Attachment D. Program Data Collection Activity

# Administrative Data

This protocol will be used to ask home visiting programs to record information about the families and services provided between March 1, 2020 and September 30, 2022. This protocol collects data for each month of the study period when possible. The study team will provide support and technical assistance to local programs in completing this request.

# Newly Enrolled Participants

1. For each month, month 1 (March 1, 2020) – month 32 (September 30, 2022), please enter:

a) the number of newly enrolled participants in the month and the number of continuing participants in the month for each of the MIECHV Form 1 categories listed below.

|  | **MIECHV Form 1 category** | **Number of newly enrolled participants** | **Number of continuing participants** |
| --- | --- | --- | --- |
| 1. Race |  |  |  |
|  | American Indian or Alaska Native |  |  |
|  | Asian |  |  |
|  | Black or African American |  |  |
|  | Native Hawaiian or Other Pacific Islander |  |  |
|  | White |  |  |
|  | More than one race |  |  |
|  | Unknown/Did not report |  |  |
| 1. Ethnicity |  |  |  |
|  | Hispanic or Latino |  |  |
|  | Not Hispanic or Latino |  |  |
|  | Unknown/Did not report |  |  |
| 1. Primary Language Spoken at Home |  |  |  |
|  | English |  |  |
|  | Spanish |  |  |
|  | Other |  |  |
|  | Unknown/Did not report |  |  |
| 1. Educational Attainment |  |  |  |
|  | Less than HS diploma |  |  |
|  | HS diploma/GED |  |  |
|  | Some college/training |  |  |
|  | Technical training or certification |  |  |
|  | Associate’s Degree |  |  |
|  | Bachelor’s Degree or higher |  |  |
|  | Other |  |  |
|  | Unknown/Did not Report |  |  |
| 1. Employment Status |  |  |  |
|  | *Employed full-time* |  |  |
|  | Employed part-time |  |  |
|  | Not employed |  |  |
|  | Unknown/Did not Report |  |  |
| 1. Type of Health Insurance Coverage |  |  |  |
|  | No insurance coverage |  |  |
|  | Medicaid or CHIP |  |  |
|  | Tri-Care |  |  |
|  | Private or Other |  |  |
|  | Unknown/Did not Report |  |  |
| 1. Housing status |  |  |  |
|  | Not Homeless |  |  |
|  | * *Owns or shares own home, condominium, or apartment* |  |  |
|  | * *Rents or shares own home or apartment* |  |  |
|  | * *Lives in public housing* |  |  |
|  | * *Lives with parent or family member* |  |  |
|  | * *Some other arrangement* |  |  |
|  | Homeless |  |  |
|  | * *Homeless and sharing housing* |  |  |
|  | * *Homeless and living in an emergency or transitional shelter* |  |  |
|  | * *Some other arrangement* |  |  |
|  | Unknown/Did not Report |  |  |

# Visits

2. How does your program collect information on number of home visits completed? For example, does your program collect information on visits completed in-person? Visits completed by phone? [Record types of visit modalities.]

For each month, month 1 (March 1, 2020) – month 32 (September 30, 2022), please enter:

a) for all active participants, the number of visits for each of the categories your program uses to record completed visits. Categories included below are examples.

|  | **Example category** | **Number of visits** |
| --- | --- | --- |
| 1. Modality |  |  |
|  | *In-person visits* |  |
|  | *Phone visits* |  |
|  | *Video visits* |  |
|  | *Text messages* |  |

# Referrals

3. How does your program collect information on number of referrals provided? For example, does your program collect information on referrals for mental health? For substance use? [Record types of referrals.]

For each month, month 1 (March 1, 2020) – month 32 (September 30, 2022), please enter:

a) for all active participants, the number of referrals for each of the categories your program uses to record referrals. These may include referrals for adult and child participants. Categories included below are examples.

|  | **Example category** | **Number of referrals** |
| --- | --- | --- |
| 1. Health care |  |  |
|  | *OB provider* |  |
|  |  |  |
|  |  |  |
| 1. Social services |  |  |
|  | *WIC* |  |
|  |  |  |
|  |  |  |
| 1. Housing |  |  |
|  | *Section 8* |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 1. Behavioral health |  |  |
|  | *Mental health* |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 1. Child services |  |  |
|  | *Child care* |  |
|  |  |  |
|  |  |  |
|  |  |  |
| F. Other referral type |  |  |
|  | *Legal services* |  |
|  |  |  |
|  |  |  |
|  |  |  |