

**Washington State Benchmarks Plan**

**Introduction and Explanation of MIECHV Benchmarks Approach in Washington State**

This document provides a detailed narrative of the proposed Washington State MIECHV benchmarks plan. This document and the associated summary benchmarks performance table together represent the materials submitted for federal review.

The two approved home visiting models in the Washington MIECHV program are Parents as Teachers (PAT) and Nurse Family Partnership (NFP).

As an overarching goal of the Washington plan, we have sought to balance building on existing program practice and seeking common assessment strategies for the two models. The emphasis on building from existing practice reflects the need to manage home visitor burden as a threat to implementation with fidelity. Our emphasis on common measures is to provide a single framework in which to assess the benefit to families of these two distinct home visiting strategies. When we have had to diverge from these two objectives, we identify the change and its rationale.

Anticipated Timeline

Improvements on MIECHV constructs are to be assessed by September 30, 2014. We have adopted an approach that uses the same enrollment periods for the baseline and implementation cohort across all benchmark measures using an across-cohort comparison. For these benchmarks, the baseline enrollment period is from 4/01/2012 through 10/31/2012 and the implementation cohort enrollment period is from 11/01/2012 through 9/30/2014.

**Key Program Milestones**

Sept. 16, 2011	April 2012	Oct. 1, 2012	October 31, 2012	Sept. 30, 2014
Start of three year data reporting period	Start of MIECHV WA services and data collection	Baseline data report due in federal report	Complete 7 month baseline cohort for benchmark analyses	Three year MIECHV benchmarks period closes.
		Report will cover 5 of 7 months of performance in the 'baseline cohort' given WA 4/12 start		Anticipate a 23 month 'implementation' cohort

Definition of MIECHV families

Both NFP and PAT programs enroll more families than can be supported solely by MIECHV funds. We will work with each program to establish a protocol for identifying the MIECHV families in order to meet their contracted service numbers and enrollment of priority populations.

PAT permits enrollment of children in out-of-home placements where access to the biological mother may be problematic. PAT can also accept families whose youngest child can include a range of ages. Both out-of-home placements and older children create problems for the MIECHV benchmark constructs that could compromise numbers of enrolled families we can track appropriately. Because the MIECHV funds typically are one of several funding sources for local PAT programs, we request local PAT programs to (1) maximize the number of enrolled families designated as MIECHV families where the mother is pregnant or the youngest child is less than 12 months of age at enrollment, and (2) exclude as MIECHV clients families where the youngest child is in an out-of-home dependency.

In programs with multiple funding sources, these proposed benchmarks will only be reported for the designated MIECHV families.

#### Definition of Terms and Methods of Measurement

Because we are assessing two models, we have mothers who will either enroll during pregnancy or in PAT after the birth of the youngest child in the family. Several constructs assess child development, parenting quality, and parent-child relationships which require parents to be in their parenting role for some time before assessment is meaningful or practical. To address the appropriateness of measurement for several constructs, we define assessment points as a specific number of months postpartum for mothers enrolled while pregnant or post-enrollment for mothers enrolled after the pregnancy for their youngest child. We have chosen time periods that we believe result in equivalent periods of time in services in order to avoid service benefits confounding our baseline measures in these two groups of families. We will pool mothers enrolled while pregnant or after the birth of their youngest child in our benchmark assessments.

In reporting on constructs, HRSA permits the use of process measures of improvement as well as outcome measures of improvement.

- Process measures- indicators of program performance on meeting practices associated with increased child and family health, improved developmental wellbeing, and access to resources.
- Outcome measures- indicators of progress in children and caregivers that suggest improved health, developmental success, and wellbeing.

The measures addressing family and children generally will refer to the biological mother or a ‘focus child’ in the family. The ‘focus child’ will either be the child born if the mother was enrolled while pregnant or the youngest child in families with more than one child. When a caregiver other than the biological mother is the primary caregiver for the focus child, we will track outcomes for that caregiver when the measure is appropriate.

For child constructs, the time periods for assessments are based on age of the child at enrollment or the birth of the child for mothers enrolled while pregnant.

The majority of Washington State’s MIECHV benchmark comparisons will be conducted as comparisons of families enrolled in the first seven months of program implementation (April 2012 through October 2012) defining a ‘Baseline Cohort’ and the pooled experiences of subsequently enrolled families defined as the ‘Implementation Cohort’ (November 2012 through September 30, 2014). We propose the term ‘implementation cohort’ to reflect that these families should be beneficiaries of the continuous quality improvement efforts of the Implementation Hub. We refer to these comparisons as ‘across cohort’ comparisons. Our alternate assessments of benchmarks will be based on either a within cohort comparisons where enrolled mothers and children are assessed from baseline to follow-up as individuals and their baseline to follow-up change aggregated to describe program performance or a cross sectional comparison where enrolled mothers and children are assessed across two nine month periods and compared.

In the benchmarks, we specify specific assessment periods following enrollment or following the birth of a child. These assessment periods are intended to reflect standard practices for PAT and NFP. Around any specific assessment point, we recognize that assessment reports will vary across families. We define acceptable data for each assessment within a calendar month on either side of a target time. For example, if the target assessment date is six months post-enrollment, assessment information collected in months 5 and 7 post-enrollment would be accepted as meeting the reporting goal.

We will pool NFP and PAT reports for a single report of MIECHV client progress. If pooled results do not document improvement in the implementation cohort, we will then examine PAT and NFP client benefit separately as part of an assessment of progress.

Guidance from HRSA on defining ‘improvement’ across the constructs does not require statistical significance testing or meeting some standard of performance. As a result, improvement in MIECHV is defined for HRSA reporting as any positive change from the baseline client status or program performance.

In several of the constructs, we include ‘improve or maintain’ language to define improvement in benchmarks. We apply the following rule: if either PAT or NFP employ the measure we identify for construct assessment as a fidelity measure, we apply the ‘improve or maintain’ language for both NFP and PAT. For PAT, fidelity measures are provided in the Essential Requirement document. For NFP, fidelity measures are provided in the NFP Model Elements document. This rule reflects our priority on common assessment methods across constructs and our understanding of when the ‘improve/maintain’ language is permitted.

While not documented in detail, we want to acknowledge that success with many of the construct measures will require specific staff development in conducting and reporting assessments. This data benchmarks work will be supported by a coordinated professional development plan addressing program implementation (Thrive by Five Washington) and data integrity (Washington State University). We note this because of the significant investment that will be required to support data integrity and use.

#### Added data collection practices to address MIECHV benchmarks

On a handful of constructs, we are proposing data collection that involves variance from current program practices.

- In PAT, the national PAT office has taken no position on recommended measures. These principally reflect health indicators not previously part of PAT practice. We propose to use a limited number of NFP data questions and reports in PAT to cover these constructs. There is a process for approval that is pending. In the absence of NFP approval, we will develop in Washington State equivalent data practices to capture this information in PAT families. For these new measures in PAT, we will attempt to incorporate reports in Visit Tracker or if necessary establish local data reporting systems to collect this information if necessary.
- In NFP, we are asking programs to collect counts of health care utilization, collect specific income information, and adopt the use of the Protective Factors Survey. In each instance, these modifications reflect a determination for Washington State that the current practice in NFP is insufficient either to meet federal reporting guidance or to provide a sufficiently sensitive measurement to support demonstrating construct improvement.

For both PAT and NFP, we have proposed a very narrow set of data collection changes in order to manage program work burden and support high fidelity program implementation.

In addressing the NFP and PAT data sources, several of the statements below are verbatim copies of information provided in the DOHVE *Evidence-Based Model Crosswalk to Benchmarks Model Alignment with Benchmark Constructs* released in February 2012. When necessary, clarifying definitional language has been added.

In NFP, programs are adopting the Protective Factors Survey as an additional tool. It may prove necessary to also develop administrative reports that are in addition to existing practices.

#### Institutional Review Board Oversight

## Washington State MIECHV Benchmark Assessment Plan Updated 7-29-13

The Washington State Institutional Review Board (WSIRB) has determined that the Washington State MIECHV data benchmarks collection plan is 'exempt' from human subjects research continuing oversight. Washington State University's IRB has a coordination agreement with the WSIRB and serves as the second supervising IRB for this initiative. Several local MIECHV programs are part of agencies with their own institutional review board requirements. As part of implementation, IRB approvals from all relevant agencies will be sought. We will also complete the NFP National Service Office's required review and approval process.

We will fully comply with HIPPA and other related guidance to protect the privacy and dignity of participants in the MIECHV data benchmarks process.

### Supporting implementation with other NFP and PAT information

This document is restricted to the MIECHV program reporting plan which requires we identify and report a single measure for each construct. In both NFP and PAT, there are additional measures that will help with continuous quality improvement and with state level program evaluation purposes. Although not reported in this document, we will use these additional resources in support of the overall home visiting effort in Washington State.

**Domain- Improved Maternal & Newborn Health**

Construct 1- Prenatal Care:

**Target Population:** Mothers enrolled in PAT and NFP services during pregnancy.

**Measure:** Mean number of prenatal care visits after mother enters NFP or PAT services.

**Numerator:** Number of prenatal care visits post enrollment.

**Denominator:** Number of women enrolled while pregnant still enrolled at delivery.

**Data sources:**

NFP- Client self-report: Maternal Health Assessment Form; collected at pregnancy intake or within first 3 visits. It may be necessary to add ETO fields to collect this information.

PAT- Data recorded in Visit Tracker based on client self-report in first 1-3 home visits.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis:** In an across cohort comparison, we will compare the mean number of prenatal care visits received post enrollment in the baseline and implementation cohorts.

Baseline Period From: 04/01/2012

Baseline Period To: 07/31/2013

Comparison Period From: 11/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:** The mean number of prenatal care visits is greater in the implementation cohort compared to the baseline cohort.

**Domain- Improved Maternal & Newborn Health**

Construct 2- Parental use of alcohol, tobacco or illicit drugs:

**Target Population:** All enrolled mothers in PAT and NFP services.

**Measure:** Percent of mothers screened for alcohol, tobacco and illicit drug use within 6 months of enrollment.

**Numerator:** The number of women in the baseline and implementation cohorts screened for alcohol, tobacco, and illicit drug use in the first 6 months following enrollment.

**Denominator:** The total number of women enrolled in the baseline or implementation cohorts still enrolled at least 6 months post-enrollment.

**Data sources:**

There are three embedded behaviors in the MIECHV benchmark: tobacco, alcohol, and illicit drug use. Each will be assessed in the client assessments. We are interested in percent of completed screening interviews for the three behaviors as a whole for MIECHV reporting.

Assessments will be conducted in the first six months post-partum or post-enrollment. The rationale for this time period is that substance use is a critical early risk and service planning tool.

NFP- Client self-report: Health Habits Form at enrollment.

PAT- Data recorded in Visit Tracker based on screening questions completed within three months of enrollment. Questions are associated with completion of LSP as part of PAT Affiliate Program practices. Specific PAT-recommended questions asked by home visitors as part of completion of the LSP are for benchmark reporting:

- Are you currently using alcohol? Are you currently using drugs? How frequently?
- Do you currently smoke or use other tobacco products? How much do you use per day?

Note we are not reporting LSP scale scores but rather categorical Yes/No responses to the three questions.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In an across cohort comparison, we will compare the percent of completed screens for the baseline and implementation cohorts.

Baseline Period From: 04/01/2012

Baseline Period To: 04/30/2013

Comparison Period From: 11/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:** The percent of completed screens in the implementation cohort is maintained or increases compared to the baseline cohort.

**Domain- Improved Maternal & Newborn Health**

Construct 3- Preconception care:

**Target Population:** All enrolled mothers in PAT and NFP services while pregnant.

**Measure:** The percent of mothers, enrolled while pregnant, who receive post-delivery well woman health care or care for chronic disease management in the first 6 months post-delivery.

**Numerator:** The number of mothers in the baseline and implementation cohorts who receive one or more well-woman health care services or care for chronic disease management in the 6 months following the birth of their child for mothers enrolled during their pregnancy.

**Denominator:** The total number of mothers enrolled while pregnant in the baseline or implementation cohorts still enrolled at 6 months postpartum.

Well-woman health care includes outpatient primary care for preventive health care services. Chronic illness management includes primary care for existing conditions where the goal is monitoring and managing the illness for optimal routine health. It may include family planning or post-partum care targeted at long term health (e.g., weight management, chronic disease management, etc.) It does not include acute illness management.

**Data sources:**

NFP- Use of Government and Community Services Form; Demographics: Pregnancy collected at 6 months post-partum

PAT- We will adapt the NFP questions from the Government and Community Services Form for use by PAT home visitors.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In an across cohort comparison, we will compare the percent of women enrolled while pregnant receiving one or more well woman health care services or services for chronic illness management for the baseline and implementation cohorts.

Baseline Period From: 04/01/2012

Baseline Period To: 12/31/2013

Comparison Period From: 11/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:** Improvement will be defined as increases in the percent of mothers enrolled while pregnant receiving one or more well-woman health care services in the 6 months following delivery in the implementation cohort compared to the baseline cohort.

**Domain- Improved Maternal & Newborn Health**

Construct 4- Inter-birth intervals:

**Target Population:** All NFP enrolled mothers and all PAT mothers enrolled when pregnant.

**Measure:** The percent of mothers, enrolled while pregnant, who are counseled on the benefits of longer inter-birth intervals by three months postpartum.

**Numerator:** The number of mothers enrolled when pregnant in the baseline and implementation cohorts who receive at least one documented educational home visiting session addressing benefits of spacing inter-birth intervals by three months postpartum.

**Denominator:** The total number of mothers enrolled in the baseline or implementation cohorts when they were pregnant still enrolled at three months postpartum.

An educational or counseling session regarding inter-birth intervals is defined as a specific presentation of information about the health benefits for mother and child of the spacing of pregnancies. Format may vary but includes some level of dialog with the client and is more than the simple distribution of written materials. Counseling may also include discussion of desired family size, family planning methods or access to family planning.

**Data sources:**

NFP- NFP does not include a standard reporting format for this educational/counseling function in their home visits. Birth spacing education is embedded in multiple educational contacts with mothers as part home visit and then documented in case notes. Either we will document by chart review or determine a reporting field for reporting in the ETO data system.

PAT- Questions are associated with completion of LSP as part of PAT Affiliate Program practices. Specific PAT-recommended questions asked by home visitors as part of completion of the LSP are for benchmark reporting:

- What are some of the reasons doctors suggest spacing out how often a woman has a baby?
- How would your life and your baby's life be affected if you get pregnant again right away?
- How do you feel about planning the number of years between pregnancies?
- Do you have information about the different ways to prevent pregnancies?
- How often do you use a family planning method to prevent pregnancy?

We will not use the LSP as the measure although the LSP will be completed as part of PAT practice. Rather, PAT home visitors will be asked to report in Visit Tracker if discussions address the above or related questions were addressed in the visit.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In an across cohort comparison, we will compare the percent of mothers receiving inter-birth benefit counseling three months after the birth of their child for the baseline and implementation cohorts.

Baseline Period From: 04/01/2012

Baseline Period To: 9/30/2013

Comparison Period From: 11/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:** Improvement will be defined as the implementation cohort increases or maintains in the percent of mothers receiving inter-birth counseling by three months following the birth of their child compared to the baseline cohort.

**Domain- Improved Maternal & Newborn Health**

Construct 5- Screening for maternal depressive symptoms:

**Target Population:** All enrolled mothers in PAT and NFP services.

Note: While postpartum depression is of interest, the more general concern is maternal depression. EPDS is used more generally in published studies as a depression screen. We will screen for depression in all enrolled mothers.

Note: We are focusing on six months post-enrollment regardless of pregnancy status because of the priority to identify depression risk early in services.

**Measure:** The percent of mothers who are screened for depression during the first 6 months following program enrollment.

**Numerator:** The number of mothers enrolled in the baseline and implementation cohorts who are screened for depression within six months of enrollment.

**Denominator:** The number of mothers enrolled in the baseline or implementation cohorts still enrolled at six months following enrollment.

We propose a short time period for completion of screenings because of the value of early detection and referral for services if depression is indicated.

**Data sources:**

NFP- Edinburg Postnatal Depression Scale or Patient Health Questionnaire-9 (PHQ-9). Because we are tracking screening success, we can accept either validated tool as acceptable. In NFP, there should be two screens in the six months post-partum: 1-4 weeks, and 4-6 months. We will count any completed screen as a success in the six month time period.

PAT- Edinburgh Postnatal Depression Scale (EPDS) completed in the six month enrollment period.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In an across cohort comparison, we will compare the percent of mothers screened at least once in the six months following enrollment for the baseline and implementation cohorts.

Baseline Period From: 04/01/2012

Baseline Period To: 04/30/2013

Comparison Period From: 11/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:** Improvement will be defined as the implementation cohort increases or maintains the percent of mothers with a completed depression screen compared to the baseline cohort.

**Domain- Improved Maternal & Newborn Health**

Construct 6- Breastfeeding:

**Target Population:** All NFP enrolled mothers and all PAT mothers enrolled when pregnant.

Note: Washington State will develop a list of conditions for home visitors to use in determining when breastfeeding is medically contra-indicated (e.g., substance abusing, positive for tuberculosis).

**Measure:** The average number of weeks infants (whose mother is enrolled while pregnant and medically able to breastfeed) are breastfed.

**Numerator:** Total number of weeks of breastfeeding for all infants of mothers who are medically able to breastfeed and in services for six months postpartum.

**Denominator:** Number of infants enrolled in program for at least six months after delivery whose mothers are medically able to breastfeed.

**Data sources:**

NFP- NFP Infant Birth Form/ Infant Health Form- reports age of children when breastfeeding ends with presumptive start of breastfeeding at child's birth.

PAT- PAT reports age of children when breastfeeding ends with presumptive start of breastfeeding at child's birth. Duration is calculated in months of children's age. Specific PAT-recommended questions asked by home visitors as part of completion of the LSP are: LSP: (Infant/Toddler Development (4 months-3years) #43—Breast Feeding) The following questions can be used as data sources for LSP #43:

- Did you (are you) breastfeed your baby?
- How long did you breast feed your baby?
- Did you (are you) supplement breastfeeding with formula?
- How long did you supplement breastfeeding with formula?

We will not use the LSP as the measure although the LSP will be completed as part of PAT practice. Rather, PAT home visitors will report in Visit Tracker if discussions address the above or related questions were addressed in the visit.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In an across cohort comparison, we will compare the mean duration of breastfeeding in the first 6 months following the birth of their child for the baseline and implementation cohorts. Duration is calculated in weeks.

Baseline Period From: 04/01/2012

Baseline Period To: 12/31/2013

Comparison Period From: 11/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:** Improvement will be defined as an increase in the mean duration of mothers breastfeeding in the implementation cohort compared to the baseline cohort.

**Domain- Improved Maternal & Newborn Health**

Construct 7- Well-child visits:

**Target Population:** All focus children whose mothers are enrolled in NFP and PAT services while pregnant.

**Note:** The goal of home visiting is to keep families enrolled for as long as possible. In our discussion with programs, we have learned that early attrition can present challenges. Because well child visits are clustered at younger ages, if women drop out of the program early, but were fully compliant with care to that point, they might bias this measure. We are continuing to assess how to take attrition into account while pursuing the intent of this construct to show improvement in receipt of well-child visits over time.

**Measure:** The rate of well-child visits for focus children during the first 6 months of life while the family is actively enrolled in PAT or NFP.

**Numerator:** The number of focus children’s well-child visits during the time enrolled in first 6 months of life.

**Denominator:** Number of enrollment months focus children are enrolled in a program in first 6 months of life.

**Data sources:**

NFP- Client self-report: Infant Health Care Form; collected at 6 months.

Note: We are requesting frequency of completed well child visits which is a variance from NFP current practice.

PAT- Records of completed well child visits (Y/N, date of home visit by age to help determine completion of well child visits in recommended time windows) reported in Visit Tracker. We will not be using LSP ratings for reporting but LSP guidance from national PAT creates opportunity for collecting information: LSP: (Health & Medical Care #20—Child Well Care) The following questions can be used as data sources for LSP #20-

- Where do you go for your baby’s well-child doctor’s visits?
- Do you always go to the same place?
- Do you see the same care provider?
- How often do you take your child for a well-child doctor’s visit?
- Do you (or will you) have another exam scheduled for your baby?
- Recommend for WA PAT MIECHV- “Since we last met did you take your child to your primary care provider for a well-child visit?”

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In an across cohort comparison, we will compare the rate of well child visits received by the focus children in the baseline and implementation cohorts. By using total months enrolled as a denominator, our method calculates a rate of visits during the first year of life which accounts for differing time periods of enrollment.

Baseline Period From: 04/01/2012

Baseline Period To: 12/31/2013

Comparison Period From: 11/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:** Improvement will be defined as an increase in rate of well child visits in the implementation cohort compared to the baseline cohort.

**Domain- Improved Maternal & Newborn Health**

Construct 8. Maternal & child health insurance status:

Note: The measurement of this construct replicates the methodology for Construct 30- Health insurance status.

**Target Population:** All focus children and mothers enrolled in NFP and PAT services.

**Measure:** Mother and focus children's enrollment in insurance programs.

**Numerator:** The number of focus child-mother pairs with health insurance coverage six months after enrollment or six months after the birth of the child for women enrolled when pregnant.

**Denominator:** The total number of focus child-mother pairs enrolled in the baseline or implementation cohorts for at least six months post enrollment or post partum (if enrolled while pregnant).

We are asked to report both maternal and child health insurance status. We will record both separately but for federal reporting, we will count the instances where both the mother and the child have health insurance.

We are examining health insurance status at six months to address the common experience that many mothers lose Medicaid coverage two months after the birth. We are proposing that maternal health insurance coverage at six months postpartum is likely to be a stable indicator of health insurance access and will assist us in maximizing numbers of families on whom we will have this information.

**Data sources:**

NFP- Standard Interview- Pregnancy Intake, Infant's Birth, Infancy and 6 months.

PAT-

1. LSP: (Basic Essentials #33—Medical /Health Insurance);

2. Personal Visit Record used to record when referrals are made or information provided The following questions can be used as data sources for LSP #33:

- Do you have a way to pay for medical care like Medicaid or private insurance through work?
- Do you sometimes not get health care because you cannot afford it or cannot meet the annual fee or partial pay amount?
- Do you have full Medicaid coverage for yourself and your children or does it only cover pregnancy and family planning?
- Do you use government funded programs for your children like CHIP?

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In an across cohort comparison, we will compare the percent of focus child-mother pairs who have health insurance at 6 months post-enrollment/post-partum.

Baseline Period From: 04/01/2012

Baseline Period To: 12/31/2013

Comparison Period From: 11/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:** Improvement will be defined as an increase or maintenance in the mean percent of focus child-mother pairs with health insurance at 6 months post-enrollment/post-partum in the implementation cohort compared to the baseline cohort.

**Domain- Child Abuse, Neglect, or Maltreatment &  
Reduction of Emergency Department Visits**

Construct 9- Visits for children to the emergency department from all causes:

**Target Population:** All focus children under 12 months of age enrolled in NFP and PAT services.

**Measure:** The rate of ER visits of focus children under 12 months of age while the family is actively enrolled in PAT or NFP.

**Numerator:** The number of ER visits of focus children under 12 months of age in the baseline and implementation cohorts during the time enrolled.

**Denominator:** The total number of enrollment-months focus children are served up to 12 months of age, in the baseline or implementation cohorts.

**Data sources:**

NFP- Client self-report: Client self-report: Infant Health Care Form required at 6, 12 months.

Note: We are asking programs to report the frequency and reason for ER visits for mothers and children. This is a variance from current NFP reporting practices.

PAT- We will adapt the NFP questions from the Health Care Form for use by PAT home visitors.

Data includes emergency medical care (ER, ED) for any reason. 'ER' is defined for these purposes to include any emergent care facility including hospital ERs and affiliated urgent care.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In an across cohort comparison, we will compare the rate of ER visits received by the focus children under 1 year of age in the baseline and implementation cohorts. By using total months enrolled as a denominator, our method calculates a rate of visits during the first year of life or post enrollment which accounts for differing time periods of enrollment.

Data will be collected at six and twelve months postpartum or post-enrollment and then pooled for the 12 month reporting period.

Baseline Period From: 04/01/2012

Baseline Period To: 6/30/2014

Comparison Period From: 11/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:** Improvement will be defined as a reduction in the rate of ER visits in the implementation cohort compared to the baseline cohort.

**Domain- Child Abuse, Neglect, or Maltreatment &  
Reduction of Emergency Department Visits**

Construct 10- Visits of mothers to the emergency department from all causes:

**Target Population:** All mothers enrolled in NFP and PAT services.

**Measure:** The rate of mothers' ER visits in the first 12 months post- delivery or post enrollment.

**Numerator:** The number ER visits of mothers while enrolled in the baseline and implementation cohorts in the first 12 months following birth or program enrollment.

**Denominator:** The number of enrollment months mothers are served in the first twelve months following birth or program enrollment, in the baseline or implementation cohorts.

**Data sources:**

NFP- Client self-report: Demographics: Pregnancy Intake; Demographics Update; required at pregnancy intake; 6, 12 months.

Note: We are asking programs to report the frequency and reason for ER visits for mothers and children. This is a variance from current NFP reporting practices.

PAT- We will adapt the NFP questions from the Pregnancy Intake/Demographics Update Form for use by PAT home visitors.

Data includes emergency medical care (ER, ED) for any reason. 'ER' is defined for these purposes to include any emergent care facility including hospital ERs and affiliated urgent care.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In an across cohort comparison, we will compare the rate of mothers' ER Visits in the first 12 months postpartum or post-enrollment in the baseline and implementation cohorts. By using total months enrolled as a denominator, our method calculates a rate of visits during the first year post-delivery or enrollment which accounts for differing time periods of enrollment.

Data will be collected at six and twelve months postpartum or post-enrollment and then pooled for the 12 month reporting period.

Baseline Period From: 04/01/2012

Baseline Period To: 6/30/2014

Comparison Period From: 11/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:** Improvement will be defined as a reduction in the rate of ER visits of mothers per months enrolled in the first 12 months post-delivery or enrollment in the implementation cohort compared to the baseline cohort.

**Domain- Child Abuse, Neglect, or Maltreatment &  
Reduction of Emergency Department Visits**

Construct 11- Information provided or training of participants on prevention of child injuries topics such as safe sleeping, shaken baby syndrome, or traumatic brain injury, etc:

**Target Population:** All mothers enrolled in NFP and PAT services.

**Measure:** Percent of mothers enrolled who have received prevention information/training within 3 months of program enrollment.

**Numerator:** The number of mothers in the baseline and implementation cohorts receiving prevention information/training within three months following program enrollment or birth of the child when mothers are enrolled while pregnant.

**Denominator:** The number of mothers enrolled in the baseline or implementation cohorts for at least 3 months post enrollment or postpartum if women enrolled while pregnant.

**Data sources:**

NFP- Nurse report: Home Visit Encounter Form; required at every home visit.

PAT- Parent educator resources and parent handouts focusing on safety, childproofing, and prevention of injuries are in the Parents as Teachers Foundational curriculum. Also includes a home safety checklist. Handouts that are given to parents and discussion on these topics are recorded on the Personal Visit Record.

Note: The expectation is that the prevention and safety training is substantive and involves more than simply providing written materials.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In an across cohort comparison, we will compare the percent of mothers in the baseline and implementation cohorts who receive documented information/training in prevention of child injuries in the 3 months post-enrollment or post partum.

Baseline Period From: 04/01/2012

Baseline Period To: 9/30/2013

Comparison Period From: 11/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:** Improvement will be defined as the implementation cohort increases or maintains the percent of enrolled mothers receiving prevention information/training within three months enrollment or postpartum compared to the baseline cohort.

**Domain- Child Abuse, Neglect, or Maltreatment &  
Reduction of Emergency Department Visits**

Construct 12- Incidence of child injuries requiring medical treatment:

Note: This construct is a subset of information included in Construct 9- Visits for children to the emergency department from all causes. As a result, we will use the same data sources for Construct 9 and 12 but this construct restricts information to visits due to injuries.

For this construct, injuries will be defined similar to events that would be coded as an injury in the emergency room. A list of these events will be provided to programs.

**Target Population:** All focus children under 12 months of age enrolled in NFP and PAT services.

**Measure:** The rate of ER visits due to injuries of focus children under twelve months of age while the family is actively enrolled in PAT or NFP.

**Numerator:** The number of ER visits due to injury in focus children under 12 months of age in the baseline and implementation cohorts during the time enrolled.

**Denominator:** The total number of enrollment-months focus children are served up to 12 months of age, in the baseline or implementation cohorts.

**Data sources:**

NFP- Client self-report: Infant Health Care Form required at 6, 12 months post-partum.

Note: We are asking programs to report the frequency and reason for ER visits for mothers and children. This is a variance from current NFP reporting practices.

PAT- We will adapt the NFP questions from the Health Care Form for use by PAT home visitors.

Data is restricted to emergency medical care (ER, urgent care) for injuries or other non-illness related health care. We will not include well-child, acute illness visits, or other scheduled health visits. 'ER' is defined for these purposes to include any emergent care facility including hospital ERs or urgent care facilities.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In an across cohort comparison, we will compare the rate of ER visits due to injuries received by the focus children in the baseline and implementation cohorts. By using total months enrolled as a denominator, our method calculates a rate of visits during the first year of life or post enrollment which accounts for differing time periods of enrollment.

Data will be collected at six and twelve months postpartum or post-enrollment and then pooled for the 12 month reporting period.

Baseline Period From: 04/01/2012

Baseline Period To: 6/30/2014

Comparison Period From: 11/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:** Improvement will be defined as a reduction in the rate of injury related ER visits in the first year of life of focus children enrolled in the implementation cohort compared to the baseline cohort.

**Domain- Child Abuse, Neglect, or Maltreatment &  
Reduction of Emergency Department Visits**

Construct 13- Reported suspected maltreatment for children in the program (allegations that were screened in but not necessarily substantiated):

Washington State is in the process of completing a protocol with the Washington State Department of Social and Health Services for release of Child Protective Services (CPS) records when a family completes a voluntary authorization of release of records. This authorization will be requested by the local NFP and PAT home visitors at approximately six months postpartum or post-enrollment in order to allow time needed to establish strong treatment relationships. The timing of the request for the written voluntary authorization is to assure that requesting this release of CPS does not put engagement of families in care at risk. Data authorizations will be restricted to the time periods in which families are actively enrolled in PAT or NFP.

**Target Population:** All focus children enrolled in NFP and PAT services for whom we have a mother's voluntary authorization for disclosure of CPS records.

**Measure:** The rate of recorded suspected maltreatment of focus children under 12 months of age with voluntary authorizations for data sharing.

**Numerator:** The total number reported suspected maltreatment incidents of focus children under 12 months of age that occurred while the family was enrolled in services, in the baseline and implementation cohorts.

**Denominator:** The total number of enrollment months focus children under 12 months of age (with voluntary authorization for data sharing) were enrolled in the baseline or implementation cohorts.

Because of program attrition, we are focusing on the first 12 months of age to maximize participant numbers

**Data sources:**

NFP- Washington State Department of Social and Health Services official records.

PAT- Washington State Department of Social and Health Services official records.

Note: Data will be restricted to the time a family is actively engaged in PAT or NFP services. We will not collect information on families after they leave programs.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In an across cohort comparison, we will compare the rate of suspected child maltreatment reports for focus children under 12 months of age served in the baseline and implementation cohorts. By using total months enrolled as a denominator, our method calculates a rate of visits during the first year of life or post enrollment which accounts for differing time periods of enrollment.

Baseline Period From: 04/01/2012

Baseline Period To: 6/30/2014

Comparison Period From: 11/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:** Improvement will be defined as a decrease in the rate of suspected maltreatment incidents among focus children under 12 months of age in the implementation cohort compared to the baseline cohort.

Interim progress data reported for federal monitoring will include completion of the data sharing protocols and the percentage of completed voluntary authorizations for data sharing.

CPS information will be collected and reported on an annual basis.

**Domain- Child Abuse, Neglect, or Maltreatment &  
Reduction of Emergency Department Visits**

Construct 14- Reported substantiated maltreatment (substantiated/indicated /alternative response victim) for children in the program:

Please see above under Construct 13 the methodology for receiving and reporting CPS records.

**Target Population:** All focus children enrolled in NFP and PAT services for whom we have a mother's voluntary authorization for disclosure of CPS records.

**Measure:** The rate of recorded substantiated maltreatment of focus children under 12 months of age with voluntary authorizations for data sharing.

**Numerator:** The total number of substantiated maltreatment incidents of focus children up to 12 months of age that occurred while the family was enrolled in services, in the baseline and implementation cohorts.

**Denominator:** The total number of enrollment months focus children under 12 months of age (with voluntary authorizations for data sharing) were enrolled in the baseline or implementation cohorts.

Because of program attrition, we are focusing on the first 12 months postpartum or post-enrollment to maximize participant numbers

**Data sources:**

NFP- Washington State Department of Social and Health Services official records.

PAT- Washington State Department of Social and Health Services official records.

Note: Data will be restricted to the time a family is actively engaged in PAT or NFP services. We will not collect information on families after they leave programs.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:**

In an across cohort comparison, we will compare the rate of substantiated child maltreatment reports among focus children under 12 months of age served in the baseline and implementation cohorts. By using total months enrolled as a denominator, our method calculates a rate of visits during the first year of life or post enrollment which accounts for differing time periods of enrollment.

Baseline Period From: 04/01/2012

Baseline Period To: 6/30/2014

Comparison Period From: 11/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:** Improvement will be defined as a decrease in the rate of substantiated maltreatment incidents among focus children under 12 months of age in the implementation cohort compared to the baseline cohort.

CPS information will be collected and reported on an annual basis.

**Domain- Child Abuse, Neglect, or Maltreatment &  
Reduction of Emergency Department Visits**

Construct 15- First-time victims of maltreatment for children in the program:

Please see above under Construct 13 the methodology for receiving and reporting CPS records.

**Target Population:** All focus children enrolled in NFP and PAT services for whom we have a mother's voluntary authorization for disclosure of CPS records.

**Measure:** The rate of first-time substantiated maltreatment per months enrolled of focus children under 12 months of age with voluntary authorizations for data sharing.

**Numerator:** The total number of first-time substantiated maltreatment incidents of focus children under 12 months of age that occurred while the family was enrolled in services, in the baseline and implementation cohorts.

**Denominator:** The total numbers of enrollment months focus children under 12 months of age (with voluntary authorizations for data sharing) were enrolled in the baseline or implementation cohorts.

Note: Data will be restricted to the time a family is actively engaged in PAT or NFP services. We will not collect information on families after they leave programs.

**Data sources:**

NFP- Washington State Department of Social and Health Services official records.

PAT- Washington State Department of Social and Health Services official records.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In an across cohort comparison, we will compare the rate of first time substantiated child maltreatment among focus children under 12 months of age enrolled in the baseline and implementation. By using total months enrolled as a denominator, our method calculates a rate of visits during the first year of life or post enrollment which accounts for differing time periods of enrollment.

Baseline Period From: 04/01/2012

Baseline Period To: 6/30/2014

Comparison Period From: 11/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:** Improvement will be defined as a decrease in the rate of first time substantiated maltreatment among focus children under 12 months of age in the implementation cohort compared to the baseline cohort.

CPS information will be collected and reported on an annual basis.

**Domain- Improvements in School Readiness & Achievement**

Construct 16- Parent support for children's learning & development (e.g., appropriate toys available; read & talk with child):

**Target Population:** All mothers enrolled in NFP and PAT services.

**Measure:** HOME Inventory scores at six and 18 months.

**Numerator/denominator for calculation of percentages:**

Not applicable. We propose to use mean scale scores at baseline and follow-up assessment points for this assessment. Baseline will occur at six months postpartum or post-enrollment. Follow-up will be at 18 months post-partum or post-enrollment to align with current NFP program practice. This will permit assessment over a 12 month period.

**Data sources:**

NFP- HOME Inventory Organization of the Environment, Variety, and Learning Materials sub-scales combined. Nurse observation using HOME Inventory tool; Infant Health Care; required at 6 and 18 months postpartum.

PAT- HOME Inventory Organization of the Environment, Variety, and Learning Materials sub-scales combined. Home visitor observation using HOME Inventory tool reported in Personal Visit Record 6 and 18 months postpartum or post enrollment.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In a within cohort comparison, we will assess if there is an increase in the mean score showing parental support on the HOME combined sub-scales for the NFP families and PAT families.

Baseline Period From: 04/01/2012

Baseline Period To: 09/30/2014

Comparison Period From: 04/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:** Improvement will be defined as an increase in the mean scores from baseline to follow-up on the scales for NFP and PAT.

**Domain- Improvements in School Readiness & Achievement**

Construct 17- Parent knowledge of child development & of their child's developmental progress:

**Target Population:** All mothers enrolled in NFP and PAT services.

**Measure:** The percent of clients who have completed a HOME Inventory by six months following program enrollment. (or six months postpartum for NFP clients)

**Numerator:**

Number of completed HOME Inventory by 6 months post-partum or post-enrollment

**Denominator:** The total number of focus children enrolled in baseline or implementation cohorts who are eligible for completion of the HOME (NFP: 6 months postpartum or PAT: 6 months post enrollment/postpartum)

**Data sources:**

NFP- HOME Inventory Total Score. Nurse observation using HOME Inventory tool; Infant Health Care; required at 6 months postpartum.

PAT- HOME Inventory Total Score. Home visitor observation using HOME Inventory tool reported in Personal Visit Record 6 months postpartum or post enrollment.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In an across cohort comparison, we will compare the percent of HOME Inventory completed at six months for the baseline and implementation cohorts.

Baseline Period From: 04/01/2012

Baseline Period To: 12/31/2013

Comparison Period From: 11/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:** The percent of completed HOME Inventory in the implementation cohort is maintained or increases compared to the baseline cohort.

**Domain- Improvements in School Readiness & Achievement**

Construct 18- Parenting behaviors & parent-child relationships (e.g. discipline strategies, play interactions):

**Target Population:** All mothers enrolled in NFP and PAT services.

**Measure:** HOME Inventory scores at six and 18 months.

**Numerator/denominator for calculation of percentages:**

Not applicable. We propose to use mean scale scores at baseline and follow-up assessment points for all families enrolled for 18 months. Baseline will occur at six months postpartum or post-enrollment. Follow-ups will be at 18 months post-partum or post-enrollment. This will permit assessment over a 12 month period.

Note: Because of attrition rates and model specific assessment, measurement of this construct may be vulnerable to low N problems and resulting loss of sensitivity.

**Data sources:**

NFP- HOME Inventory Acceptance of Child, Parental Responsivity, and Parental Involvement sub-scales combined. Nurse observation using HOME Inventory tool; Infant Health Care; required at 6 and 18 months postpartum.

PAT- HOME Inventory Acceptance of Child, Parental Responsivity, and Parental Involvement sub-scales combined. Home visitor observation using HOME Inventory tool reported in Personal Visit Record 6 and 18 months postpartum or post enrollment.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In a within cohort comparison, we will assess if there is an increase in the mean score showing parental support on the HOME combined sub-scales for the NFP families and PAT families.

Baseline Period From: 04/01/2012

Baseline Period To: 09/30/2014

Comparison Period From: 04/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:** Improvement will be defined as an increase in the mean scores from baseline to follow-up on the scales for NFP and PAT.

**Domain- Improvements in School Readiness & Achievement**

Construct 19- Parent emotional well-being or parenting stress:

**Target Population:** All enrolled mothers in PAT and NFP services.

**Measure:** The percent of enrolled mothers who are screened for depression during the first six following program enrollment.

**Numerator:** The number of mothers in the baseline and implementation cohorts who are screened for depression within six months of enrollment or postpartum.

**Denominator:** The total number of mothers enrolled in the baseline or implementation cohorts who are still enrolled at 6 months postpartum or post enrollment.

**Data sources:**

NFP- Edinburg Postnatal Depression Scale or Patient Health Questionnaire-9 (PHQ-9).

PAT- Edinburgh Postnatal Depression Scale (EPDS).

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In an across cohort comparison, we will compare the percent of mothers screened at least once in the six months following enrollment for the baseline and implementation cohorts.

Because we are determining screened risk, we propose to use either the EPDS or PHQ-9 screening tools as acceptable and equivalent data sources.

Baseline Period From: 04/01/2012

Baseline Period To: 04/30/2013

Comparison Period From: 11/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:** Improvement will be defined as the implementation cohort increases or maintains the percent of mothers with a completed depression screen compared to the baseline cohort.

**Domain- Improvements in School Readiness & Achievement**

Construct 20- Child's communication, language & emergent literacy:

**Target Population:** All focus children enrolled in NFP and PAT services.

For the ASQ-3 and ASQ-SE, the mother is the reporter of the focus child's developmental progress.

Although the ASQ-3 includes subscales, our focus on completed screens does not support us looking at change at the subscale level.

**Measure:** Percent of focus children whose mothers or primary caregiver completed an ASQ-3 assessment of them within six months postpartum or six months of program enrollment.

**Numerator:** The number of focus children in the baseline and implementation cohorts whose primary caregiver has completed and discussed the results of an age-appropriate ASQ-3 for them within six months of program enrollment or postpartum for mothers enrolled while pregnant.

**Denominator:** The total number of focus children enrolled in the baseline or implementation cohorts who were eligible for a developmental screening (at least 2 months age for PAT and at least 4 months age for NFP).

**Data sources:**

NFP- Ages and Stages Questionnaire 3<sup>rd</sup> Edition (ASQ-3) recorded in ETO.

PAT- Ages and Stages Questionnaire 3<sup>rd</sup> Edition (ASQ-3) recorded in Visit Tracker or comparable database.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In an across cohort comparison, we will assess an increase in percent of ASQ-3 assessment completed within the six month time period.

We propose that the direct intent of the NFP and PAT home visiting programs is to provide effective screens and coordination of referrals for developmental delays when identified. As a result, we propose that improving the completion of early screening directly benefits children and families as a public health surveillance strategy.

Given present PAT and NFP use of the Ages and Stages Questionnaire, the established use of this instrument is screening for development delays. PAT and NFP are not intended to address the developmental delays therapeutically. As a result, neither the intent of these home visiting programs nor the nature of ASQ supports assessment change using the ASQ.

Baseline Period From: 04/01/2012

Baseline Period To: 12/31/2013

Comparison Period From: 11/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:** Improvement will be defined as the implementation cohort compared to the baseline cohort increases or maintains the percent of focus children with a completed ASQ-3 in the six month target time period.

**Domain- Improvements in School Readiness & Achievement**

Construct 21- Child's general cognitive skills:

**Target Population:** All focus children enrolled in NFP and PAT services.

For the ASQ-3 and ASQ-SE, the mother is the reporter of the focus child's developmental progress.

Although the ASQ-3 includes subscales, our focus on completed screens does not support us looking at change at the subscale level.

**Measure:** Percent of focus children whose mothers or primary caregiver completed an ASQ-3 assessment of them within six months postpartum or six months of program enrollment.

**Numerator:** The number of focus children in the baseline and implementation cohorts whose primary caregiver has completed and discussed the results of an age-appropriate ASQ-3 for them within six months of program enrollment or postpartum for mothers enrolled while pregnant.

**Denominator:** The total number of focus children enrolled in the baseline or implementation cohorts who were eligible for a developmental screening (at least 2 months age for PAT and at least 4 months age for NFP).

**Data sources:**

NFP- Ages and Stages Questionnaire 3<sup>rd</sup> Edition (ASQ-3) recorded in ETO.

PAT- Ages and Stages Questionnaire 3<sup>rd</sup> Edition (ASQ-3) recorded in Visit Tracker or comparable database.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In an across cohort comparison, we will assess an increase in percent of ASQ-3 assessment completed within the six month time period.

We propose that the direct intent of the NFP and PAT home visiting programs is to provide effective screens and coordination of referrals for developmental delays when identified. As a result, we propose that improving the completion of early screening directly benefits children and families as a public health surveillance strategy.

Given present PAT and NFP use of the Ages and Stages Questionnaire, the established use of this instrument is screening for development delays. PAT and NFP are not intended to address the developmental delays therapeutically. As a result, neither the intent of these home visiting programs nor the nature of ASQ supports assessment change using the ASQ.

Baseline Period From: 04/01/2012

Baseline Period To: 12/31/2013

Comparison Period From: 11/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:**

Improvement will be defined as the implementation cohort compared to the baseline cohort increases or maintains the percent of focus children with a completed ASQ-3 in the six month target time period.

**Domain- Improvements in School Readiness & Achievement**

Construct 22- Child's positive approaches to learning including attention:

**Target Population:** All focus children enrolled in NFP and PAT services.

For the ASQ-3 and ASQ-SE, the mother is the reporter of the focus child's developmental progress.

Although the ASQ-3 includes subscales, our focus on completed screens does not support us looking at change at the subscale level.

**Measure:** Percent of focus children whose mothers or primary caregiver completed an ASQ-3 assessment of them within six months postpartum or six months of program enrollment.

**Numerator:** The number of focus children in the baseline and implementation cohorts whose primary caregiver has completed and discussed the results of an age-appropriate ASQ-3 for them within six months of program enrollment or postpartum for mothers enrolled while pregnant.

**Denominator:** The total number of focus children enrolled in the baseline or implementation cohorts who were eligible for a developmental screening (at least 2 months age for PAT and at least 4 months age for NFP).

**Data sources:**

NFP- Ages and Stages Questionnaire 3<sup>rd</sup> Edition (ASQ-3) recorded in ETO.

PAT- Ages and Stages Questionnaire 3<sup>rd</sup> Edition (ASQ-3) recorded in Visit Tracker or comparable database.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In an across cohort comparison, we will assess an increase in percent of ASQ-3 assessment completed within the six month time period.

We propose that the direct intent of the NFP and PAT home visiting programs is to provide effective screens and coordination of referrals for developmental delays when identified. As a result, we propose that improving the completion of early screening directly benefits children and families as a public health surveillance strategy.

Given present PAT and NFP use of the Ages and Stages Questionnaire, the established use of this instrument is screening for development delays. PAT and NFP are not intended to address the developmental delays therapeutically. As a result, neither the intent of these home visiting programs nor the nature of ASQ supports assessment change using the ASQ.

Baseline Period From: 04/01/2012

Baseline Period To: 12/31/2013

Comparison Period From: 11/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:**

Improvement will be defined as the implementation cohort compared to the baseline cohort increases or maintains the percent of focus children with a completed ASQ-3 in the six month target time period.

**Domain- Improvements in School Readiness & Achievement**

Construct 23- Child's social behavior, emotion regulation & emotional well-being:

**Target Population:** All focus children enrolled in NFP and PAT services.

For the ASQ-3 and ASQ-SE, the mother is the reporter of the focus child's developmental progress.

Although the ASQ-SE includes subscales, our focus on completed screens does not support us looking at change at the subscale level.

**Measure:** Percent of focus children whose mothers or primary caregiver completed an ASQ-SE assessment of them within nine months postpartum or nine months of program enrollment.

**Numerator:** The number of focus children in the baseline and implementation cohorts whose primary caregiver has completed and discussed the results of an age-appropriate ASQ-SE for them within nine months of program enrollment or postpartum for mothers enrolled while pregnant.

**Denominator:** The total number of focus children enrolled in the baseline or implementation cohorts who were eligible for a developmental screening (at least 2 months age for PAT and at least 4 months age for NFP).

**Data sources:**

NFP- Ages and Stages Questionnaire Social Emotional (ASQ-SE) recorded in ETO.

PAT- Ages and Stages Questionnaire Social Emotional (ASQ-SE) recorded in Visit Tracker or comparable database.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In an across cohort comparison, we will assess an increase in percent of ASQ-SE assessment completed within the nine month time period.

We propose that the direct intent of the NFP and PAT home visiting programs is to provide effective screens and coordination of referrals for developmental delays when identified. As a result, we propose that improving the completion of early screening directly benefits children and families as a public health surveillance strategy.

Given present PAT and NFP use of the Ages and Stages Questionnaire, the established use of this instrument is screening for development delays. PAT and NFP are not intended to address the developmental delays therapeutically. As a result, neither the intent of these home visiting programs nor the nature of ASQ supports assessment change using the ASQ.

Baseline Period From: 04/01/2012

Baseline Period To: 3/31/2014

Comparison Period From: 11/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:**

Improvement will be defined as the implementation cohort compared to the baseline cohort increases or maintains the percent of focus children with a completed ASQ-SE in the nine month target time period.

**Domain- Improvements in School Readiness & Achievement**

Construct 24- Child's physical health & development:

Note: We are proposing a process measure of the percent of successfully completed health and development screens consistent with the established practices of NFP and PAT. The two models have established screening practices but address somewhat distinct elements of health and development progress.

**Target Population:** All focus children enrolled in NFP and PAT services under the age of 24 months.

**Measure:** Percent of children with completed health screenings under the age of 24 months at enrollment in the baseline and implementation cohorts. Screenings are restricted to the first year of the focus child's life or first 12 months of program enrollment for older children.

**Numerator:** The number of focus children with completed health screens for identified age range.

**Denominator:** The total number of focus children for identified age range in the baseline or implementation cohorts who were enrolled for at least 12 months.

**Data sources:**

NFP- Direct assessment or client report, Infant Health Care Form collected at 6, 12 months.

PAT- PAT report in Visit Tracker of parent report of completed health screens.

**Common or Model Specific Measure:** Specific model data.

**Baseline and Change Analysis Framework:** In an across cohort comparison, we will assess for an increase in percent of completed health screens in the first year of the focus child's life or first 12 months of program enrollment.

Baseline Period From: 04/01/2012

Baseline Period To: 6/30/2014

Comparison Period From: 11/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:** Improvement will be defined as the percent of focus children with completed health screens increases or is maintained in the implementation cohort compared to the baseline cohort.

**Domain- Domestic Violence**

Construct 25- Screening for domestic violence:

**Target Population:** All mothers enrolled in NFP and PAT services.

**Measure:** Percent of completed domestic violence screens in the six months following enrollment.

**Numerator:** The number of mothers who are screened for domestic violence within six months of their enrollment date.

**Denominator:** The total number of mothers in the baseline or implementation cohorts enrolled for at least six months.

**Data sources:**

NFP- Client self-report: Relationship Assessment; collected at pregnancy intake, 36 weeks and 12 months. Reported in ETO.

PAT- DOVE (Domestic Violence Enhance Visitation Program) structured IPV sessions and documentation form as included in the Affiliated Program curriculum and reported in the Personal Visit Record (PVR).

PAT will adopt a validated domestic violence screening tool consistent with the DOHVE compendium of measures as a part of DOVE implementation.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In an across cohort comparison, we will assess an increase in percent of completed domestic violence screens in the six months following enrollment.

Baseline Period From: 04/01/2012

Baseline Period To: 04/30/2013

Comparison Period From: 11/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:** Improvement will be defined as an increase or maintenance in the percent of mothers with a completed DV assessment within six months of enrollment in the implementation cohort compared to the baseline cohort.

**Domain- Domestic Violence**

Construct 26- Referrals for domestic violence services for families with identified need:

**Target Population:** All mothers enrolled in NFP and PAT services screened positive for domestic violence risk.

**Measure:** Percent of mothers who screened positive for domestic violence risk and have been referred for community domestic violence services.

**Numerator:** The number of mothers who are screened as at risk for domestic violence and who are referred to community domestic violence services.

**Denominator:** The total number of mothers in the baseline or implementation cohorts screened positive for domestic violence risk.

**Data sources:**

NFP- Client self-report: Home Visit Encounter Form collected at every home visit.

PAT- Referrals are addressed in the DOVE (Domestic Violence Enhance Visitation Program) structured IPV sessions and documentation form as included in the Affiliated Program curriculum. Referral information is reported in the Personal Visit Record (PVR) and captured in Visit Tracker or comparable databases.

‘Community domestic violence services’ are defined in the local community served by the home visiting program. We will defer to the program supervisors in determining what are considered to be responsible and responsive domestic violence services for the local communities. We also will defer to local program performance standards on determining home visitor actions to support the referral to services. We will collect this program information in order to understand program implementation but not report it as part of MIECHV benchmarks reporting.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In an across cohort comparison, we will assess an increase in percent of mothers with positive domestic violence risk who have received a domestic violence referral.

Baseline Period From: 04/01/2012

Baseline Period To: 04/30/2013

Comparison Period From: 11/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:** Improvement will be defined as an increase or maintenance in the percent of mothers identified with positive domestic violence risk who have received a referral to community domestic violence services in the implementation cohort compared to the baseline cohort.

**Domain- Domestic Violence**

Construct 27- Safety plan completed for families with identified need:

**Target Population:** All mothers enrolled in NFP and PAT services screened positive for domestic violence risk.

**Measure:** Percent of mothers who screened positive for domestic violence risk who have a completed safety plan.

**Numerator:** The number of mothers who are screened positive for domestic violence risk who have completed a domestic violence safety plan consistent with model performance standards.

**Denominator:** The total number of mothers in the baseline or implementation cohorts who screened positive for domestic violence risk.

**Data sources:**

NFP- Client self-report: Home Visit Encounter Form collected at every home visit.

PAT- Referrals are addressed in the DOVE (Domestic Violence Enhance Visitation Program) structured IPV sessions and documentation form as included in the Affiliated Program curriculum. Referral information is reported in the Personal Visit Record (PVR) and captured in Visit Tracker or comparable databases.

Safety plan assessment and support is determined by NFP and PAT model standards.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In an across cohort comparison, we will assess an increase in percent of mothers who screen positive for domestic violence risk who have a completed safety plan.

Baseline Period From: 04/01/2012

Baseline Period To: 06/30/2013

Comparison Period From: 11/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:** Improvement will be defined as an increase or maintenance of the percent of mothers who screen positive for domestic violence risk who have a safety plan in the implementation cohort compared to the baseline cohort.

**Domain- Family Economic Self-Sufficiency**

Construct 28- Household income & benefits:

**Target Population:** All mothers enrolled in NFP and PAT services.

**Measure:** Mean maternal annual income at 6 and 18 months postpartum or post-enrollment.

**Numerator/denominator for calculation of percentages:**

Not applicable. We propose to collect estimated annual income range from all sources for the mothers active in the home visiting intervention for the two reporting times. We will calculate the annual income range within the baseline and implementation cohorts.

**Data sources:**

NFP- Client-report, Demographics: Pregnancy-Intake Form collected from mother at 6 months and 18 months postpartum or post-enrollment

PAT- PAT home visitors will record in Visit Tracker monthly cash income at 6 and 18 months postpartum or post-enrollment.

From federal updated guidance received 1/9/2012: "Income is defined as estimated earnings from work, plus other sources of cash support. These sources may be private, e.g., rent from tenants/boarders, cash assistance from friends or relatives, or they may be linked to public systems, i.e. child support payments, TANF, Social Security (SSI/SSDI/OAI), and Unemployment Insurance. In-kind benefits include non-cash benefits such as nutrition assistance programs (e.g., SNAP and WIC), energy assistance, housing vouchers, etc., and could be estimated as the value of the benefit received.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In a within cohort comparison, we will assess change in mean household income from 6 months to 18 months postpartum or post-enrollment for mothers in the baseline and implementation cohorts as a combined MIECHV group.

Baseline Period From: 04/01/2012

Baseline Period To: 09/30/2014

Comparison Period From: 04/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:** Improvement will be defined as an increase in mothers mean monthly cash income at 18 months compared to monthly mean cash income at 6 months postpartum or post-enrollment.

**Domain- Family Economic Self-Sufficiency**

Construct 29- Maternal Employment or Education:

**Target Population:** All mothers enrolled in NFP and PAT services.

**Measure:** Percent of mothers engaged in employment or educational programs at 6 and 18 months postpartum or post-enrollment.

**Numerator:** The number of mothers who are employed and/or in a formal educational program at six months postpartum or post program enrollment and at 18 months post-enrollment or postpartum for women enrolled when pregnant.

**Denominator:** The total number of mothers enrolled for at least 18 months.

**Data sources:**

NFP- Client-report, Demographics: Pregnancy Intake Form & Demographic Update Form collected at 6 months and 18 months. This is a change for NFP in reporting detail and in reporting periods.

PAT- PAT will model reporting on LSP guidance and adapt reporting to be comparable to NFP practice.

Proposed: At 6 and 18 months postpartum or post-enrollment, home visitors will document employment and educational program status of enrolled mothers using the following definitions:

0= Mother is neither employed nor engaged in formal education.

1= Mother is employed and/or engaged in formal education.

Employment: An average of 20 hours or more per week of compensated employment or 32 hours per week of WorkFirst participation.

Educational enrollment: Educational programs may include academic, vocational training, or certification programs. Mothers must be formally enrolled in the educational program.

Federal guidance released 1/30/12 states that states will be minimally responsive if they report education or employment information. We propose that the relevant information to assess self-sufficiency one year impact for home visiting is evidence that the enrolled mother is moving toward a positive future for herself and her child either by being in the workforce or by committing to educational development to support her employment and earning success in the future. As a result, rather than separate these two concepts, our approach is to assess the degree to which mothers cross one or both developmental thresholds 12 months after enrollment.

Because the focus of this MIECHV domain is economic self-sufficiency, we propose to focus on significant compensated employment and education that can lead to greater self-sufficiency. For individual mothers, there may be compelling circumstances why neither employment nor education is the best option for themselves or their children. The goal of this assessment is to determine overall if the percent of mothers moving to self-sufficiency increases 12 months after program involvement.

Washington State proposes a 12 month review period that is distinct from the DOHVE guidance of enrollment and 12 months post-enrollment. We propose this assessment period of 6 and 18 months postpartum or post-enrollment because of the developmental and public support experiences of many young mothers. Because of TANF waivers permitting new mothers to stay home and provide infant care, assessment of employment in pregnancy and immediately following the birth of the child would

artificially inflate rates of employment given infant care can be considered for measuring employment. We also believe that developmentally for young mothers that the transition back to education and employment happens after the first year of their children's lives. This is supported by anecdotal program information in Washington State.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In a within cohort comparison, we will assess an increase in percent of mothers engaged in employment or educational programs at 18 months post-enrollment or postpartum compared to status at six months postpartum or post-enrollment.

Baseline Period From: 04/01/2012

Baseline Period To: 09/30/2014

Comparison Period From: 04/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:** Improvement will be defined as an increase in the percent of mothers employed or enrolled in formal education programs at 18 months post-enrollment compared to status six months postpartum or post-enrollment.

### **Domain- Family Economic Self-Sufficiency**

Construct 30- Health insurance status:

**Target Population:** All focus children and mothers enrolled in NFP and PAT services.

**Measure:** Mother and focus children's enrollment in insurance programs.

**Numerator:** The number of focus child-mother pairs with health insurance coverage six months after enrollment or six months after the birth of the child for women enrolled when pregnant.

**Denominator:** The total number of focus child-mother pairs enrolled in the baseline or implementation cohorts for at least six months post enrollment or postpartum for women enrolled when pregnant.

We are asked to report both maternal and child health insurance status. We will record both separately but for federal reporting, we will count the instances where both the mother and the child have health insurance.

We are examining health insurance status at six months to address the common experience that many mothers lose Medicaid coverage two months after the birth. We are proposing that maternal health insurance coverage at six months postpartum is likely to be a stable indicator of health insurance access and will assist us in maximizing numbers of families on whom we will have this information.

**Data sources:**

NFP- Standard Interview- Pregnancy Intake, Infant's Birth, Infancy and 6 months.

PAT-

1. LSP: (Basic Essentials #33—Medical /Health Insurance);

2. Personal Visit Record used to record when referrals are made or information provided The following questions can be used as data sources for LSP #33:

- Do you have a way to pay for medical care like Medicaid or private insurance through work?
- Do you sometimes not get health care because you cannot afford it or cannot meet the annual fee or partial pay amount?
- Do you have full Medicaid coverage for yourself and your children or does it only cover pregnancy and family planning?
- Do you use government funded programs for your children like CHIP?

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In an across cohort comparison, we will compare the percent of focus child-mother pairs who have health insurance at 6 months post-enrollment/post-partum.

Baseline Period From: 04/01/2012

Baseline Period To: 12/31/2013

Comparison Period From: 11/01/2012

Comparison Period To: 09/30/2014

**Definition of Improvement:** Improvement will be defined as an increase in the mean percent of focus child-mother pairs with health insurance at 6 months post-enrollment/post-partum in the implementation cohort compared to the baseline cohort.

**Domain- Coordination and Referral for Other Community Resources and Supports**

Construct 31- Number of families identified for necessary services:

**Target Population:** All focus children and mothers enrolled in NFP and PAT services.

**Measure:** Percent of focus children and mothers screened for service needs during the measurement period.

**Numerator:** The number of focus children and mothers screened during the measurement period for service needs such as:

- Health care for mother including primary care, coordination of specialty medical care, and dental care
- Health care for the focus child including primary care, coordination of specialty medical care, and dental care
- Developmental services for the child including behavior management services
- Mental health services for the mother
- Substance abuse services for the mother
- Domestic violence services for the mother
- Basic needs including housing, food, housing assistance such as heating and repair, and other concrete service needs.

**Denominator:** The total number of focus children and mothers screened during the measurement period.

For families with children born after the family is enrolled in services, the reporting period is from birth through six months of age of the focus child. For families enrolled after the focus child was born, the reporting period is the six months following enrollment.

**Data sources:**

NFP- Multiple standard reports identifying above list of service needs as detailed in previous constructs.

PAT- Multiple standard reports identifying above list of service needs as detailed in previous constructs.

Note: no additional data collection for NFP and PAT is required. Data will be compiled from reports for previous constructs.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In cohort cross sectional comparison, we will compare the percent of focus children and mothers who are screened for service needs during the nine month measurement period.

Baseline Period From: 04/01/2012

Baseline Period To: 12/31/2012

Comparison Period From: 9/01/2013

Comparison Period To: 05/31/2014

**Definition of Improvement:** Improvement will be defined as an increase or maintenance in the percent of focus children and mothers screened for service needs in the implementation period compared to the baseline period.

**Domain- Coordination and Referral for Other Community Resources and Supports**

Construct 32- Number of families that required services & received a referral to available community resources:

**Target Population:** All mothers and focus children enrolled in NFP and PAT services with identified service needs during the measurement period.

**Measure:** Percent of needs identified for focus children and mothers in the reporting period who subsequently received a referral to the needed service.

**Numerator:** The number of identified needs, during the measurement period, for which the child or mothers received a referral such as:

- Health care for mother including primary care, coordination of specialty medical care, and dental care
- Health care for the focus child including primary care, coordination of specialty medical care, and dental care
- Developmental services for the child including behavior management services
- Mental health services for the mother
- Substance abuse services for the mother
- Domestic violence services for the mother
- Basic needs.

**Denominator:** The total number of identified needs for the focus child or mother during the measurement period.

**Data sources:**

NFP- Multiple standard reports identifying above list of service needs as detailed in previous constructs. Principal data sources are the Home Visiting Encounter report and Use of Government Services Report.

PAT- Multiple standard reports identifying above list of service needs as detailed in previous constructs. Principal data source is the Personal Visit Record.

Data will be compiled from reports for previous constructs.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In a cross sectional comparison, we will compare the percent service needs in focus children and mothers identified with a referral to the needed service during the nine month measurement period.

Baseline Period From: 04/01/2012

Baseline Period To: 12/31/2012

Comparison Period From: 9/01/2013

Comparison Period To: 05/31/2014

**Definition of Improvement:** Improvement will be defined as an increase or maintenance in the percent of needs in focus children and mothers resulting in referrals in the implementation period compared to the baseline period.

**Domain- Coordination and Referral for Other Community Resources and Supports**

Construct 33- MOUs or other formal agreements with other social service agencies in the community:

**Target Population:** Individual PAT and NFP programs.

**Measure:** Number of MOUs or other formal agreements in the local programs.

**Numerator/denominator for calculation of percentages:** Not applicable. We will report the number of formal MOUs or equivalent formal agreements between the local programs and community service agencies to assist in delivery and coordination of services for families at the start of MIECHV services and in September 2014.

We will request programs provide updated information on MOUs/other formal agreements in September 2012 and September 2013 to track interim progress but the final report for MIECHV will focus on the count of MOUs in September 2014.

**Data sources:**

NFP- Administrative report from each MIECHV funded program.

PAT- Administrative report from each MIECHV funded program.

Note: we will develop a reporting format with local programs once the benchmarks plan is finalized.

An MOU or other formal agreement is defined as any formal written document between the PAT/NFP program and another community agency that defines shared resources, client service coordination, referral practices, information sharing, or other contractual that advances client access or client care goals.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** We will compare the total number of MOUS across all MIECHV funded programs at the start of MIECHV services and again at the end of the current reporting period in September 2014.

Baseline Period From: 04/01/2012

Baseline Period To: 05/31/2012

Comparison Period From: 04/01/2014

Comparison Period To: 05/31/2014

**Definition of Improvement:** Improvement will be defined as an increase in the total count of MOUs in September 2014 compared to MOUs in place at the start of services in Spring 2012.

**Domain- Coordination and Referral for Other Community Resources and Supports**

Construct 34- Information sharing:

**Target Population:** Individual PAT and NFP programs.

**Measure:** Number of agencies that refer clients and/or accept referrals and coordinate services with the local home visiting programs.

**Numerator/denominator for calculation of percentages:** Not applicable. We will report the total number of information sharing partner agencies as defined below.

- The agencies and individual professionals who provide referrals to the local PAT or NFP program.
- The service agencies and providers who accepted referrals from the local NFP or PAT agency.

Reporting periods will be at the start of MIECHV program operation (April-September 2012) and the last six months of MIECHV program operation for the September 2014 reporting period (April-September 2014). Please note we are using the same reporting months because program activity may vary depending on the calendar.

**Data sources:**

NFP- Multiple standard reports identifying above list of service needs as detailed in previous constructs. Principal data sources are administrative records for referrals and the Home Visiting Encounter report for services.

PAT- Multiple standard reports identifying above list of service needs as detailed in previous constructs. Principal data sources are administrative records for referrals and the Personal Visit Record services.

Note: we will develop a reporting format with local programs that will include an agency contact once the benchmarks plan is finalized. Program leadership reports that for NFP the specific service agencies are not reported in ETO and a separate summary will need to be completed to support the MIECHV benchmark. If necessary, we will ask program staff review referrals and provide a monthly list of agencies to complete this assessment as an administrative report.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** We will compare the total number of agencies and professionals across MIECHV funded programs with whom there is information sharing at the start of MIECHV services and again at the end of the current reporting period in September 2014.

Baseline Period From: 04/01/2012

Baseline Period To: 09/30/2012

Comparison Period From: 04/01/2014

Comparison Period To: 09/30/2014

**Definition of Improvement:** Improvement will be defined as an increase in the total count of information sharing agencies and professionals in September 2014 compared to count of information sharing agencies and professionals at the start of services in Spring 2012.

**Domain- Coordination and Referral for Other Community Resources and Supports**

Construct 35- Number of completed referrals:

**Target Population:** All focus children and mothers with a referral for identified service needs, still enrolled 60 days after the referral date.

**Measure:** Percent of needs identified for focus children and mothers during the measurement period who subsequently have a completed referral to the needed service.

**Numerator:** The number of identified needs in the nine month reporting period for focus children and mothers who remain in the program at least 60 days after the referral date, for which there is a completed the referral to services such as:

- Health care for mother including primary care, coordination of specialty medical care, and dental care
- Health care for the focus child including primary care, coordination of specialty medical care, and dental care
- Developmental services for the child including behavior management services
- Mental health services for the mother
- Substance abuse services for the mother
- Domestic violence services for the mother
- Basic needs.

**Denominator:** Total number of focus children and mothers, enrolled for at least 60 days after a referral for an identified need, during the nine month period .

A completed referral is defined as the mother or child actually connected with community resources and supports within 2 months as a result of the home visitor providing referral information and support. Providing information that the mother does not act upon would not be considered as a completed referral to be counted for MIECHV purposes.

**Data sources:**

NFP- Multiple standard reports identifying above list of service needs as detailed in previous constructs. Principal data sources are the Home Visiting Encounter report and Use of Government Services Report.

PAT- Multiple standard reports identifying above list of service needs as detailed in previous constructs. Principal data source is the Personal Visit Record.

Note: no additional data collection for NFP and PAT is required except to the degree that reports of referral success need to be added to home visitors' current reporting practices. Data will be compiled from reports for previous constructs.

**Common or Model Specific Measure:** Common data.

**Baseline and Change Analysis Framework:** In cross sectional comparison, we will compare the percent of mothers and focus children enrolled at least 60 days after a referral for an identified service with a completed referral for the needed service.

Baseline Period From: 04/01/2012

Baseline Period To: 12/31/2012

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Comparison Period From: 9/01/2013

Comparison Period To: 05/31/2014

**Definition of Improvement:** Improvement will be defined as an increase in the percent of needs in focus children and mothers resulting in completed referrals in the implementation period compared to the baseline period.