TRIBAL HOME VISITING

Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Implementation Plan Guidance

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Anne Bergan
Senior Tribal Analyst
Tribal Home Visiting Program
Administration for Children and Families, HHS
Mary E. Switzer Building
330 C Street, SW. Suite 3014F
Washington, DC 20201
anne.bergan@acf.hhs.gov
202-578-0950

INTRODUCTION

This document guides the submission of the Implementation Plan (IP) for Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant recipients.

What is the Implementation Plan?
As a grant recipient, after you complete the Community Needs and Readiness Assessment (CNRA) and have a good understanding of the needs, capacities, and strengths of your community, you will develop your program's IP. The IP describes how you will carry out activities over years 2-5 of the grant, with the primary activity being implementation of your home visiting program. You will implement your program as laid out in the IP. Developing the IP is a thorough process, and the end product, while a living document, includes detailed program context and information that will serve as a reference to current staff and new staff throughout the implementation of the grant. You will work closely with your Federal Project Officer (FPO) to develop the IP, and technical assistance (TA) will be available to you during this process as well. The IP will be submitted to your FPO, who will approve the IP before you begin implementing your plan and delivering home visiting services.

What does it include?
The IP consists of four sections, which are:

Section 1: Program Design – in this section, you will outline the vision and goals of your program, determine the service area and population for home visiting services, and identify the home visiting model and any adaptations, enhancements, and/or supplements to the model, that will meet the identified needs of the community and the population you will serve.

Section 2: Program Blueprint – in this section, you will lay out your action plan for effectively implementing your vision, goals, objectives, and program design and will provide details on elements of your program, such as supporting your program workforce, community and partner engagement, recruitment, enrollment, and engagement of families, early childhood systems building, and policies and procedures.

Section 3: Plan for Data Collection, Management, and Performance Measurement – this section is intended to help you thoughtfully plan for successful data collection and management, to ultimately support your ability to use data to improve service delivery and submit required Tribal MIECHV reports.

Section 4: Plan for Using Data to Inform Fidelity Monitoring, Program Management, and Improvement – this section is intended to help you plan for ways in which your team will use data to monitor the implementation of your home visiting program, enhance your ability to determine whether your program is implemented as intended/planned, and make improvements to strengthen service delivery.

What is the process for developing the Implementation Plan?
Grant recipients are required to address every section of the guidance by responding to each request and question listed within each section. The IP guidance has been developed with the understanding that by thoroughly responding to each section, recipients will establish a comprehensive plan outlining the critical activities necessary for successfully executing their Tribal MIECHV grant.

The guidance is structured so that each section builds upon the previous one. Recipients will follow an iterative process and timeline to submit sections of the IP according to the submission milestones set

by the Administration for Children and Families (ACF) and the support provided by ACF and THRIVE TA specialists.

There will be TA opportunities to support each recipient with the development of a quality plan, including monthly calls with your FPO and TA specialists, webinars, individual TA, the grant kickoff meeting, site visits, including on-site TA, as well as additional tools and resources on an Implementation Plan Guidance (IPG) Resource Library. This includes an "IPG Examples Guide," which provides select examples for some sections in the IPG. Grant recipients will receive a link to this library from their FPO and TA specialists.

Grant recipients may begin implementing program services, including data collection, only after their IP has been approved.

How often is the IP updated?
You will be encouraged to regularly review and update your IP to ensure it accurately reflects activities throughout the grant. As you begin implementing your program, you may anticipate adjustments to your plan that reflect what is effective for the program. Components of the IP that will require conversations with your FPO and approval by ACF before moving forward include:

- Communities served
- Program design, such as the home visiting model, adaptations, enhancements, supplements
- Caseload/number of families served
- The performance measurement plan

Changes to the selected home visiting model should not be made after implementation, but there may be an opportunity to consider additional adaptations, enhancements, and supplements as the home visiting model is implemented with families.

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GRANT RECIPIENT INFORMATION

Implementing Organization	
Program Name	
Program Lead	
Program Lead's Contact Information	

SECTION 1: PROGRAM DESIGN

In this section, you will design your home visiting program by addressing the community strengths, priorities, and needs identified in your CNRA. You will determine the population to be served and service area, set program goals and objectives, select a home visiting model that meets the identified needs, and assess whether any adaptations, enhancements, or supplements are necessary.

A. Population and community to be served

Please define the population you will serve, and your service area, based on your CNRA, by addressing the following questions:

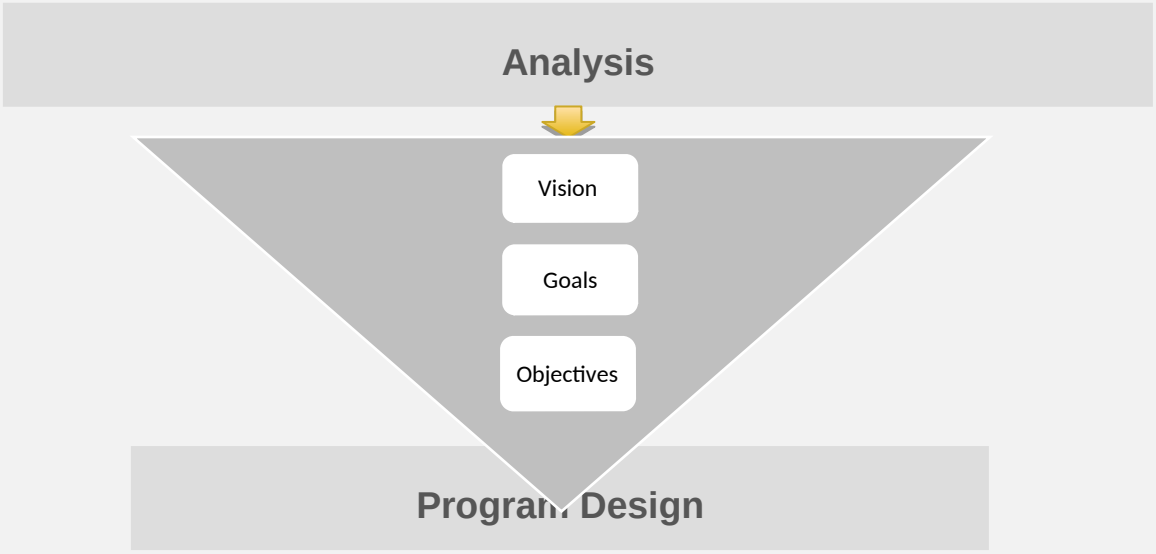
1. *What are the enrollment criteria for children, such as age and Tribal affiliation?*

2. *What are the enrollment criteria for caregivers, such as the type of caregiver and Tribal affiliation?*

3. *What is the designated service area? This could include whether it is within the Tribal reservation, within a certain mileage radius of a location, specific zip codes, or neighborhoods*.

B. Vision, goals and objectives

Define your proposed program's vision, goals, and objectives. The vision, goals, and objectives should then drive the design of the program.



Vision:

A vision is a one-sentence change-inspiring statement describing the clear and inspirational long-term desired future state resulting from your program's work. This vision should be a picture of the future, about how the home visiting program will change the community.

1. *What is your program's vision?*

Goals:

Goals are statements that explain what you want to achieve with the program. They are the intended specific results of your program, should it be effective. The number of goals should not exceed 3-5 goals.

2. *What are your program's goals*?

Objectives:

Establishing clear and concise objectives is fundamental to achieving your program's goals. Aiming for 2-3 specific objectives for each project goal is advisable. Effectively crafted objectives are crucial in determining program priorities, monitoring progress, and ensuring accountability. Therefore, ambiguous verbs such as "understand" or "know" can be challenging to quantify. Instead, focus on action-oriented objectives, such as "increase the number of parents who read with their children daily." You may wish to adopt the Specific, Measurable, Achievable, Results-oriented, and Time-bound (SMART) framework for setting objectives, but it is not a requirement. This flexibility allows for the tailoring of objectives to best align with the unique needs of your program and community.

3. *What are your program's objectives (2-3 per goal)?*

C. HOME VISITING MODEL

Generally, once a model is selected, that choice will apply throughout the remainder of the grant. This differs from adaptations, enhancements, and supplements, which may evolve over the life of the grant.

Note: Connect with the model and review the Home Visiting Evidence of Effectiveness (HomVEE) website https://homvee.acf.hhs.gov/ to ensure responses below are thorough.

1. *What home visiting model are you selecting?*

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2. *Please provide a short description of the model and a link to the model's website.*

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3. *Why are you choosing this model (e.g., how does it respond to your CNRA findings)?*

4. *How does selecting this model help you meet your goals and objectives?*

5. *If applicable, what adaptations will you make to the selected model? Consider formal changes that require ACF and model developer approval.*

Note: An “adaptation” of an evidence-based model or promising approach includes modifications that have not undergone rigorous impact research and are determined by the model developer to alter core components related to program effectiveness. These adaptations must also align with Tribal MIECHV program requirements and be agreed upon by both the model developer and the ACF in partnership with the recipient. For example, historically, while a core component of a model might be to serve new caregivers with their first child, a grant recipient may seek an adaptation that allows them to serve families with more than one child.

D. Enhancements and supplements

Your selected home visiting model may be unable to address all your identified needs and fully meet your program’s visions, goals, and objectives. In this case, you may consider enhancements and supplements to the evidence-based home visiting model selected.

An **enhancement** of an evidence-based model or promising approach includes changes or additions to the model that have not been tested with rigorous impact research but are determined by the model developer not to alter the core components related to program impacts, are aligned with Tribal MIECHV program requirements, and are agreed to by the model

developer and ACF in partnership with the recipient. For example, grant recipients have created enhancements to incorporate cultural classes with families and involve elders during home visits and group activities.

A **supplement** to an evidence-based model or promising approach is the addition of a supportive or complementary curriculum to an evidence-based home visiting model. The supplement may or may not have been tested with rigorous impact research but must be determined by the model developer not to alter the core components related to program impacts, aligned with Tribal MIECHV program requirements, and agreed to by the model developer and ACF in partnership with the recipient.

For more information regarding enhancements and supplements, visit the THV toolkits resource.

Unlike the selected model, enhancements and supplements have the capacity to evolve. Complete knowledge is not necessary at this point. What should be articulated are your plans and intentions.

1. *What enhancements or supplements are you choosing for the selected model, if any?*

2. *Why are you choosing to add these enhancements or supplements (e.g., how do they respond to your CNRA findings)?*

3. *How does adding these enhancements or supplements help meet your goals and objectives?*

SECTION 2: PROGRAM BLUEPRINT

This section articulates your action plan for effectively implementing your vision, goals, objectives, and program design as laid out in Section 1. Section 2 includes:

2.1 Leadership, Governance and Administration
2.2 Program and Workforce Management
2.3 Community and Partner Engagement
2.4 Recruitment, Enrollment and Engagement of Families
2.5 Early Childhood Systems Building
2.6 Policies and Procedures
2.7 Sustainability Planning Readiness

The results documented in CNRA and your Program Design in Section 1 will assist you in developing an action plan and blueprint for successfully implementing your program in years 2-5 of your grant.

SECTION 2.1: LEADERSHIP, GOVERNANCE, AND ADMINISTRATION

A. ORGANIZATIONAL LEADERSHIP, GOVERNANCE, AND ADMINISTRATION

While some of this information may have been gathered for your CNRA and grant application, it's important to clarify the specific role of leadership in the implementation process now that you have defined your program design.

1. *What are the roles and responsibilities for successfully overseeing implementation of your program within your organization? Please include specific details about the level and type of support provided, as well as details about how implementation will be monitored by leadership.*

2. *Who is responsible for the fiscal oversight of the program within the lead agency? This includes identifying who develops and approves the budget, who authorizes expenditures, who manages the Payment Management System account, who draws down funds, and who prepares the fiscal reports (e.g., SF-425).*

3. *What monitoring activities and communication occur between the program and fiscal staff, and who is involved in these processes? Please specify the frequency of these interactions.*

SECTION 2.2: PROGRAM AND WORKFORCE MANAGEMENT

A. ROLES AND RESPONSIBILITIES

1. *Please provide a program organizational chart for your home visiting program, identifying the key staff in the program and any supervisory relationships.*

2. *In addition to the chart, please outline the positions within the program using the following categories. This should include roles related to administration, supervision, data management, home visiting, and any other relevant positions. Be sure to include both staff positions and any contracted roles. Additionally, specify the types of roles each position will fill, noting that some positions may encompass multiple categories. Please include job descriptions and any relevant resumes as an appendix. When responsibilities are repeated for multiple positions, please specify the lead.*

Position Title (include staff and contracted/consulting positions)	Roles and responsibilities	Type of Role (may select more than one)
		☐ Supervisory ☐ Project support staff ☐ Home Visiting ☐ Data ☐ Other _____
		☐ Supervisory ☐ Project support staff ☐ Home Visiting ☐ Data ☐ Other _____
		☐ Supervisory ☐ Project support staff ☐ Home Visiting ☐ Data ☐ Other _____
		☐ Supervisory ☐ Project support staff ☐ Home Visiting

		☐ Data ☐ Other _____
		☐ Supervisory ☐ Project support staff ☐ Home Visiting ☐ Data ☐ Other _____

B. *Oversight of consultant/contract positions*

1. *Please list the contracted positions and describe your plan for oversight and contract management. List the title and role of the contracting organization, the frequency of oversight, and who is responsible for overseeing the contract, ensuring you include the following categories.*

Contracted position, if applicable, the name of the organization and role	Position responsible for oversight	Frequency of oversight

C. *Recruitment and hiring of staff*

1. *What is the process for developing and posting job descriptions?*

2. *What is the interview and selection process, including, but not limited to, interview panels and questions?*

3. *Please provide a process map or narrative of the recruitment and hiring process for the program. Include who is responsible, the overall timeframe for hiring (from start to finish), and the duration for each step.*

D. NEW EMPLOYEE ORIENTATION AND TRAINING

In this section, you will be asked to describe the orientation for new employees, including an introduction to the organization and the home visiting program. Additionally, you will outline the training process for the home visiting model, as well as any adaptations, supplements, and enhancements. Be sure to include all relevant staff members and contracted positions, including supervisory and oversight personnel, and to address training around data-related aspects of the program as well (e.g., training on data systems, data collection processes).

Note: Connect with the home visiting model to ensure your descriptions for model trainings are accurate and thorough.

The IP, or specific sections based on staff roles, will be crucial for sharing with your team during orientation. Please indicate when and how you will incorporate this information during orientation, onboarding, and training.

1. *What are the organizational training activities? Please include the following categories.*

Orientation/training topic and format	Staff and applicable contracted positions receiving training	Timing (e.g., how many weeks after hire)	Person or entity responsible for providing the training

2. *What are the home visiting program orientation and training activities? Please include the following categories.*

Orientation/training topic and format	Staff and applicable contracted positions receiving training	Timing (e.g., how many weeks after hire)	Person or entity responsible for providing the training

3. *What are the home visiting model, enhancement, and supplement training activities? Please include the following categories.*

Orientation/training topic and format	Staff and applicable contracted positions receiving training	Timing (e.g., how many weeks after hire)	Person or entity responsible for providing the training

4. *What are any additional training activities? Please include the following categories.*

Orientation/training topic and format	Staff and applicable contracted positions receiving training	Timing (e.g., how many weeks after hire)	Person or entity responsible for providing the training

E. ONGOING PROFESSIONAL DEVELOPMENT

In this section you will list your plan and approach to supporting a competent home visiting workforce. In the section above, you listed the onboarding activities. What is your plan for meeting ongoing, core, or mandated training requirements, including those required by the model (e.g., annual attendance at conferences, first aid, model-required competency training, specific topics like domestic violence or substance use)?

Note: Remember to ensure that your budget includes relevant costs.

1. *Please list your ongoing professional development activities, including the following categories.*

Topic or opportunity for ongoing, core, or mandated professional	Staff or contracted positions	Frequency of occurrence

development needs	involved	

2. *How will you regularly assess the professional development needs of program staff, such as an annual competency survey, performance evaluations, or reflective team discussions; and how frequently will this occur?*

F. HOME VISITING TEAM SUPPORT AND SUPERVISION

Below please describe your plan for reflective supervision, administrative supervision, and clinical supervision. Include positions who participate, positions responsible for providing the applicable supervision, the frequency, and the format. Note that in addition to home visitors, it is recommended that supervisors are well supported as well.

Note: Connect with the home visiting model to ensure your descriptions for supervision are accurate and are in line with model guidelines.

1. *What is your plan for administrative supervision*? *Please use the following categories.*

Positions that receive the relevant supervision	Position responsible for providing the supervision	Frequency	Format (e.g., individual, group)

2. *What is your plan for reflective supervision? Please use the following categories.*

Positions that receive the relevant supervision	Position responsible for providing the supervision	Frequency	Format (e.g., individual, group)

3. *What is your plan for clinical supervision? Please use the following categories.*

Positions that receive the relevant supervision	Position responsible for providing the supervision	Frequency	Format (e.g., individual, group)

4. *Please provide information on any other supervisory support structures and other reflective practices.*

G. IECMHC

In the CNRA, you assessed the organizational capacity for delivering Infant and Early Childhood Mental Health Consultation (IECMHC) as part of your evaluation of overall organizational readiness. For more information about IECMHC, you can visit the IECMHC Basics page on The Center of Excellence (CoE) for Infant and Early Childhood Mental Health Consultation website at IECMHC Basics | The Center of Excellence (CoE) for Infant and Early Childhood Mental Health Consultation (IECMHC)

1. *What are your next steps for building, enhancing, or maintaining this capacity over the next 2 to 5 years?*

H. Staff engagement retention and transition planning

1. *What is your strategy for engaging and retaining staff? Specifically, what measures will your program implement to prevent unnecessary staff departures?*

2. *What is your plan for transitioning each staff position in the event of a planned or unplanned leave or departure?*

Position title (e.g., home visitor, coordinator)	Transition plan for a planned or unplanned leave or departure (note: transition planning for families is addressed in the family engagement section)

SECTION 2.3: COMMUNITY AND PARTNER ENGAGEMENT

A. ADVISORY COMMITTEE

Please outline your plan for engaging your advisory committee in supporting the program's planning and oversight.

1. *Who is part of your advisory committee?*

2. *What are the duration and terms of membership?*

3. *What is the role of the advisory committee?*

4. *How frequently will the advisory committee meet?*

B. COMMUNITY PARTNERS

Please outline your plan for engaging elders, community members, partners, and other interested parties. Collaboration is a vital component in delivering an effective home visiting program. Successful programs improve their efficiency and impact by forming partnerships with other agencies. These collaborations facilitate the sharing of ideas, resources, tasks, and even staff members.

Before providing the information below, please review the community asset mapping process results documented in Section 2 of your Community Needs and Resource Assessment (CNRA) and consider the assessments and reflections from your plan.

1. *Please list your community partners and share the following information.*

Community partner	Intended role and/or the level of engagement (e.g., inform, consult, involve, collaborate[1])	Characteristics of the relationship (e.g., formal memorandum of understanding, other agreement, informal relationship)

C. INCORPORATING FAMILY VOICE

It is critical to involve families as leaders and incorporate their perspectives and voices in the implementation of services.

1. *What is your plan for integrating family input? Please specify how frequently you plan to engage families and describe what this process will look like during implementation.*

[1] Inform: Inform or educate stakeholders in one-way communication. Consult: Gain information and feedback from stakeholders to inform decisions made internally through limited two-way communication. Involve: Work directly with stakeholders throughout the process to ensure that issues and concerns are understood and considered through two-way communication where learning takes place on both sides. Collaborate: Partner with stakeholder and/or stakeholder groups for the development of mutually agreed solutions and joint plan of action through two-way communication where learning, negotiation, and decision making occur on both sides. Stakeholders work together to take action.

SECTION 2.4: RECRUITMENT, ENROLLMENT, AND ENGAGEMENT OF FAMILIES

c. Note: Connect with the home visiting model to ensure caseload numbers, information about dosage, and policies around recruitment and enrollment are accurate and in line with model guidelines.

A. *ESTIMATED NUMBER OF FAMILIES TO BE SERVED (INCLUDING THE TOTAL PROPOSED CASELOAD)*

1. *Please estimate the number of families served, using the following categories. Enter the annual number of caseload slots (i.e., the number of families your program can support at any given time) that your program anticipates serving in years two through five.*

Year 2 (Note when you anticipate starting to serve families within Year 2).	
Years 3-5	

2. *What factors did you consider for the estimation, such as the number of staff, whether the supervisor is handling a caseload, full-time or part-time staff status, amount of travel required, the experience level of staff (new vs. seasoned), risk factors involving families, and anticipated staff turnover?*

B. *FAMILY RECRUITMENT AND ENROLLMENT*

1. *Please provide a process map outlining the plan for recruiting and enrolling families. Include the person responsible for each step, as well as the timing and duration of each process step.*

C. Home visiting program definitions and dosage

1. *Please provide your program's definitions for the home visiting terms listed in the table below. These terms are relevant for both programmatic and data reporting purposes, and are home visiting components where grant recipients have flexibility in the definition. There are many other key terms that ACF has defined for consistency across grant recipient teams. Please refer to the Appendix for the complete list of defined terms.*

Home visiting term	**Grant recipient definition**
Home visit	
Virtual home visit	
Inactive status	
Active status	
Hold status	
Enrolled	
Completion/graduation	

2. *What is the frequency and duration of home visits provided?*

D. Family engagement to ensure retention and appropriate dosage of services

Engagement refers to the collaborative relationship between parents and home visitors aimed at achieving family-oriented goals that enhance the health and well-being of the family. This collaboration is characterized by an ongoing, reciprocal partnership that builds on the strengths of both the family and the home visitor, along with a consistent application of parental learning.

1. *What is your plan for building effective relationships with families?*

2. *What are your engagement strategies during the recruitment period?*

3. *What are your engagement strategies during enrollment (after families agree to participate in the program*)?

4. *Once enrolled, what activities will you provide that ensure engagement in the home visits, curricula, learning, application of knowledge, and other program activities?*

5. *What engagement activities will you offer when a home visitor transition occurs? What engagement activities will you offer when a family transitions out of the program?*

6. *What are your plans for maintaining or developing an incentive program (note: grant recipients are not required to have one)?*

E. Virtual home visiting

A virtual home visit is conducted entirely through electronic information and telecommunications technologies. These visits help extend the reach of home visiting services, prevent disruptions in service delivery due to illness or weather, and offer scheduling flexibility for families and home visitors. The COVID-19 pandemic significantly increased the use of virtual home visiting, allowing families to maintain connections with their home visitors and home visiting programs during unprecedented and emergency circumstances.

While virtual home visiting will continue as an option for Tribal Home Visiting, the MIECHV legislation mandates grant recipients prioritize in-person visits. Each participant in the program must receive at least one in-person home visit annually unless a public health emergency is declared by Federal, State, or Tribal law. Below are the factors determining when a virtual home visit may be appropriate, along with considerations for deciding on the modality of the visit—whether virtual or in-person:

Note: Connect with the model to discuss virtual home visits in relation to model fidelity.

- **Client Consent:** Ensure that the client agrees to a virtual visit and understands its protocol and limitations.
- **Client Preference**: Consider the family's comfort level with technology and preference for virtual or in-person visits.
- **Geographic Limitations:** For families in remote areas, a virtual visit may be more feasible than traveling for an in-person meeting.
- **Health Concerns:** Consider the health status of both home visitors and families. If either party has health concerns, a virtual visit can mitigate risk.
- **Hazardous Conditions:** Evaluate local conditions, such as natural disasters or unsafe environments, that could make in-person visits dangerous.
- **Public Health Emergencies:** Virtual visits should be prioritized to ensure safety in the event of a declared public health emergency.
- **Weather Events:** Adverse weather conditions could prevent safe travel, making virtual visits a better option during such events.
- **Other Local Issues:** Consider any additional local issues that may affect the ability to conduct in-person visits, such as safety, transportation challenges, or community-specific circumstances.
- **Model fidelity considerations:** Consider whether your model has guidelines for virtual home visits to maintain model fidelity

By weighing these factors, home visitors can make informed decisions regarding the most appropriate modality for home visits.

1. *What are the factors used to determine the appropriateness of a virtual home visit, using the above categories?*

2. *What is your strategy to promote in-person home visits with families? This plan could encompass internal communication, policies, and procedures for home visiting staff and set clear expectations between staff and families regarding when virtual visits may be appropriate. Consider the information you included in the section above when outlining this plan.*

SECTION 2.5: EARLY CHILDHOOD SYSTEMS BUILDING

A. NEXT STEPS IN EARLY CHILDHOOD SYSTEMS BUILDING

In Section 2 of your CNRA, you completed a community asset map and discussed the results with a stakeholder group.

1. *What is your long-term vision for collaborating with other community service providers to enhance and support your early childhood system?*

2. *What 2-3 next steps will you take to improve your early childhood system, in collaboration with partners?*

SECTION 2.6: POLICIES AND PROCEDURES

A. POLICY AND PROCEDURE DEVELOPMENT PLAN

Using the chart format below, outline your plan for creating or updating a programmatic policy and procedure manual. You will submit your policies and procedures to ACF for review in year 3. (Note: ACF will review, but not approve, your policies and procedures.)

1. *Please identify which topic area requires a policy and procedure for your planning team. Then, using the chart format provided, indicate whether the policy or procedure already exists at the program level, needs to be developed, revised, or is already in place at the organizational level. (Note: Policies and procedures related to data and fidelity monitoring can be found in sections 3 and 4.)*

	Exists on a program level	Revise or adapt	Develop	Exists at tribal /organizational level
Leadership, Governance and Administration				
o Leadership and administrative oversight	☐	☐	☐	☐
o Fiscal planning	☐	☐	☐	☐
Program and Workforce Management				
o Privacy and confidentiality	☐	☐	☐	☐
o Home visitor safety	☐	☐	☐	☐
o Workforce recruitment and selection	☐	☐	☐	☐
o Workforce supervision	☐	☐	☐	☐
o Professional development and training	☐	☐	☐	☐
o Workforce transition planning	☐	☐	☐	☐
o Subcontracting				
Community and Partner Engagement				
o Home visiting Advisory Committee	☐	☐	☐	☐
o Partner and stakeholder engagement	☐	☐	☐	☐
Recruitment, Enrollment, and Engagement of Families				
o Family recruitment, referral, and enrollment	☐	☐	☐	☐
o Family discharge	☐	☐	☐	☐
o Family engagement	☐	☐	☐	☐
o Program capacity and caseload	☐	☐	☐	☐
o Family inactive status	☐	☐	☐	☐
o Incentives (if applicable)	☐			
Dissemination				
o Dissemination	☐	☐	☐	☐

Early Childhood System Building					
o	Collaboration and coordination of the early childhood system	☐	☐	☐	☐
Promoting Sustainability					
o	Program sustainability	☐	☐	☐	☐
Collecting and Maintaining Data					
o	Maintaining family records and case notes	☐	☐	☐	☐
o	Data collection, data entry and monitoring	☐	☐	☐	☐
o	Data analysis and reporting	☐	☐	☐	☐
o	Data management	☐	☐	☐	☐
Monitoring, Evaluation, and Quality Improvement					
o	Data-informed practice	☐	☐	☐	☐
o	Continuous Quality Improvement	☐	☐	☐	☐
Other					
		☐	☐	☐	☐

B. Policy and procedure engagement process

Please describe your approach to developing and reviewing the policy and procedure manual. Explain how you plan to engage partners and ensure the team regularly reviews and updates the policies and procedures.

1. *What is your strategy for involving program staff, partners, leadership, your advisory committee, and service recipients in this development process?*

2. *How do you plan to disseminate the program manual? For example, will you publish it digitally on the organization's shared drive and email a link to current and future staff?*

3. *What is your plan for regular utilization, review, and updating of the manual?*

SECTION 2.7: SUSTAINABILITY PLANNING READINESS

A. *SUSTAINABILITY*

During years 2-5, it is essential to continue planning for your program's sustainability. Below, outline your vision for sustainability and key steps to enhance the program's long-term sustainability.

1. *What is your long-term vision for maintaining the program?*

2. *What are 2-4 specific steps you will take to improve your long-term sustainability?*

SECTION 3: PLAN FOR DATA COLLECTION, MANAGEMENT, AND PERFORMANCE MEASUREMENT

Introduction to data reporting requirements for Tribal Home Visiting

Data collection and management is an essential building block for ensuring that your program provides quality home visiting services. All Tribal Home Visiting grant recipients are required to collect and report demographic, implementation, and performance data on a quarterly and/or annual basis. This section of your Implementation Plan will help you thoughtfully plan for successful data collection and management, to ultimately support your ability to use data to improve service delivery and submit required Tribal Home Visiting reports.

Tribal Home Visiting grant recipients collect data on a regular basis to be reported in three reports described below. All reports are submitted into the Tribal Home Visiting Reporting System (THVRS) to be reviewed and approved by ACF. Your TA specialist will support you in preparing for, submitting, and finalizing your data reports. Visit the THV Reporting Resource for more information about the reporting process and timeline.

Demographic and Service Utilization Data Report (DSUR)

The DSUR is used to annually report demographic and service utilization information. This includes data such as numbers of newly enrolled and continuing participants, educational level and poverty status of participants, sex and ethnicity of staff, and the number of home visits. This type of data helps grant recipients, ACF and TA providers understand whom the program serves, who is staffing the program, and how many families are being served.

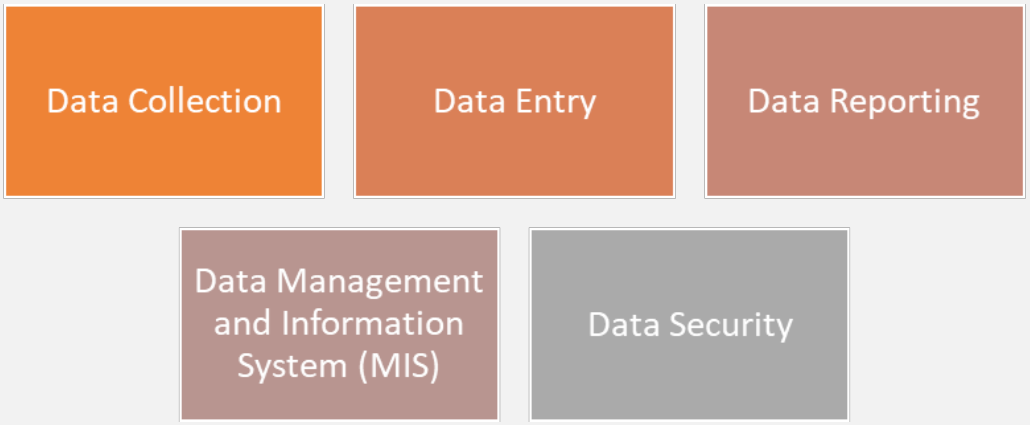
Performance Measurement Data Report (PMR)

The PMR is used to annually report performance measurement data. This includes data for 12 “core” measures and three “flex” measures across six benchmark areas. Grant recipients select their “flex” measures from a list of 11 potential measures. Both the “core” and “flex” performance measures are standardized. Performance data help grant recipients, ACF, and TA providers understand program improvement, strengths, challenges, and TA needs.

Quarterly Performance Data Report (QPR)

The QPR is used to report information, quarterly, program capacity, place-based services, family engagement, staff recruitment and retention, and staff vacancies. Quarterly program data helps grant recipients and ACF track program implementation.

There are major areas to plan for when collecting and reporting data, they are:



In this section you will describe how your team will collect, monitor, manage, and report all required Tribal Home Visiting data, and specify your plan for each of these major areas.

In addition, the following symbols in this section provide supplemental information to help you along the way:

Toolkits: TA resources to support data collection, management, and reporting decision making

Attention: important points to remember

SECTION 3.1: DATA MANAGEMENT PLAN

A. PLAN FOR DATA MANAGEMENT AND INFORMATION SYSTEM (MIS)

1. *Please select from and share one of the options below that best represents your strategy for acquiring a data management and information system (MIS) for your Tribal Home Visiting program.*

☐	Our organization has an existing MIS that the Tribal Home Visiting program will use to store, manage, and report data.
☐	Our organization plans to build a MIS for the Tribal Home Visiting program or use a commercial off-the-shelf (COTS) system not owned by the model developer.
☐	Our Tribal Home Visiting program plans to use the model developer data system.

2. *Describe the MIS your program will use, including the following categories.*
   - **Name of data system** — Identify the name of the system.
   - **Contractor/Vendor (if applicable)** — Provide the name of the company or individual supporting your data system development and ongoing implementation.

Name of data system	
Contractor/Vendor (if applicable)	

B. *Plan for data security*

1. *What is your plan for data security? Please work with your organization to identify practices and processes important to upholding Tribal data sovereignty, as appropriate. This could include privacy of data, data ownership, administration procedures that do not place individuals at risk of harm (e.g., questions related to domestic violence and child maltreatment reporting), and compliance with applicable regulations related to Tribal oversight and approval of strategies for protection of human subjects, data safety and monitoring, and compliance with applicable regulations, other Institutional Review Board/human subject protections, Health Insurance Portability and Accountability Act (HIPAA), and Family Educational Rights and Privacy Act (FERPA)?*

SECTION 3.2: PLAN FOR THE REPORTING OF REQUIRED DEMOGRAPHIC, SERVICE UTILIZATION, IMPLEMENTATION, AND PERFORMANCE MEASUREMENT DATA

When working on this section, please refer to the definitions of key terms you provided in Section 2 that may be applicable to the DSUR, QPR, and PMR.

A. PLAN FOR DSUR DATA COLLECTION AND ENTRY

Overview of the Demographic and Service Utilization Data Report
Demographic and Service Utilization Data should be collected at enrollment (as defined by grant recipient or per model developer guidelines) for newly enrolled participants/households and once during the reporting period (as determined by grant recipient) for continuing participants/households.

Grant recipients may determine the method of and individuals responsible for data collection based on their own policies and procedures, and as guided by model developers and in consultation with ACF. ACF will use this data to better understand the population receiving services from Tribal MIECHV grant recipients and the degree to which they are using services. All data submitted to ACF through this report is aggregated across participating families and de-identified. Technical assistance is available to grant recipients to determine the method and timing of data collection and to ensure high quality data collection and reporting.

Grant recipients submit the DSUR on an annual basis. The draft submission of this report is due by October 31st. The grant recipient then works with their TA specialist and FPO to revise and finalize their report, and the final submission is due on December 31st.

The DSUR includes 26 Tables of demographic indicators for adult participants (newly enrolled and continuing), index children (newly enrolled and continuing), households (newly enrolled and continuing), home visits, and staff.

Collecting client-level demographic data will provide your organization access to individual-level data paving the way for providing quality home-visiting services. Demographic data serves as fundamental building block for identifying and tracking gaps in care or services.

The DSUR is organized into two sections.

Section A includes Participant Demographics and Service Utilization and contains three sub-sections:

- A.1: Participant Demographics during Reporting Period (Newly Enrolled and Continuing)
- A.2: Participant Demographics during Reporting Period (Newly Enrolled Only)
- A.3: Participant Service Utilization during Reporting Period (Newly Enrolled and Continuing).

Each section requests demographic and service utilization data for program participants and households.

When reporting on the DSUR, grant recipients may decide to report on data through the following data sources:

1. **Program data:** Data collected by the home visiting program. This may include data self-reported by the adult participant.
2. **Administrative data:** Data collected by another agency, organization, or program. Grant recipients may elect to use administrative data if it applies directly to the item being reported on and can be acquired within reporting deadlines.

 Please note that the data sources selected should be consistent over time for each data element.

Section B includes Program Staff Demographics and requests information on demographics of program staff.

 Individuals and families reported on the DSUR must be served by a trained home visitor who receives 25% or more of his/her personnel costs (salary/wages including benefits) paid for with Tribal MIECHV funding.

1. ***DSUR Data Collection Plan:*** *Use the table below to discuss with your team how, when, and where you will collect the information needed to report the required data for each table. In the last column, please identify the tool you will use to collect data for each DSUR table. Your TA specialist is available to support your team in selecting appropriate data collection tools*.

Tables in the DSUR

Table	Title	Variable	Data Collection Tool
A.1: Participant Demographics during Reporting Period (Newly Enrolled and Continuing)			
Table 1	Unduplicated Count of Adult Participants and Index Children Served by Tribal MIECHV Home Visitors during Reporting Period (Newly Enrolled and Continuing)	Adult participants Index children	
Table 1a	Pregnant Women Who Remained in the Program After Giving Birth During the Reporting Period	Pregnant Women	
Table 2	Unduplicated Count of Households Served by Tribal MIECHV Home Visitors (Newly Enrolled and Continuing)	Households	
Table 3	Adult Participants by Current Educational Status (Newly Enrolled and Continuing)	Educational Status	
Table 4	Adult Participants by Employment Status (Newly Enrolled and Continuing)	Employment Status	
Table 5	Household Income in Relation to Federal Poverty Guidelines (Newly Enrolled and Continuing)	Federal Poverty Income	
Table 6	Index Children by Age (Newly Enrolled and Continuing)	Age	
Table 7	Adult Participants by Housing Status (Newly Enrolled and Continuing)	Housing Status	

Table 8	Adult Participants and Index Children by Type of Health Insurance Coverage (Newly Enrolled and Continuing)	Health Insurance	
A.2: Participant Demographics during Reporting Period (Newly Enrolled Only)			
Table 9	Adult Participants by Age **(Newly Enrolled)**	Age	
Table 10	Participants by Ethnicity **(Newly Enrolled)**	Ethnicity	
Table 11	Participants by Race **(Newly Enrolled)**	Race	
Table 12	Adult Participants by Marital Status **(Newly Enrolled)**	Marital Status	
Table 13	Adult Participants by Educational Attainment **(Newly Enrolled)**	Educational Attainment	
Table 14	Primary Language Spoken at Home of Index Children **(Newly Enrolled)**	Primary Language	
Table 15	Secondary Language Spoken at Home of Index Children **(Newly Enrolled)**	Secondary Language	
Table 16	Priority Population Household Characteristics **(Newly Enrolled)**	8 Household characteristics	
A.3 Participant Service Utilization during Reporting Period			
Table 17	Unduplicated Count of Households by Evidence-Based Home Visiting Model and Total Number of Home Visits	Home Visits/Households	
Table 18	Families Receiving In-Person Home Visits	Receipt of Services	
Table 19	Family Engagement by Household (Newly Enrolled and Continuing)	Household	
Table 20	Place-based Services	Community (zip code)	
Section B: Program Staff Demographics			
Table 21	Program Staff by Age	Age	
Table 22	Program Staff by Sex	Sex	
Table 23	Program Staff by Ethnicity	Ethnicity	
Table 24	Program Staff by Race	Race	
Table 25	Program Staff by Educational Attainment	Educational Attainment	
Table 26	Unduplicated Count of Home Visiting Staff Full Time Equivalents	FTE Equivalents	

B. Plan for QPR data collection and entry

Overview of Quarterly Performance Data Report

Grant recipients are required to submit data related to program capacity, family engagement, and staff vacancies on a quarterly basis.

Quarterly Reporting Periods are defined as:

- Quarter 1: October 1 – December 31
- Quarter 2: January 1 – March 31
- Quarter 3: April 1 – June 30
- Quarter 4: July 1 – September 30

Reports are due 30 days after the end of each reporting period.

There are 3 Tables in the QPR:

- Table 1: Program Capacity
- Table 2: Family Engagement
- Table 3: Staff Vacancies

When completing the tables with data, the notes section should be used to provide any information relevant to data quality for that table or any other contextual information relevant to the reported numbers.

Individuals and families reported on the QPR must be served by a trained home visitor who receives 25% or more of his/her personnel costs (salary/wages including benefits) paid for with Tribal MIECHV funding.

1. ***QPR Data Collection Plan:*** *Use the table below to discuss with your team how, when, and where you will collect the information needed to report the required data for each table. In the last column, please identify the tool you will use to collect data for each data element in the QPR tables. Your TA specialist is available to support your team in selecting appropriate data collection tools.*

Table 1 Program Capacity		**Data Collection Tool**
Column A	Number of New Households Enrolled	
Column B	Number of Continuing Households	
Column C	Current Caseload (A + B)	
Column D	Maximum Service Capacity	
Column E	Capacity Percentage (C/D)	

Table 2 Family Engagement		**Data Collection Tool**
Column A	Number of Households Currently Receiving Services	
Column B	Number of Households who Completed Program	
Column C	Number of Households who Stopped Services Before Completion	
Column D	Number of Households Enrolled but Not Currently Receiving Services/Other	
Column E	Total (A+B+C+D)	
Column F	Attrition Rate (C divided by E)	

Table 3 Staff Vacancies		**Data Collection Tool**
Column A	Number of Vacant MIECHV Home Visitors	
Column B	Number of Vacant MIECHV Project Directors/Managers/Coordinators	
Column C	Number of Vacant MIECHV Data/Evaluation Staff	

Note: Data will include a head count of all staff positions that were vacant at the end of the reporting period, regardless of when the position became vacant.

C. Plan for PMR data collection and entry

Overview of the Performance Measurement Data Report (PMR)
Grant recipients under the Tribal MIECHV program must collect, analyze, use, and report data on program implementation and improvements for eligible families participating in the program in the legislatively-mandated benchmark areas of: I) improved maternal, newborn, and child health; II) prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency room visits; III) improvements in school readiness and child academic achievement; IV) reductions in crime or domestic violence; V) improvements in family economic self-sufficiency; and VI) improvements in the coordination and referrals for other community resources and supports. These data are reported in the Tribal MIECHV PMR. Grant recipients submit this report on an annual basis. The draft submission of the PMR is due by October 31st. The grant recipient then works with their TA specialist and FPO to revise and finalize their report, and the final submission of the PMR is due on December 31st.

The PMR includes 12 Core Measures and 11 Flex Measures. **Grant recipients must report on all 12 Core Measures.** Grant recipients must select 3 Flex Measures that are ideally aligned with their selected home visiting model goals and target population. Flex Measures are described after the tables for Core Measures. Measures have been operationally standardized across grant recipients. There may be no validated tool in AI/AN communities, but grant recipients are asked to select and use the most appropriate tools for their programs and communities.

Core Measures

Implementation Measures
1. Receipt of home visits
2. Home visit implementation observation
3. Reflective supervision

Maternal and Newborn Health
4. Depression screening
5. Substance abuse screening
6. Well-child visit

Child Maltreatment, Injuries, and ED Visits
7. Child injury prevention

School Readiness and Achievement
8. Parent-child interaction
9. Developmental screening

Crime or Domestic Violence
10. IPV screening

Family Economic Self-Sufficiency
11. Screening for economic strain

Coordination and Referrals
12. Completed developmental referral

Plan for PMR Data Collection and Entry

CORE MEASURES

CORE MEASURE 1: Receipt of Home Visits

Construct Information *(not modifiable)*
Benchmark Area: Implementation ***Construct: Receipt of home visits***
Type of Measure: Process
Indicator: Percentage of recommended home visits received by families enrolled in the home visiting program during the reporting period
Numerator: Number of home visits received by families during the reporting period ***Denominator: Number of home visits families should receive according to model developer fidelity requirements during the reporting period***
Target Population: Families

Unit of Analysis: Incidents
Data Source: Home visitor observation

Performance Measurement Plan
Definitions of Key Terms
Number of home visits families should receive:
Data Collection Tool(s) or Form(s) and Question(s)
Data collection tool or form that will be used to collect the information for this construct:
Specific questions on the tool/form that will be used to capture the information needed:
Model form where home visit information is documented:
Form or tool to keep track of whether a family is receiving the recommended number of home visits:
Data Collection Time Points
Time point(s) at which the data will be collected:
Data Elements for Calculations
Data elements that will be needed to calculate the numerator and denominator:
Numerator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the numerator and what data are not included:
Denominator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the denominator and what data are not included:

CORE MEASURE 2: Home Visit Implementation Observation

Construct Information *(not modifiable)*
Benchmark Area: Implementation ***Construct: Home visit implementation observation***
Type of Measure: Process
Indicator: Percentage of recommended home visits where home visitors are observed for implementation quality and receive feedback from their supervisors during the reporting period
Numerator: Number of home visits where home visitors are observed for implementation quality and receive feedback from their supervisors during the reporting period ***Denominator: Number of home visits where home visitors should receive an observation according to model developer guidelines during the reporting period***
Target Population: Home visitors
Unit of Analysis: Incidents
Data Source: Supervisor observation

Performance Measurement Plan

Definitions of Key Terms
Number of home visits families should receive:
Number of home visits where a home visitor should be observed by a supervisor per family served:
Supervisor feedback on observed home visits:
Data Collection Tool(s) or Form(s) and Question(s)
Data collection tool or form that will be used to collect the information for this construct:
Specific questions on the tool/form that will be used to capture the information needed:
Data Collection Time Points
Time point(s) at which the data will be collected:
Data Elements for Calculations
Data elements that will be needed to calculate the numerator and denominator:
Numerator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the numerator and what data are not included:
Denominator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the denominator and what data are not included:

CORE MEASURE 3: Reflective Supervision

Construct Information *(not modifiable)*
Benchmark Area: Implementation ***Construct: Reflective supervision***
Type of Measure: Process
Indicator: Percentage of recommended individual reflective supervision sessions received by home visitors during the reporting period
Numerator: Number of individual reflective supervision sessions received by home visitors during the reporting period ***Denominator: Number of individual reflective supervision sessions that home visitors should receive during the reporting period***
Target Population: Home visitors
Unit of Analysis: Incidents
Data Source: Home visitor/supervisor self-report

Performance Measurement Plan
Definitions of Key Terms
Reflective supervision session (individual):

Number of reflective supervision sessions home visitors should receive:
Data Collection Tool(s) or Form(s) and Question(s)
Data collection tool or form that will be used to collect the information for this construct:
Specific questions on the tool/form that will be used to capture the information needed:
Data Collection Time Points
Time point(s) at which the data will be collected:
Data Elements for Calculations
Data elements that will be needed to calculate the numerator and denominator:
Numerator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the numerator and what data are not included:
Denominator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the denominator and what data are not included:

CORE MEASURE 4: Depression Screening

Construct Information *(not modifiable)*
Benchmark Area: Maternal and Newborn Health ***Construct: Depression screening***
Type of Measure: Process
Indicator: Percentage of primary caregivers enrolled in HV who are screened for depression using a validated tool within six months of enrollment (for those not enrolled prenatally) or by three months post-delivery (for those enrolled prenatally) and at least annually thereafter
Numerator: For those not enrolled prenatally, number of primary caregivers enrolled in HV who are screened for depression within the first six months since enrollment; for those enrolled prenatally, the number of primary caregivers screened for depression by three months post-delivery; or annually after the first year of enrollment ***Denominator: Number of primary caregivers not enrolled prenatally who are enrolled in HV for at least six months; the number of mothers enrolled prenatally who have reached 3 months post-delivery***
Target Population: Primary caregivers
Unit of Analysis: Participants
Data Source: Home visitor documentation

Performance Measurement Plan
Definitions of Key Terms
Name of validated tool used to screen for depression:

Procedure for screening individuals who are already receiving mental health services:
Data Collection Tool(s) or Form(s) and Question(s)
Data collection tool or form that will be used to collect the information for this construct:
Specific questions on the tool/form that will be used to capture the information needed:
Form used to document when a depression screening has been conducted:
Process for obtaining depression screening data from other agencies (if applicable):
Data Collection Time Points
Time point(s) at which the data will be collected:
Data Elements for Calculations
Data elements that will be needed to calculate the numerator and denominator:
Numerator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the numerator and what data are not included:
Denominator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the denominator and what data are not included:

CORE MEASURE 5: Substance Abuse Screening

Construct Information *(not modifiable)*
Benchmark Area: Maternal and Newborn Health ***Construct: Substance abuse screening***
Type of Measure: Process
Indicator: Percentage of primary caregivers enrolled in HV who are screened for substance abuse using a validated tool within six months of enrollment and at least annually thereafter
Numerator: Number of primary caregivers enrolled in HV who are screened for substance abuse using a validated tool within six months of enrollment and annually after the first year of enrollment ***Denominator: Number of primary caregivers enrolled in HV for at least six months***
Target Population: Primary caregivers
Unit of Analysis: Participants
Data Source: Home visitor documentation

Performance Measurement Plan
Definitions of Key Terms
Substance abuse (please identify which substances your screening tool assesses; note: if your definition only includes a limited set of substances, please provide a justification for this decision):

Name of validated tool used to screen for substance abuse:
Procedure for screening individuals who are already receiving substance abuse services:
Data Collection Tool(s) or Form(s) and Question(s)
Data collection tool or form that will be used to collect the information for this construct:
Specific questions on the tool/form that will be used to capture the information needed:
Program form or tool to keep track of whether caregivers receive the screening within 6 months of enrollment and annually thereafter:
Process for obtaining substance abuse screening data from other agencies (if applicable):
Data Collection Time Points
Time point(s) at which the data will be collected:
Data Elements for Calculations
Data elements that will be needed to calculate the numerator and denominator:
Numerator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the numerator and what data are not included:
Denominator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the denominator and what data are not included:

CORE MEASURE 6: Well Child Visit

Construct Information *(not modifiable)*
Benchmark Area: Maternal and Newborn Health ***Construct: Well child visit***
Type of Measure: Outcome
Indicator: Percentage of AAP-recommended number of well-child visits received by children enrolled in home visiting during the reporting period
Numerator: Number of AAP-recommended well-child visits received by children (index child) enrolled in home visiting during the reporting period ***Denominator: Number of AAP-recommended well-child visits children (index child) enrolled in home visiting should receive during the reporting period***
Target Population: Index children
Unit of Analysis: Incidents
Data Source: Primary caregiver self-report or medical records

Performance Measurement Plan
Definitions of Key Terms
AAP-recommended well-child visits (including window of time allowed for recommended visits, e.g., 2-week window before and after recommended time):
Data Collection Tool(s) or Form(s) and Question(s)
Data collection tool or form that will be used to collect the information for this construct:
Specific questions on the tool/form that will be used to capture the information needed:
Model form where AAP-recommended well-child visit information is documented:
Form/field in the medical records that will be used to collect the information needed for this construct (if applicable):
Data Collection Time Points
Time point(s) at which the data will be collected:
Data Elements for Calculations
Data elements that will be needed to calculate the numerator and denominator:
Numerator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the numerator and what data are not included:
Denominator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the denominator and what data are not included:

CORE MEASURE 7: Child Injury Prevention

Construct Information *(not modifiable)*
Benchmark Area: Child Maltreatment, Injuries, and ED Visits ***Construct: Child injury prevention***
Type of Measure: Process
Indicator: Percentage of primary caregivers enrolled in home visiting who are provided with an annual training on prevention of infant and child injuries
Numerator: Number of primary caregivers enrolled in home visiting who are provided with training on prevention of infant and child injuries during the reporting period ***Denominator: Number of primary caregivers enrolled in home visiting***
Target Population: Primary caregivers
Unit of Analysis: Participants
Data Source: Home visitor documentation

Performance Measurement Plan

Definitions of Key Terms
Training on prevention of infant and child injuries (including which topics and trainings count towards indicator):
Data Collection Tool(s) or Form(s) and Question(s)
Data collection tool or form that will be used to collect the information for this construct:
Specific questions on the tool/form that will be used to capture the information needed:
Model home visit summary form or log where home visitors should document delivered curriculum:
Program form or log home visitors use to document delivered curriculum (if needed):
Data Collection Time Points
Time point(s) at which the data will be collected:
Data Elements for Calculations
Data elements that will be needed to calculate the numerator and denominator:
Numerator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the numerator and what data are not included (please note whether all trainings in definition are required to be completed to count in numerator, or just particular ones):
Denominator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the denominator and what data are not included:

CORE MEASURE 8: Parent-Child Interaction

Construct Information *(not modifiable)*
Benchmark Area: School Readiness and Achievement ***Construct: Parent-child interaction***
Type of Measure: Process
Indicator: Percentage of primary caregivers enrolled in HV who receive an annual observation of caregiver-child interaction by the home visitor using a validated tool
Numerator: Number of primary caregivers enrolled in HV who receive an observation of caregiver-child interaction by the home visitor using a validated tool during the reporting period ***Denominator: Number of primary caregivers enrolled in HV with children in the age range specified by the tool***
Target Population: Primary caregivers
Unit of Analysis: Participants
Data Source: Home visitor documentation

Performance Measurement Plan
Definitions of Key Terms

Observation of caregiver-child interaction:
Age range (note: all children who fall within the age range approved by the tool must be assessed):
Name of validated tool:
Data Collection Tool(s) or Form(s) and Question(s)
Data collection tool or form that will be used to collect the information for this construct:
Specific questions on the tool/form that will be used to capture the information needed:
Data Collection Time Points
Time point(s) at which the data will be collected:
Data Elements for Calculations
Data elements that will be needed to calculate the numerator and denominator:
Numerator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the numerator and what data are not included:
Denominator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the denominator and what data are not included:

CORE MEASURE 9: Developmental Screening

Construct Information *(not modifiable)*
Benchmark Area: School Readiness and Achievement ***Construct: Developmental screening***
Type of Measure: Process
Indicator: Percentage of children enrolled in HV screened at least annually for developmental delays using a validated parent-completed tool
Numerator: Number of children (index child) enrolled in HV with at least one documented developmental screening during the reporting period ***Denominator: Number of children (index child) enrolled in HV during the reporting period that required a screening***
Target Population: Index children
Unit of Analysis: Participants
Data Source: Parent self-report

Performance Measurement Plan
Definitions of Key Terms
Required a screening:
Name of the validated tool used to screen for developmental delays:

Procedure for screening individuals who are already receiving early intervention services:
Data Collection Tool(s) or Form(s) and Question(s)
Data collection tool or form that will be used to collect the information for this construct:
Specific questions on the tool/form that will be used to capture the information needed:
Model form where developmental screenings are documented:
Program form or tool to keep track of whether an index child receives the developmental screening(s) at the required time points:
Process for obtaining developmental screening data from other agencies (if applicable):
Data Collection Time Points
Time point(s) at which the data will be collected:
Data Elements for Calculations
Data elements that will be needed to calculate the numerator and denominator:
Numerator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the numerator and what data are not included:
Denominator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the denominator and what data are not included:

CORE MEASURE 10: IPV Screening

Construct Information *(not modifiable)*
Benchmark Area: Crime or Domestic Violence ***Construct: IPV screening***
Type of Measure: Process
Indicator: Percentage of primary caregivers enrolled in HV who are screened for intimate partner violence using a validated tool within six months of enrollment and at least annually thereafter
Numerator: Number of primary caregivers enrolled in HV who are screened for IPV using a validated tool within six months of enrollment and annually after the first year of enrollment ***Denominator: Number of primary caregivers enrolled in HV for at least six months***
Target Population: Primary caregivers
Unit of Analysis: Participants
Data Source: Home visitor documentation

Performance Measurement Plan
Definitions of Key Terms
Name of validated tool used to screen for IPV:

Procedure for screening individuals who are already receiving IPV services:
Data Collection Tool(s) or Form(s) and Question(s)
Data collection tool or form that will be used to collect the information for this construct:
Specific questions on the tool/form that will be used to capture the information needed:
Model form where home visitors document when an IPV screening has been conducted:
Program form or tool to keep track of whether the primary caregiver receives the IPV screening within 6 months of enrollment and annually thereafter:
Data Collection Time Points
Time point(s) at which the data will be collected:
Data Elements for Calculations
Data elements that will be needed to calculate the numerator and denominator:
Numerator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the numerator and what data are not included:
Denominator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the denominator and what data are not included:

CORE MEASURE 11: Screening for Economic Strain

Construct Information *(not modifiable)*
Benchmark Area: Family Economic Self-Sufficiency ***Construct: Screening for economic strain***
Type of Measure: Process
Indicator: Percentage of primary caregivers who are screened for unmet basic needs (poverty, food insecurity, housing insecurity, etc.) within six months of enrollment and at least annually thereafter
Numerator: Number of primary caregivers who are screened for unmet basic needs within six months of enrollment and annually after the first year of enrollment ***Denominator: Number of primary caregivers enrolled in home visiting for at least six months***
Target Population: Primary caregivers
Unit of Analysis: Participants
Data Source: Home visitor documentation

Performance Measurement Plan
Definitions of Key Terms
Unmet basic need:
Name of screener:

Data Collection Tool(s) or Form(s) and Question(s)
Data collection tool or form that will be used to collect the information for this construct:
Specific questions on the tool/form that will be used to capture the information needed:
Model form where unmet basic need screening information is documented:
Program tool or form to keep track of whether a primary caregiver receives the screening within 6 months of enrollment or annually thereafter:
Data Collection Time Points
Time point(s) at which the data will be collected:
Data Elements for Calculations
Data elements that will be needed to calculate the numerator and denominator:
Numerator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the numerator and what data are not included:
Denominator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the denominator and what data are not included:

CORE MEASURE 12: Completed Developmental Referrals

Construct Information *(not modifiable)*
Benchmark Area: Coordination and Referrals ***Construct: Completed developmental referrals***
Type of Measure: Process
Indicator: Percentage of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive a referral for services and individualized developmental support from their home visitor
Numerator: Number of children (index child) enrolled in HV who were referred to other community services and received individualized developmental support from a home visitor during the reporting period ***Denominator: Number of children (index child) enrolled in HV during the reporting period with positive screens for developmental delays (measured using a validated tool)***
Target Population: Index children
Unit of Analysis: Participants
Data Source: Home visitor documentation

Performance Measurement Plan
Definitions of Key Terms
Referred to other community services:

Received individualized developmental support from a home visitor:
Procedure for tracking referrals for individuals who are already receiving early intervention services:
Data Collection Tool(s) or Form(s) and Question(s)
Data collection tool or form that will be used to collect the information for this construct:
Specific questions on the tool/form that will be used to capture the information needed:
Data Collection Time Points
Time point(s) at which the data will be collected:
Data Elements for Calculations
Data elements that will be needed to calculate the numerator and denominator:
Numerator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the numerator and what data are not included:
Denominator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the denominator and what data are not included:

FLEX MEASURES

Grant recipients must select 3 Flex Measures that are ideally aligned with their selected home visiting model goals and target population. **Two measures must be selected from items 1 to 7, and one measure must be selected from items 8 to 11**. *Please check which three measures you have decided to report on below.* Measures have been operationally standardized across grant recipients. There may be no validated tool in AI/AN communities, but grant recipients are asked to select and use the most appropriate tools for their programs and communities.

Maternal and Newborn Health
☐*1. Breastfeeding*
☐*2. Postpartum care*
☐*3. Immunizations*

Child Maltreatment, Injuries, and ED Visits
☐*4. Screening for parenting stress*
☐*5. Safe sleep*
☐*6. Child injury*

School Readiness and Achievement
☐*7. Early language and literacy activities*

Coordination and Referrals
☐*8. Completed IPV referrals*
☐*9. Completed depression or parenting stress referrals*
☐*10. Completed substance abuse referrals*
☐*11. Completed economic strain referrals*

FLEX MEASURE 1: Breastfeeding

Construct Information *(not modifiable)*
Benchmark Area: Maternal and Newborn Health ***Construct: Breastfeeding***
Type of Measure: Outcome
Indicator: Percentage of participants enrolled prior to child's birth who initiate breastfeeding
Numerator: Number of participants enrolled prenatally who initiate breastfeeding ***Denominator: Number of participants enrolled prenatally who gave birth within the reporting period***
Target Population: Primary caregivers
Unit of Analysis: Participants
Data Source: Participant self-report

Performance Measurement Plan
Definitions of Key Terms
Breastfeeding initiation:
Medically unable to breastfeed:
Data Collection Tool(s) or Form(s) and Question(s)
Data collection tool or form that will be used to collect the information for this construct:
Specific questions on the tool/form that will be used to capture the information needed:
Model or program form where breastfeeding initiation is documented:
Data Collection Time Points
Time point(s) at which the data will be collected:
Data Elements for Calculations
Data elements that will be needed to calculate the numerator and denominator:
Numerator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the numerator and what data are not included:
Denominator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the denominator and what data are not included:

Flex Measure 2: Postpartum Care

Construct Information *(not modifiable)*
Benchmark Area: Maternal and Newborn Health ***Construct: Postpartum care***
Type of Measure: Outcome
Indicator: Percentage of participants enrolled in HV prenatally or within 30 days after delivery who received a postpartum visit with a health care provider within eight weeks (56 days) of delivery
Numerator: Number of participants enrolled in HV prenatally or within 30 days after delivery who received a postpartum visit with a health care provider within eight weeks (56 days) of delivery ***Denominator: Number of participants who enrolled in HV prenatally or within 30 days after delivery and remained enrolled for at least eight weeks (56 days) after delivery***
Target Population: Primary caregivers
Unit of Analysis: Participants
Data Source: Primary caregiver self-report or medical records

Performance Measurement Plan
Definitions of Key Terms
Postpartum visit:
Health care provider:
Data Collection Tool(s) or Form(s) and Question(s)
Data collection tool or form that will be used to collect the information for this construct:
Specific questions on the tool/form that will be used to capture the information needed:
Space on the tool/form to identify whether the postpartum visit occurred within 8 weeks of delivery:
Medical record form/field that will be used to collect the information needed for this construct (if applicable):
Data Collection Time Points
Time point(s) at which the data will be collected:
Data Elements for Calculations
Data elements that will be needed to calculate the numerator and denominator:
Numerator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the numerator and what data are not included:
Denominator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the denominator and what data are not included:

FLEX MEASURE 3: Immunizations

Construct Information *(not modifiable)*
Benchmark Area: Maternal and Newborn Health ***Construct: Immunizations***
Type of Measure: Outcome
Indicator: Percentage of children enrolled in home visiting who receive all AAP-recommended immunizations during the reporting period
Numerator: Number of children (index child) enrolled in HV who receive all AAP-recommended immunizations during the reporting period ***Denominator: Number of children (index child) enrolled in HV during the reporting period***
Target Population: Enrolled children
Unit of Analysis: Participants
Data Source: Primary caregiver self-report, medical record, or State immunization registry

Performance Measurement Plan
Definitions of Key Terms
AAP-recommended immunizations:
Data Collection Tool(s) or Form(s) and Question(s)
Data collection tool or form that will be used to collect the information for this construct:
Specific questions on the tool/form that will be used to capture the information needed:
Model form where immunization information is documented:
Process for staff to enter medical record or state immunization registry data into the client's file or for data to be automatically entered into the data system (if applicable):
Data Collection Time Points
Time point(s) at which the data will be collected:
Data Elements for Calculations
Data elements that will be needed to calculate the numerator and denominator:
Numerator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the numerator and what data are not included:
Denominator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the denominator and what data are not included:

FLEX MEASURE 4: Screening for Parenting Stress

Construct Information *(not modifiable)*
Benchmark Area: Child Maltreatment, Injuries, and ED Visits ***Construct: Screening for parenting stress***
Type of Measure: Process
Indicator: Percentage of primary caregivers who are screened for parenting stress using a validated tool within six months of enrollment (for those not enrolled prenatally) or by three months post-delivery (for those enrolled prenatally), and at least annually thereafter
Numerator: For those not enrolled prenatally, number of primary caregivers enrolled in HV who are screened for parenting stress within the first six months since enrollment; for those enrolled prenatally, the number of primary caregivers screened for parenting stress by three months post-delivery; or annually after the first year of enrollment ***Denominator: Number of primary caregivers not enrolled prenatally who are enrolled in HV for at least six months; the number of mothers enrolled prenatally who have reached three months post-delivery***
Target Population: Primary caregivers
Unit of Analysis: Participants
Data Source: Home visitor documentation

Performance Measurement Plan
Definitions of Key Terms
Parenting stress:
Name of validated tool used to screen for parenting stress:
Data Collection Tool(s) or Form(s) and Question(s)
Data collection tool or form that will be used to collect the information for this construct:
Specific questions on the tool/form that will be used to capture the information needed:
Model form where screening for parenting stress information is documented:
Program form or tool used to keep track of whether a primary caregiver receives the screening within 6 months of enrollment, within 3 months of delivery (if enrolled prenatally), or annually thereafter:
Data Collection Time Points
Time point(s) at which the data will be collected:
Data Elements for Calculations
Data elements that will be needed to calculate the numerator and denominator:
Numerator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the numerator and what data are not included:
Denominator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the denominator and what data are not included:

FLEX MEASURE 5: Safe Sleep

Construct Information *(not modifiable)*
Benchmark Area: Child Maltreatment, Injuries, and ED Visits ***Construct: Safe sleep***
Type of Measure: Process
Indicator: Percentage of primary caregivers educated about the importance of putting infants to sleep on their backs, without bed-sharing and soft-bedding
Numerator: Number of primary caregivers educated about the importance of putting infants to sleep on their backs, and without bed-sharing and soft-bedding during the reporting period ***Denominator: Number of primary caregivers enrolled in home visiting during the reporting period who are either pregnant or have a child under 12 months of age and have not already received safe sleep education in the previous reporting period***
Target Population: Primary caregivers
Unit of Analysis: Participants
Data Source: Home visitor documentation

Performance Measurement Plan
Definitions of Key Terms
The lesson content on safe sleep that addresses "the importance of putting infants to sleep on their backs, without bed-sharing and soft-bedding" (including which topics and trainings count towards indicator):
Data Collection Tool(s) or Form(s) and Question(s)
Data collection tool or form that will be used to collect the information for this construct:
Specific questions on the tool/form that will be used to capture the information needed:
Model form where safe sleep education provided is documented:
Data Collection Time Points
Time point(s) at which the data will be collected:
Data Elements for Calculations
Data elements that will be needed to calculate the numerator and denominator:
Numerator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the numerator and what data are not included (note whether all trainings are required to be completed to count towards the numerator, or just specific ones):
Denominator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the denominator and what data are not included:

FLEX MEASURE 6: Child Injury

Construct Information *(not modifiable)*
Benchmark Area: Child Maltreatment, Injuries, and ED Visits ***Construct: Child injury***
Type of Measure: Outcome
Indicator: Rate of injury-related visits to the Emergency Department (ED) or urgent care since enrollment among children enrolled in HV
Numerator: Number of parent-reported nonfatal injury-related visits to the Emergency Department (ED) or urgent care since enrollment among children (index child) enrolled in HV ***Denominator: Number of children (index child) enrolled in HV during the reporting period***
Target Population: Index children
Unit of Analysis: Incidents
Data Source: Parent self-report, medical record

Performance Measurement Plan
Definitions of Key Terms
Emergency Department or Urgent care:
Data Collection Tool(s) or Form(s) and Question(s)
Data collection tool or form that will be used to collect the information for this construct:
Specific questions on the tool/form that will be used to capture the information needed:
Model form where nonfatal injury-related visits for children to the ED or urgent care are documented:
Form/field within the medical records that will be used to collect the information needed for this construct (if applicable):
Data Collection Time Points
Time point(s) at which the data will be collected:
Data Elements for Calculations
Data elements that will be needed to calculate the numerator and denominator:
Numerator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the numerator and what data are not included:
Denominator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the denominator and what data are not included:

FLEX MEASURE 7: Early Language and Literacy Activities

Construct Information *(not modifiable)*
Benchmark Area: School Readiness and Achievement ***Construct: Early language and literacy activities***

Type of Measure: Outcome
Indicator: Percentage of children enrolled in HV with a caregiver who reported that during a typical week the caregiver or family member read, told stories, and/or sang songs with their child every day
Numerator: Number of children (index child) enrolled in HV with a caregiver who reported that during a typical week the caregiver or a family member read, told stories, and/or sang songs with their child every day ***Denominator: Number of children (index child) enrolled in HV during the reporting period***
Target Population: Index children
Unit of Analysis: Participants
Data Source: Caregiver self-report

Performance Measurement Plan
Definitions of Key Terms
Family member:
Typical week:
Data Collection Tool(s) or Form(s) and Question(s)
Data collection tool or form that will be used to collect the information for this construct:
Specific questions on the tool/form that will be used to capture the information needed:
Model form where information on whether a caregiver or family member read/told stories/sang songs with a child every day in a typical week is documented:
Data Collection Time Points
Time point(s) at which the data will be collected:
Data Elements for Calculations
Data elements that will be needed to calculate the numerator and denominator:
Numerator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the numerator and what data are not included:
Denominator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the denominator and what data are not included:

FLEX MEASURE 8: Completed IPV Referrals

Construct Information *(not modifiable)*
Benchmark Area: Coordination and Referrals ***Construct: Completed IPV referrals***
Type of Measure: Process
Indicator: Percentage of primary caregivers screening positive for intimate partner violence using a validated tool who receive a referral for services

Numerator: Number of primary caregivers enrolled in HV who received referral information to appropriate services (and met the conditions specified in the denominator) ***Denominator: Number of primary caregivers enrolled in HV with positive screens for IPV (measured using a validated tool)***
Target Population: Primary caregivers
Unit of Analysis: Participants
Data Source: Home visitor documentation

Performance Measurement Plan
Definitions of Key Terms
Received referral information:
Procedure for tracking referrals for individuals who are already receiving IPV services:
Data Collection Tool(s) or Form(s) and Question(s)
Data collection tool or form that will be used to collect the information for this construct:
Specific questions on the tool/form that will be used to capture the information needed:
Form that tracks screening results:
Form that tracks referrals:
Data Collection Time Points
Time point(s) at which the data will be collected:
Data Elements for Calculations
Data elements that will be needed to calculate the numerator and denominator:
Numerator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the numerator and what data are not included:
Denominator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the denominator and what data are not included:

FLEX MEASURE 9: Completed Depression or Parenting Stress Referrals

Construct Information *(not modifiable)*
Benchmark Area: Coordination and Referrals ***Construct: Completed depression or parenting stress referrals***
Type of Measure: Process
Indicator: Percentage of primary caregivers screening positive for depression or parenting stress using a validated tool who receive a referral for services
Numerator: Number of primary caregivers enrolled in HV who received referral information to

appropriate services (and met the conditions specified in the denominator) ***Denominator: Number of primary caregivers enrolled in HV who had a positive screen for depression or parenting stress (measured using a validated tool)***
Target Population: Primary caregivers
Unit of Analysis: Participants
Data Source: Home visitor documentation

Performance Measurement Plan
Definitions of Key Terms
Screening focus (depression or parent stress):
Received referral information:
Procedure for tracking referrals for individuals who are already receiving mental health services:
Data Collection Tool(s) or Form(s) and Question(s)
Data collection tool or form that will be used to collect the information for this construct:
Specific questions on the tool/form that will be used to capture the information needed:
Form that tracks screening results:
Form that tracks referrals:
Data Collection Time Points
Time point(s) at which the data will be collected:
Data Elements for Calculations
Data elements that will be needed to calculate the numerator and denominator:
Numerator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the numerator and what data are not included:
Denominator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the denominator and what data are not included:

FLEX MEASURE 10: Completed Substance Abuse Referrals

Construct Information *(not modifiable)*
Benchmark Area: Coordination and Referrals ***Construct: Substance abuse referrals***
Type of Measure: Process
Indicator: Percentage of primary caregivers screening positive for substance abuse using a validated

tool who receive a referral for services
Numerator: Number of primary caregivers enrolled in HV who received referral information to appropriate services (and met the conditions specified in the denominator) ***Denominator: Number of primary caregivers enrolled in HV who had a positive screen for substance abuse (measuring using a validated tool)***
Target Population: Primary caregivers
Unit of Analysis: Participants
Data Source: Home visitor documentation

Performance Measurement Plan
Definitions of Key Terms
Received referral information:
Procedure for tracking referrals for individuals who are already receiving substance abuse services:
Data Collection Tool(s) or Form(s) and Question(s)
Data collection tool or form that will be used to collect the information for this construct:
Specific questions on the tool/form that will be used to capture the information needed:
Form that tracks screening results:
Data Collection Time Points
Time point(s) at which the data will be collected:
Data Elements for Calculations
Data elements that will be needed to calculate the numerator and denominator:
Numerator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the numerator and what data are not included:
Denominator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the denominator and what data are not included:

FLEX MEASURE 11: Completed Economic Strain Referrals

Construct Information *(not modifiable)*
Benchmark Area: Coordination and Referrals ***Construct: Completed economic strain referrals***
Type of Measure: Process
Indicator: Percentage of primary caregivers with unmet basic needs who receive a referral for services
Numerator: Number of primary caregivers enrolled in HV who received referral information to appropriate services (and met the conditions specified in the denominator) ***Denominator: Number of primary caregivers enrolled in HV who had positive screen for unmet basic needs***
Target Population: Primary caregivers

Unit of Analysis: Participants
Data Source: Home visitor documentation

Performance Measurement Plan
Definitions of Key Terms
Received referral information:
Data Collection Tool(s) or Form(s) and Question(s)
Data collection tool or form that will be used to collect the information for this construct:
Specific questions on the tool/form that will be used to capture the information needed:
Questions designed to determine unmet basic needs:
Form that tracks screening results:
Data Collection Time Points
Time point(s) at which the data will be collected:
Data Elements for Calculations
Data elements that will be needed to calculate the numerator and denominator:
Numerator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the numerator and what data are not included:
Denominator Inclusion and Exclusion Criteria
Criteria used to determine what data are included in the denominator and what data are not included:

D. Data Quality Monitoring Plan

1. *How will your team regularly verify the validity, accuracy, completeness, consistency, and uniformity of <u>data collected</u> for the DSUR, QPR, and PMR? Include frequency of data quality checks. Data collection quality issues may include missed assessment questions, not collecting forms during required timeframe, etc.*

2. *How will your team regularly verify the validity, accuracy, completeness, consistency, and uniformity of data entered for the DSUR, QPR, and PMR? Include frequency of data quality checks. Data entry quality issues may include inputting data into incorrect fields in the data system, missing entry fields, lags between data collection and entry, etc.*

SECTION 4: PLAN FOR USING DATA FOR QUALITY ASSURANCE, FIDELITY MONITORING, AND PROGRAM IMPROVEMENT

The goal of Section 4 is to describe and plan for the ways in which your team will use data to monitor and improve the implementation of your home visiting program. Grant recipients are encouraged to use data that they are already collecting for required reporting (see Section 3), but your team may decide to collect additional data to enhance your ability to monitor implementation over time.

Quality assurance is a process that occurs on a regular, predetermined schedule and determines current performance in relation to a set of standards. In the context of Tribal Home Visiting, quality assurance helps teams determine whether your program is implemented as intended/planned. In this Section, you will identify which standards your team will assess on a regular basis and the data you will use to examine whether you achieved those standards.

Quality improvement is a cyclical approach to strengthen service delivery through team collaboration on small, continuous projects that measure and test new ideas for improvement. Tribal Home Visiting grant recipients are required to engage in continuous quality improvement (CQI) efforts in the second half of their grant cycle through individual and collaborative CQI activities.

A. Quality Assurance Plan

ACF would like you to regularly monitor the following service delivery data elements (and any others you identify) for quality assurance. These data will already be collected for Tribal Home Visiting reporting purposes, so should not require additional data collection efforts. Checking these data on a regular basis can help strengthen data reporting and program performance overall. ACF will discuss grant recipient progress on quality assurance on a regular basis during monthly calls.

- Supervision sessions
- Caseload
- Number of families served
- Completed in person and virtual home visits
- Incoming referrals
- Completed referrals to supplemental services
- Number of families exited, inactive, and that completed the program
- Completed home visit observations
- Staff vacancies

1. *Please specify the following, including the following categories:*

- **QA Target** — What is your team's desired performance for this measure? Developing a target for quality assurance involves assessing the relevant literature, examining past performance, and engaging staff in dialog. Reach out to your model developer as well as TA specialists for support in developing a realistic yet motivating target.
- **Method of Monitoring** — How will your team ensure that relevant staff members see these data on an ongoing basis? Which staff will review this data, and how often? Examples include staff meetings, individual supervision, etc.

Performance or activity being monitored	QA target	Method of monitoring
Example: Completed visits	*80% of visits completed each week*	*All Home Visitors; Coordinator will review data during weekly staff meeting*
Supervision sessions		
Caseload		
Number of families served		
Completed in person visits		
Completed virtual visits		
Incoming referrals		
Completed referrals to external services		
Number of families exited		
Number of families inactive		
Number of families that completed the program		
Completed home visit observations		
Staff vacancies		
Other (for example, key performance measures)		

B. *Approach to engaging staff in quality assurance*

1. *What is your approach to engaging staff in quality assurance, including strategies for ensuring staff participation and engagement in QA (for example, using data dashboards for visual monitoring, celebrating successes, identifying opportunities for improvement)?*

C. Approach to monitoring model fidelity

1. *What is your approach to working with the model developer to review adherence to fidelity and quality standards, and address challenges, including frequency and method of review?*

D. Approach to engaging in Continuous Quality Improvement

1. *What is your approach to engaging staff and organizational leadership in continuous quality improvement efforts to strengthen service delivery?*

APPENDIX

Definitions

- **Adaptation:** An adaptation of an evidence-based model or promising approach includes changes to the model that:
    - Have not been tested with rigorous impact research and are determined by the model developer to alter core components related to program impacts.
    - Are aligned with Tribal MIECHV program requirements.
    - Are agreed to by the model developer and ACF in partnership with the recipient.
- **Administrative supervision:** Administrative supervision is the oversight of employees' adherence to tribal, federal, state, and agency regulations and policies (including the rules and policies of the Tribal MIECHV program; program policies and procedures; quality assurance; and safety). Administrative supervision is aimed at monitoring an employee's productivity and performance.
- **At-risk tribal community:** An at-risk tribal community can be defined in the following ways, reflecting diverse circumstances of tribal populations:
    - A tribe or tribes within a discrete geographic region (e.g., on a reservation, Tribal Jurisdictional Service Area, Alaska Native village) could be considered an at-risk tribal community;
    - Subgroups or communities of a tribe or tribes within a discrete geographic region could be considered an at-risk tribal community; or
    - Members of a tribe(s) could live scattered throughout a larger, non-tribal geographic area interspersed with non-tribal members (e.g., AI/AN living in an urban environment) and be considered an at-risk tribal community.
- **Clinical supervision:** Clinical supervision is case-focused and supports a practitioner in reviewing, discussing, and evaluating cases, including treatment planning, implementation of intervention strategies, and progress of clients. Clinical supervision may or may not be reflective and does not have to be performed by a clinician.
- **Community needs and readiness assessment (CNRA):** A needs and readiness assessment has the following two major components: an assessment of community needs and an analysis of community readiness and capacity of organizations and programs to meet these needs.
- **Continuous Quality Improvement (CQI):** CQI supports the ongoing use of performance and implementation data to optimize program outcomes, facilitate cultural and contextual adaptations of evidence-based models to meet community and program needs, identify and disseminate best practices, and test new approaches in home visiting that can increase efficiency and enhance effectiveness of programs.
- **Early childhood system:** An early childhood system brings together health, early care and education, and family support program partners, as well as tribal and community leaders, families, and other stakeholders to achieve agreed-upon goals for thriving children and families. An early childhood system aims to: reach all children and families as early as possible with needed services and supports; reflect and respect the strengths, needs, values, languages, cultures and communities of children and

families; ensure stability and continuity of services along a continuum from pregnancy to kindergarten entry; genuinely include and effectively accommodate children with special needs; support continuity of services, eliminate duplicative services, ease transitions in order to improve the overall service experience for families and children; value parents and community members as decision makers and leaders; and catalyze and maximize investment and foster innovation.

- **Eligible family:** The MIECHV legislation (section 511(1)(2) of the Social Security Act) states that an eligible family in MIECHV means a woman who is pregnant, and the father of the child if the father is available; or a parent or primary caregiver of a child, including grandparents or other relatives of the child, and foster parents who are serving as the child's primary caregiver from birth to kindergarten entry, and including a non-custodial parent who have an ongoing relationship with, and at times provide physical care for, the child. Section 511(d)(4) of the Act further requires that MIECHV recipients give priority to serving high-risk groups including: eligible families who reside in at-risk tribal communities in need of such services, as identified in the needs assessment; low-income eligible families; eligible families who are pregnant women who have not attained age 21; eligible families that have a history of child abuse or neglect or have had interactions with child welfare services; eligible families that have a history of substance abuse or need substance abuse treatment; eligible families that have users of tobacco products in the home; eligible families that are or have children with low student achievement; eligible families with children with developmental delays or disabilities; and eligible families who, or that include individuals who, are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States.
- **Enhancement:** An enhancement of an evidence-based model or promising approach includes changes or additions to the model that have not been tested with rigorous impact research but are determined by the model developer not to alter the core components related to program impacts, are aligned with Tribal MIECHV program requirements, and are agreed to by the model developer and ACF in partnership with the recipient.
- **Evidence-based home visiting model:** An evidence-based home visiting model is used to describe both models that meet the HHS criteria for evidence of effectiveness in tribal communities and models that are considered promising approaches. HHS uses HomVEE, to conduct a thorough and transparent review of the home visiting research literature and provide an assessment of the evidence of effectiveness for home visiting models that target families with pregnant women and children from birth to kindergarten entry. Read the HomVEE website for more information about home visiting evidence of effectiveness. This also includes a tribal-specific review (Tribal HomVEE). There is currently one model that meets the HHS criteria for evidence of effectiveness in AI/AN communities. All other home visiting models, including those that have been designated by HHS as meeting criteria for evidence of effectiveness for the general population through the HomVEE review, are currently considered promising approaches for use with AI/AN populations.
- **Fidelity:** Fidelity constitutes a program's adherence to model developer requirements for high-quality implementation as well as any affiliation, certification, or accreditation required by the model developer, if applicable. These requirements include all aspects of initiating and implementing a home visiting model, including, but not limited to, recruiting and retaining clients; providing initial and ongoing training, supervision, and professional development for staff; establishing a management information system to

track data related to service delivery and model fidelity; and developing an integrated resource and referral network to support client needs. Changes to a model that alter the core components related to program outcomes (otherwise known as drift) could impair fidelity and undermine the program's effectiveness.

- **Home visiting program:**
  - Includes home visiting as the primary service delivery strategy (excluding programs with infrequent or supplemental home visiting);
  - Is offered on a voluntary basis to eligible families in at-risk tribal communities; and
  - Targets outcomes specified in the MIECHV legislation, including: improved maternal and child health; prevention of child injuries, child abuse, or maltreatment, and reduction of emergency department visits; improvement in school readiness and achievement; reduction in crime or domestic violence; improvements in family economic self-sufficiency; and improvements in the coordination and referrals for other community resources and supports.
- **Indigenous methodologies:** As an extension of Indigenous studies, Indigenous methodologies of inquiry seek to regenerate Indigenous ways of knowing and research, and craft educational spaces for Indigenous peoples, by Indigenous peoples (Smith, 2012, as cited in Smith et al., 2019).
- **Infant and early childhood mental health consultation:** Infant and early childhood mental health consultation is a prevention-based service that pairs a mental health consultant with families and adults who work with infants and young children in the different settings where they learn and grow, such as child care, preschool, and their home. The aim is to build adults' capacity to strengthen and support the healthy social and emotional development of children, early and before intervention is needed. In contrast to direct therapeutic services, infant and early childhood mental health consultation offers an indirect approach to promoting positive social and emotional development among children and families. Mental health consultation can be an important support to home visiting programs by enhancing their capacities to address children's and families' mental health needs.
- **Local advisory committee:** A local advisory committee is comprised of community members (including families) from the program's service area and provides input on a variety of program and evaluation activities. Local advisory committees are created to ensure that the program is in touch with the community's needs and incorporates the community's perspective in program operations and evaluation activities. Local advisory committees should meet on a regular basis and perform a number of valuable functions, including providing input on needs and readiness assessment, performance measurement, CQI, evaluation, and dissemination activities; defining program vision, goals, objectives, and design; and helping shape many core functions and activities of the program.
- **MIECHV caseload slot:** A MIECHV caseload slot is defined as a family served during the reporting period by a trained home visitor implementing services with fidelity to the model and that is identified as a MIECHV caseload slot at enrollment. All members of one family or household represent a single MIECHV caseload slot. Families are designated as MIECHV caseload slots at enrollment based on the designation of the home visitor they are assigned. Using this methodology, recipients designate all families as MIECHV caseload slots that are served by home visitors for whom at least

25 percent of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding. Once designated as a MIECHV caseload slot, the family is tracked for the purposes of data collection through the tenure of service in the program. All members of one family or household represent a single MIECHV caseload slot. The count of MIECHV caseload slots should be distinguished from the cumulative number of enrolled families during the reporting period.

- **MIECHV Learning Agenda:** From its inception, the MIECHV program has incorporated a learning agenda approach. A learning agenda aims to "continually improve program performance by applying existing evidence about what works, generating new knowledge, and using experimentation and innovation to test new approaches to program delivery." Read the OMB memoranda [PDF] for more information about learning agenda policy. MIECHV's learning agenda involves a combination of continuous quality improvement, performance measurement, rigorous evaluation at the national and local levels, and support for research infrastructure in the field. The evidence generated by each of these activities contributes unique perspectives to HRSA and ACF's understanding of the program to help improve MIECHV's effectiveness and to build the broader knowledge base regarding home visiting. Read the MIECHV learning agenda overview [PDF] for more information about learning agenda activities.
- **Qualitative data:** Descriptive and conceptual data, often rich in meaning and detail, and analyzed to discover underlying meanings and patterns of relationships.
- **Quantitative data:** Numerical data, that can be aggregated and analyzed using mathematical and statistical methodologies.
- **Reflective supervision:** Reflective supervision is a distinctive form of competency-based professional development that is provided to multidisciplinary early childhood home visitors who are working to support very young children's primary caregiving relationships. Reflective supervision is a practice that acknowledges that infants and toddlers have unique developmental and relational needs and that all early learning occurs in the context of relationships. Reflective supervision is distinct from administrative supervision and clinical supervision due to the shared exploration of the parallel process, that is, attention to all of the relationships is important, including the relationships between home visitor and supervisor, between home visitor and parent, and between parent and infant/toddler. Reflective supervision supports professional and personal development of home visitors by attending to the emotional content of their work and how reactions to the content affect their work. In reflective supervision, there is often greater emphasis on the supervisor's ability to listen and wait, allowing the supervisee to discover solutions, concepts and perceptions on his/her own without interruption from the supervisor.
- **Supplement:** A supplement to an evidence-based model or promising approach is the addition of a supportive or complementary curriculum to an evidence-based home visiting model. The supplement may or may not have been tested with rigorous impact research, but must be determined by the model developer not to alter the core components related to program impacts, aligned with Tribal MIECHV program requirements, and agreed to by the model developer and ACF in partnership with the recipient.
- **Virtual home visiting:** Home visiting conducted solely by use of electronic information and telecommunications technologies.