Federal Benchmark	Federal Constructs	NFP data (referenced from NFP NSO draft Guidance for Implementation and Quality of the NFP Program, April 2011)		PAT data (referenced from National PAT draft document of How PAT Outcomes Align with Federal HV Initiative Benchmarks, 3/4/2011)		MIECHV Process Indicators to Track Starting Year 1	Definition of Improvement for MIECHV Process Indicators	MIECHV Outcome Indicators to Track Starting Year 1	Definition of Improvement for MIECHV Outcome Indicators
Improved Maternal & Newborn Health	Prenatal Care	Demonstrated areas of NFP program impact	NFP Standard Interview	Potential areas of PAT program impact	PAT recommends Life Skills Progression			Average gestational age when women enrolled prenatally began prenatal care	Increase in the average gestational age when women enrolled prenatally began prenatal care
	Parental use of alcohol, tobacco or illicit drugs		NFP Standard Interview			% of mothers enrolled prenatally screened for tobacco use within three months of enrollment	Increase in the % of mothers enrolled prenatally screened for tobacco use within three months of enrollment	% of mothers enrolled prenatally who screened positive tobacco use at enrollment who decreased use by child's first birthday	Increase in the % of mothers enrolled prenatally who screened positive for tobacco use at enrollment and decreased their use by the child's first birthday
	Preconception care		NFP Standard Interview			% of mothers enrolled prenatally who were counselled about their ongoing health care needs within the first three months postpartum	Increase in the % of mothers enrolled prenatally counselled about their ongoing health care needs within the first three months postpartum		
	Inter-birth intervals		NFP Standard Interview			% of mothers enrolled prenatally who are regularly screened for subsequent pregnancy	Increase in the % of mothers enrolled prenatally who are regularly screened for a subsequent pregnancy	Rate of subsequent pregnancy for each year cohort defined as the number of women enrolled prenatally with a subsequent pregnancy during enrollment divided by the number of person months of enrollment for all women enrolled prenatally in that cohort	Decrease in the rate of subsequent pregnancy during enrollment among women enrolled prenatally
	Screening for maternal depressive symptoms		Edinburgh Postnatal Depression Scale Screening (Optional for agencies)		PAT recommends Edinburgh Postnatal Depression Scale	% of mothers screened for depression within the first three months postpartum	Increase in the % of mothers enrolled prenatally who are screened for depression within the first three months postpartum	% of mothers enrolled prenatally who screened positive for depression postpartum who received follow up services	Increase in the % of mothers who screened positive for depression who received follow up services
	Breastfeeding		NFP Standard Interview		PAT recommends Life Skills Progression			% of mothers enrolled prenatally who initiated breastfeeding at all	Increase in the % of mothers enrolled prenatally who initiated breastfeeding
	Well-child visits		NFP Standard Interview			% of families who were asked about well-child care for the index child at least monthly?	Increase in the % of families asked monthly about well-child care for their index child	Average number of well child visits in the first year defined as the number of well child visits in the first 12 months of life among index children whose families were enrolled prenatally divided by the number of index children enrolled at least 12 months	Increase in the average number of well child visits in the first year of life among index children born to women enrolled prenatally
	Maternal & child health insurance status		NFP Standard Interview			% of mothers enrolled prenatally who were screened regularly for health insurance coverage postpartum	Increase in the % of mothers screened regularly for health insurance coverage	% of mothers enrolled prenatally with health insurance at the index child's first birthday	Increase in the % of mothers enrolled prenatally who had health insurance coverage at their child's first birthday

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Child Abuse, Neglect, or Maltreatment & Reduction of Emergency Department Visits	Visits for children to the emergency department from all causes	Demonstrated areas of NFP program impact	Participant report. Child visits to emergency care, urgent care, or hospital for injury or ingestion*	Potential areas of PAT program impact	PAT suggests Life Skills Progression, Protective Factors Survey, and PAT Personal Visit Record	% of families served who have child emergency department visits for injury/ingestion reported regularly (time frame to be developed with models)?	Increase in the % of families with regularly reported information on child ER visits for injury or ingestion	Annual rate of injury/ingestion ER visits among index children 0-2 - number of visits divided by index children 0-2 yrs * months enrollment	Decrease in the annual rate of injury or ingestion ER visits among index children 0-2
	Visits of mothers to the emergency department from all causes		Data not currently collected*			% of mothers served who have emergency department visits for any cause reported regularly?	Increase in the % of mothers with regularly reported ER visits	Annual rate of maternal ER visits - the number of maternal ER visits among women enrolled prenatally divided by the total number of women enrolled prenatally * months enrollment	Decrease in the annual rate of maternal ER visits
	Information provided or training of participants on prevention of child injuries topics such as safe sleeping, shaken baby syndrome, or traumatic brain injury, etc		Participant report. Recorded in individual client records, currently not collected in the data collection system*			% of mothers enrolled prenatally receiving information or training on prevention of child injuries by end of index child's first year	Increase in the % of mothers enrolled prenatally who received information or training on prevention of child injuries by end of child's first year		
	Incidence of child injuries requiring medical treatment		Participant report with comparisons to local & state child welfare data Recorded in individual client records, currently not collected in the data collection system*			% of primary caregivers who are screened regularly for injuries of household children that required medical treatment	Increase in the % of primary caregivers who are screened regularly for injuries among household children that required medical treatment		
	Reported suspected maltreatment for children in the program (allegations that were screened in but not necessarily substantiated)		Referral to Child Protective Services (CPS): referral only, not whether case was substantiated. Participant report with comparisons to local & child welfare data			% of primary caregivers who were regularly screened for parenting stress (parent-child relationship, resources to deal with stress)	Increase in the % of primary caregivers screened for parenting stress		
	Reported substantiated maltreatment (substantiated/indicated /alternative response victim) for children in the program		Referral to Child Protective Services (CPS): referral only, not whether the case was substantiated. Interview with comparisons to local & child welfare data			Number of steps to access state child welfare agency (CPS) data that have been accomplished: 1-identify confidentiality issues to be addressed 2-submit IRB application for data linkage 3-obtain IRB approval 4-complete data sharing agreement with CPS and communities 5-obtain initial datasets from CPS and communities 6-complete initial linkage 7-document linkage process and improvement identification 8-explore ongoing linkages 9-give data feedback to programs	Increase in the number of steps accomplished	% of families served with history of substantiated maltreatment at enrollment who have received services to address child abuse and neglect during enrollment	Increase in the % of families with a history of substantiated maltreatment at enrollment who received services
	First-time victims of maltreatment for children in the program		Referral to Child Protective Services (CPS): referral only, not whether the case was substantiated. Interview with comparisons to local & child welfare data			Number of steps to access state child welfare agency (CPS) data that have been accomplished: 1-identify confidentiality issues to be addressed 2-submit IRB application for data linkage 3-obtain IRB approval 4-complete data sharing agreement with CPS and communities 5-obtain initial datasets from CPS and communities 6-complete initial linkage 7-document linkage process and improvement identification 8-explore ongoing linkages 9-give data feedback to programs	Increase in the number of steps accomplished	% of families served with reported substantiated maltreatment during enrollment who receive services to address child abuse and neglect	Increase in the % of families with newly identified substantiated maltreatment who received services

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Improvements in School Readiness & Achievement	Parent support for children's learning & development (e.g., appropriate toys available; read & talk with child).	Demonstrated areas of NFP program impact	Ages and Stages Questionnaire (ASQ) using parent-report. Additonal observation, parent-report, sample of child's work & ASQ score collected through parent report &/or nurse observation	Demonstrated areas of PAT program impact	PAT suggests ASQ and ASQ-SE; Keys to Interactive Parenting Scales-KIPS; Univ of Idaho Survey of Parenting Practices; Protective Factors Survey; and DECA	% of primary caregivers that have been assessed using the HOME inventory within three months of enrollment (or delivery for mothers enrolled prenatally)	Increase in the % of primary caregivers who received baseline assessments using the HOME inventory within three months of enrollment (or delivery for mothers enrolled prenatally)	% of primary caregivers who showed improvement from baseline to twelve months later in HOME inventory	Increase in the % of primary caregivers who showed improvement from baseline to twelve months later in HOME inventory
	Parent knowledge of child development & of their child's developmental progress		ASQ using parent-report. Addiitonal observation, parent-report, sample of child's work & ASQ score collected through parent report &/or nurse observation			% of primary caregivers who received baseline screening using the Protective Factors Survey within three months of enrollment (or delivery for mothers enrolled prenatally)	Increase in the % of primary caregivers who received baseline screening using the Protective Factors Survey within three months of enrollment (or delivery for mothers enrolled prenatally)	% of primary caregivers who showed improvement from baseline to twelve months later in child development/knowledge of parenting subscale of Protective Factors Survey	Increase in the % of primary caregivers who showed improvement in child development/knowledge of parenting subscale of Protective Factors Survey
	Parenting behaviors & parent-child relationships (eg discipline strategies, play interactions)		Interview, observation, and NCAST; not recorded in the data system*			% of primary caregivers who received baseline screening using the Protective Factors Survey within three months of enrollment (or delivery for mothers enrolled prenatally)	Increase in the % of primary caregivers who received baseline screening using the Protective Factors Survey within three months of enrollment (or delivery for mothers enrolled prenatally)	% of primary caregivers who showed improvement from baseline to twelve months later in nurturing and attachment subscale of Protective Factors Survey	Increase in the % of primary caregivers who showed improvement in nurturing and attachment subscale of Protective Factors Survey
	Parent emotional well-being or parenting stress		Interview & observation			% of primary caregivers who were screened for parenting stress (parent-child relationship, resources to deal with stress)	Increase in the % of primary caregivers screened for parenting stress	% of primary caregivers who report high levels of stress who receive resources to deal with stress and/or improve parent-child relationships	Increase in the % of caregivers with high levels of stress who report receiving resources to deal with stress or improve their parent/child relationships
	Child's communication, language & emergent literacy		Ages & Stages Questionnaire (ASQ), additional observation, parent–report and/or nurse observation			% of families whose index child received a cognitive development screening (appropriate timing to be defined with models)	Increase in the % of families whose index child received a cognitive development screening	% of families who received follow up services when index child shows an area of concern on cognitive developmental screening	Increase in the % of families who receive services when the index child has shown an area of concern on cognitive developmental screening
	Child's general cognitive skills		Ages & Stages Questionnaire (ASQ), additional observation, parent–report and/or nurse observation			% of families whose index child received a cognitive development screening (appropriate timing to be defined with models)	Increase in the % of families whose index child received a cognitive development screening	% of families who received follow up services when index child shows an area of concern on cognitive developmental screening	Increase in the % of families who receive services when the index child has shown an area of concern on cognitive developmental screening
	Child's positive approaches to learning including attention		Ages & Stages Questionnaire (ASQ), additional observation, parent–report and/or nurse observation			% of families whose index child received a cognitive development screening (appropriate timing to be defined with models)	Increase in the % of families whose index child received a cognitive development screening	% of families who received follow up services when index child shows an area of concern on cognitive developmental screening	Increase in the % of families who receive services when the index child has shown an area of concern on cognitive developmental screening
	Child's social behavior, emotion regulation & emotional well-being		Ages & Stages Questionnaire (ASQ), additional observation, parent–report and/or nurse observation			% of families whose index child received a social & emotional development screening (appropriate timing to be defined with models)	Increase in the % of families whose index child received a social & emotional development screening	% of families who received follow up services when index child shows an area of concern on social & emotional development screening	Increase in the % of families who receive services when the index child has shown an area of concern on social & emotional development screening
	Child's physical health & development		Direct assessment, but currently not reported*			% of families whose index child received a physical development screening (appropriate timing to be defined with models)	Increase in the % of families whose index child received a physical development screening	% of families who received follow up services when index child shows an area of concern on physical developmental screening	Increase in the % of families who receive services when the index child has shown an area of concern on physical development screening

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Domestic Violence	Screening for domestic violence	Potential areas of NFP program impact	Maternal self report	Potential areas of PAT program impact	PAT recommends collecting with DOVE tool, Life Skills Progression, and PAT Personal Visit Record	% of primary caregivers screened for domestic violence	Increase in the % of primary caregivers screened for domestic violence		
	Referrals for domestic violence services for families with identified need.		NFP Standard Interview		Born to Learn Curriculum	% of primary caregivers screened for domestic violence who received referrals	Increase in the % of primary caregivers who screened positive for domestic violence who received services		
	Safety plan completed for families with identified need.		Recorded in the client chart.* Interview.		PAT recommends collecting with DOVE tool, Life Skills Progression, and PAT Personal Visit Record	% of program home visiting staff who have been trained on the domestic violence resources and the development of a safety plan	Increase in the % of program home visiting staff who received training on domestic violence resources and the development of a safety plan	% of primary caregivers with identified need who have a documented safety plan	Increase in the % of primary caregivers who screened positive for domestic violence who have a documented safety plan
Family Economic Self-Sufficiency	Household income & benefits.	Demonstrated areas of NFP program impact	NFP Standard Interview Data Collection	Potential areas of PAT program impact	Born to Learn Curriculum			% of families served who meet one or more priority eligibility areas (defined by SIR) upon enrollment	Increase in the % of families served who meet one or more priority eligibility areas upon enrollment
	Health insurance status.		Health Insurance Status* Interview.		PAT recommends collecting with Life Skills Progression, and PAT Personal Visit	% of mothers enrolled prenatally who were screened regularly for health insurance coverage postpartum	Increase in the % of mothers screened regularly for health insurance coverage	% of mothers enrolled prenatally with health insurance at the index child's first birthday	Increase in the % of mothers enrolled prenatally who had health insurance coverage at their child's first birthday
	Number of families identified for necessary services.		Direct measurement*		Born to Learn Curriculum	% of primary caregivers with identified service needs recorded by home visiting programs within three months of enrollment	Increase in the % of primary caregivers with identified service needs recorded in a standardized format		
	Number of families that required services & received a referral to available community resources.		Completion of referrals is not currently collected.* Direct measurement.			% of primary caregivers with identified service needs recorded by home visiting programs within three months of enrollment	Increase in the % of primary caregivers with identified needs with documented referrals to community agencies	% of primary caregivers given referrals with documented receipt of needed services	Increase in the overall number of primary caregivers who received referrals for services and received the needed services
Coordination & Referrals for Other Community Resources & Supports	MOUs or other formal agreements with other social service agencies in the community.	Potential areas of NFP program impact	Direct measurement and agency administrative data.	Potential areas of PAT program impact	PAT recommends Life Skills Progression; Protective Factors Survey, and the PAT Personal Visit Record	% of primary caregivers with identified referrals to community agencies recorded on the Personal Visit Record or Government and Community Services Form within three months of enrollment	Increase in the number of MOUs or other formal agreements with other social service agencies in the community	Number of social service agencies in the community with whom the home visiting program has a clear point of contact	Increase in the number of social service agencies in the community with whom the home visiting program has a clear point of contact
	Information sharing		* Direct measurement and agency administrative data.			% of program staff who have received initital and periodic training on handling sensitive information	Increase in the number of program staff who have received initial and periodic updated training on handling sensitive information		
	Number of completed referrals		Completion of referrals is not currently collected.* Direct measurement and agency administrative data.			% of primary caregivers given referrals with documented receipt of needed services	Increase in the overall number of primary caregivers who received referrals for services and received the needed services		

* NFP NSO is adding these constructs to its reporting portfolio.

Color code scheme – white is data currently being collected, light gray is a proposed tool that is being collected but not reported currently, and light pink shows a topic that is not currently being collected by the model.

Light blue shows the measures we plan to report on initially, and our definition of improvement for these measures. As our program progresses, we hope to report on the outcome measures which are

Light yellow highlights every other Benchmark as some run onto multiple pages.