

## Family Engagement Collaborative - Family of Measure

Your team is responsible for submitting this worksheet, updated and saved with the data outl monthly updates can be added to the worksheet on the second tab of this workbook. Please March, you will submit data for the month of February. Your team should note that the third planning. The fourth tab includes four self-reflection questions that ACF would like

Measure	Associated Driver	Construct being measured	
1	SMART Aim	Improved home visitor-family relationships	Numerator
			Denominator
2	PD1: HV program has competent and skilled workforce to develop goal-directed relationships with families	Staff training	Count
3	PD1: HV program has competent and skilled workforce to develop goal-directed relationships with families	Reflective supervision	Numerator
			Denominator
4	PD2: HV program's processes for initial contact with families foster and support goal-directed relationships between the home visitors and families	Program capacity	Numerator
			Denominator
5	PD4. The HV program and HVs are responsive and continually build goal-directed relationships with families	Families receiving services/ completing program	Numerator
			Denominator

6	PD5. HV program has data tracking to assess family engagement, relationship building, and goal setting	Program retention	Numerator
			Denominator
7	N/A (Balancing Measure)	HV dosage	Numerator
			Denominator

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13): Through this information collection, ACF is gathering information to inform program support and technical assistance for grantees participating in the Tribal Continuous Quality Improvement Collaboratives. Public reporting burden for this collection of information is estimated to average 20 hours per grantee, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0531 and the expiration date is 7/31/2022. If you have any comments on this collection of information, please contact Julie Morales; morales@jbassoc.com

## es Reporting Guidance

lined below, 10 business days prior to the monthly Acti update per the directions below, including data collect l tab has pre-programmed run charts to automatically c grantees to respond to each month. Your monthly upd

Operational Definition
# of individual family Working Alliance Inventory (WAI) scores that increased from T1 to T2, T2 to T3, or T1 to T3
# of families for which a WAI was completed at two time points
# of trainings/professional development opportunities on core competencies (including relationship-based competencies) home visitors attended during the last three months
# of individual and/or group reflective supervision sessions received by home visitors during the reporting month
# of individual and/or group reflective supervision sessions that home visitors should have received during the reporting month
Caseload during the reporting month (# of new households enrolled + # of continuing households)
Maximum service capacity during the reporting month
# of families who continue to receive services or have completed the program during the reporting month
# of families enrolled in the home visiting program during the reporting month

# of families whose 1st home visit was 90-120 days ago and are still enrolled in the THV program

# of families whose 1st home visit was 90-120 days ago

# of families who received the recommended number of home visits during the reporting month, according to model developer fidelity requirements

# of families enrolled in the home visiting program during the reporting month

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**Site: [enter grantee team name]**

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on Period call for the Family Engagement Collaborative (second Thursday of each month). Your ed between the first and last days of the prior month. For example, on the second Thursday of display the data that you enter into the second tab. Please use these for your review and team ated worksheet should be sent via email to your TEI Liaison with a copy to your FPO.

**Guidance**

*Report the number of families that had increased scores on the Working Alliance Inventory (WAI) from T1 to T2, T2 to T3, or T1 to T3. NOTE: This data will only be reported once during the Collaborative. Teams are expected to collect and track this data at three timepoints in January, May and October 2020, but only report it once in November 2020 (the monthly report directly following the last data collection timepoint).*

*Report the number of families who completed a WAI at a minimum of two time points (could be T1 and T2, T2 and T3, or T1 and T3).*

*This measure is a count. Report the total number of trainings/professional development opportunities on core competencies (including relationship-based competencies) your home visitors attended by the last day of the quarter for which you are reporting. For example, in March, please report trainings attended during December, January, and February.*

*Report the number of individual and/or group reflective supervision sessions received by home visitors by the last day of the month for which you are reporting.*

*Report the number of individual and/or group reflective supervision sessions home visitors should have received by the last day of the month for which you are reporting. Please use the definition of "Number of reflective supervision sessions home visitors should receive" in Core Measure 3 of your Performance Measurement Plan to determine how many individual/group reflective supervision sessions home visitors should receive during a typical month.*

*Report the number of families that are currently enrolled in your home visiting program as of the end of the month for which you are reporting.*

*Report the maximum number of households your home visiting program is funded to serve. This number should remain the same from month to month.*

*Report the number of families who continued to receive services or completed the program by the last day of the month for which you are reporting.*

*Report the number of families enrolled in the home visiting program by the last day of the month for which you are reporting.*

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*Of those reported in the denominator, report the number of families who are still enrolled in the THV program by the last day of the month for which you are reporting.*

*Report the number of families whose first home visit was anywhere between 90-120 days prior to the last day of the month for which you are reporting. For example, in April, the month you're reporting on is March, so you will report the number of families whose 1st home visit was 90-120 days before March 31st (likely in December or January).*

*Report the number of families who received the recommended number of home visits by the last day of the month for which you are reporting. Please use the definition "Number of home visits families should receive" in Core Measure 1 of your Performance Measurement Plan to determine how many home visits families should receive during a typical month.*

*Report the number of families enrolled in the home visiting program by the last day of the month for which you are reporting.*

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Measure	Construct Being Measured	Numerator/Denominator	Mar-20
1	<i>Improved home visitor-family relationships</i>	# of families with increased score on WAI	
		# of families with WAI completed at two time points	
		<b>% Relationships Showing Improvement</b>	
2	<i>Staff training</i>	# of trainings/professional development opportunities attended	
		<b># of Trainings/Professional Development Opportunities Attended</b>	
3	<i>Reflective supervision</i>	# of individual and/or group reflective supervision sessions received	
		# of individual and/or group reflective supervision sessions that should be received	
		<b>% Reflective Supervisions Received</b>	#DIV/0!
4	<i>Program capacity</i>	# of households currently enrolled	
		Maximum service capacity	
		<b>% Program Capacity Filled</b>	#DIV/0!
5	<i>Families receiving services/ completing program</i>	# of families who continue to receive services or have completed the program	
		# of families enrolled in the home visiting program	
		<b>% Families Receiving or Completing Services</b>	#DIV/0!
6	<i>Program retention</i>	# of families still enrolled after 90-120 days	
		# of families whose 1st home visit was 90-120 days ago	
		<b>% Program Retention</b>	#DIV/0!
7	<i>HV dosage</i>	# of families who receive the recommended number of home visits	
		# of families enrolled in the home visiting program	
		<b>% Families Receiving Recommended Home Visits</b>	#DIV/0!

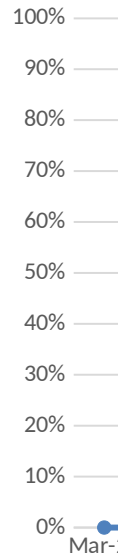
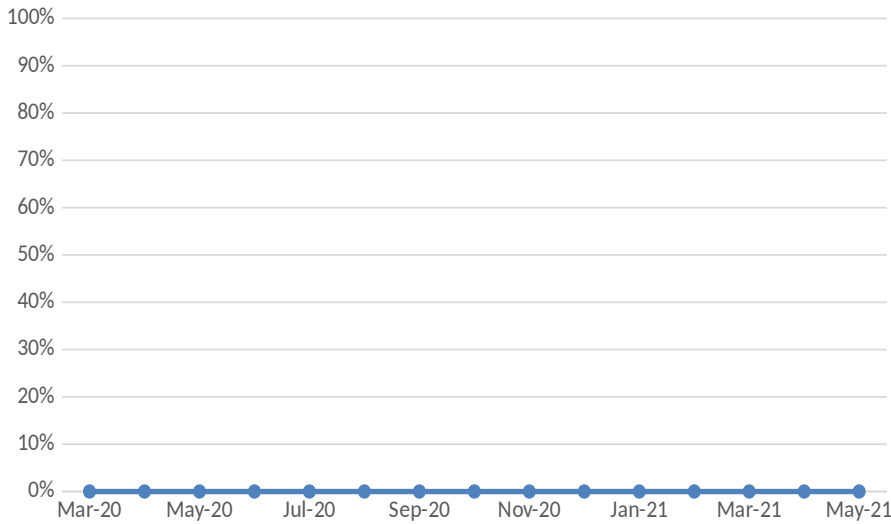




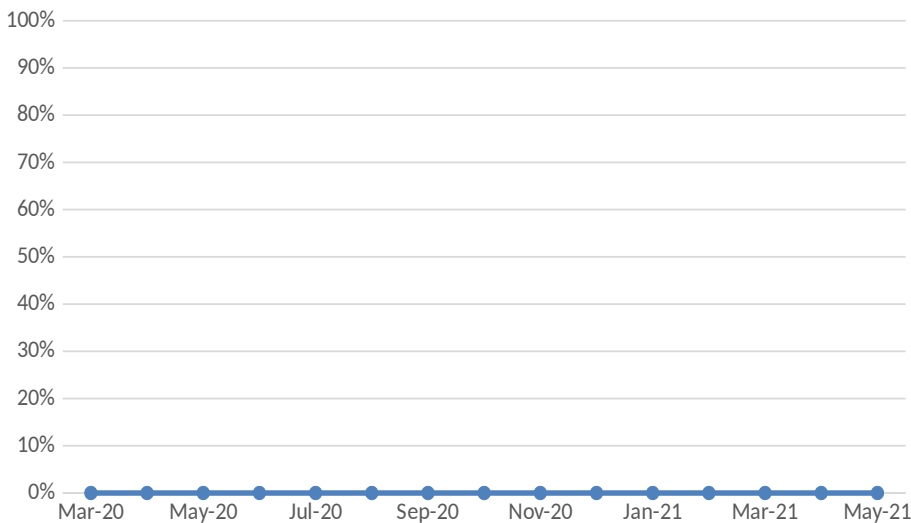
Jan-21	Feb-21	Mar-21	Apr-21	May-21
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**Instructions:** The following data charts can be used by your team to share with staff, leadership, family members, and the community. Simply click on the chart, copy, and paste into your documents or presentations. The charts with data that are reported less frequently than monthly are marked with a dashed line.

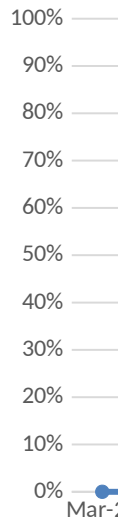
### Measure #3: % Individual/Group Reflective Supervisions Received by Home Visitors



### Measure #5: % Families Who Continue to Receive Services or Complete the Program

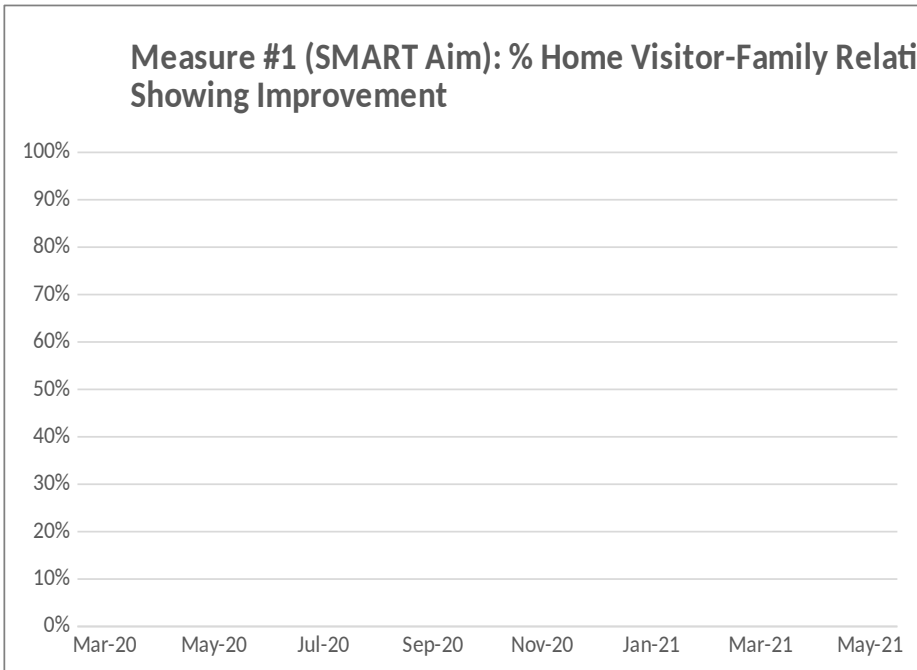
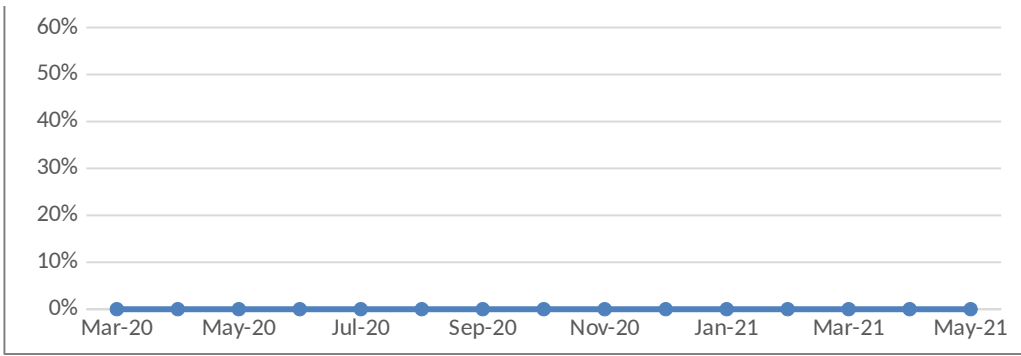


### Measure #6: % Families Who Continue to Receive Services or Complete the Program



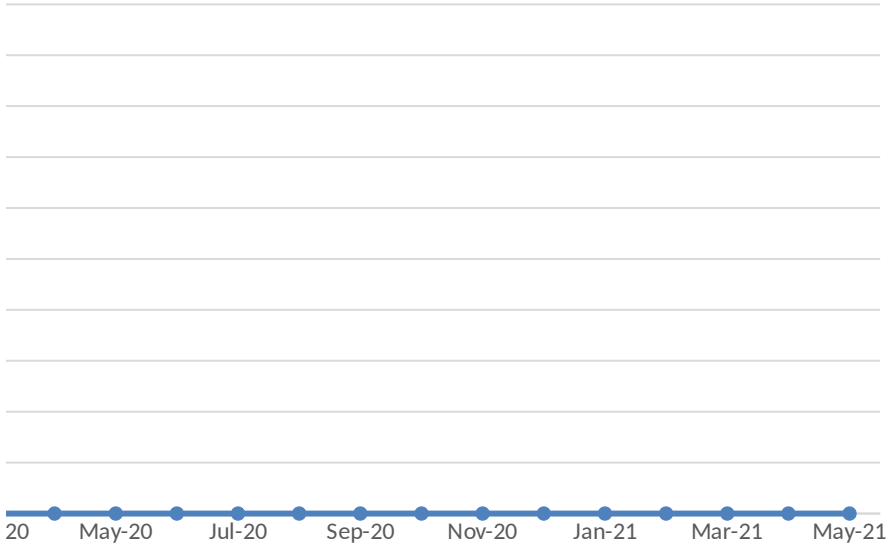
### Measure #7: % Families Receiving the Recommended Number of Home Visits



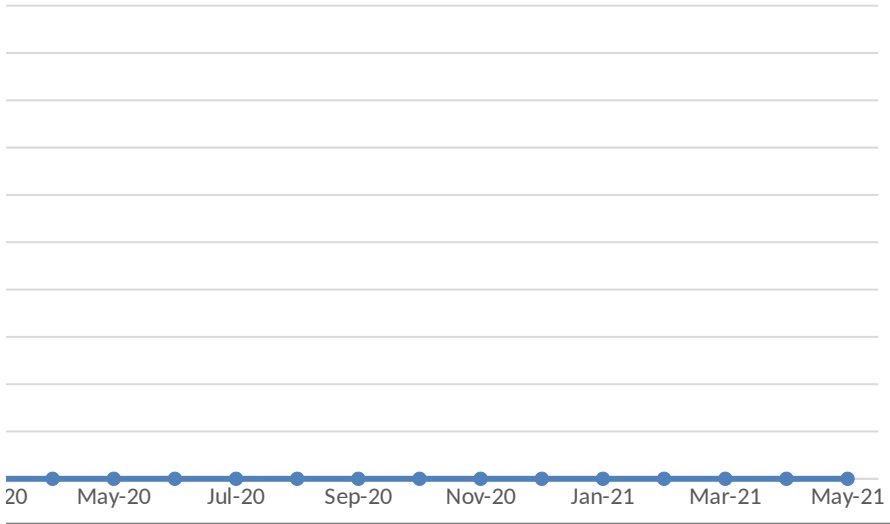


lies, and other important stakeholders. Charts can be edited, copied, and  
ument or presentation. Edits can be made to the charts as needed by your  
ly are located at the bottom.

### Measure #4: % Program Capacity Filled



### Measure #6: % Families Whose 1st Home Visit was 90-120 Days and are Still Enrolled in the Program



**Measure #2: # of Trainings/Professional Development Opportunities Attended by Home Visitors on Core Competencies**

May-20 Jul-20 Sep-20 Nov-20 Jan-21 Mar-21 May-21

**Instructions:** Please update your responses to the following questions every month based on your team's e: PDSAs. This information will be used to help identify areas for targeted TA and p

**Self-Reflection Questions**

1. What successes emerged from your team's Collaborative work this month?

2. What challenge(s) emerged from your team's Collaborative work this month?

3. How did you address this/these challenge(s)?

4. What TA supports would be helpful?

