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
A. 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		
B. Ethnicity			
	Hispanic or Latino		
	Not Hispanic or Latino		
	Unknown/Did not report		
C. Primary Language			

	MIECHV Form 1 category	Number of newly enrolled participants	Number of continuing participants
Spoken at Home			
	English		
	Spanish		
	Other		
	Unknown/Did not report		
D. 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		
E. Employment Status			
	Employed full-time		
	Employed part-time		
	Not employed		
	Unknown/Did not Report		
F. Type of Health Insurance			

	MIECHV Form 1 category	Number of newly enrolled participants	Number of continuing participants
Coverage			
	No insurance coverage		
	Medicaid or CHIP		
	Tri-Care		
	Private or Other		
	Unknown/Did not Report		
G. 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		

	MIECHV Form 1 category	Number of newly enrolled participants	Number of continuing participants
	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
A. 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**
A. Health care		
	OB provider	
B. Social services		
	WIC	
C. Housing		
	Section 8	
D. Behavioral health		
	Mental health	
E. Child services		
	Child care	
F. Other referral type		

	Example category	**Number of referrals**
	Legal services	