home Visitor/Supervisor/Other Staff: A full time equivalent home
		visitor(s)/supervisor(s)/other staff who was employed by a contracted local implementing agency during the
		previous reporting period and continued employment. Grantees <u>Awardees</u> should only report the proportion of the FTE that is supported by MIECHV grant funds.
		1 1 1 that is supported by Wilectiv grain funds.
		For example, a 1.0 FTE staff member who is supported at 30% through MIECHV funds and 70% through other funds would be reported as 0.3 FTE for the purposes of this table.