

THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

FORM 2 PERFORMANCE INDICATORS AND SYSTEMS OUTCOMES
DATA COLLECTION & REPORTING MANUAL AND GRANTEE PLAN

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A DOHVE TA RESOURCE DOCUMENT

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The Maternal, Infant, and Early Childhood Home Visiting Program Form 2 Performance Indicators and Systems Outcomes Data Collection & Reporting Manual and Grantee Plan

2016 Redesign of the Performance Measurement System

Grantees funded under the Maternal, Infant, and Early Childhood Home Visiting Program (Federal Home Visiting Program) must collect and report data on program implementation and performance for eligible families participating in the program in the legislatively mandated benchmark areas of (1) improvements in maternal, newborn, and child health; (2) prevention of child injuries, child abuse, neglect, or maltreatment and reductions of emergency room visits; (3) improvements in school readiness and child academic achievement; (4) reductions in crime or domestic violence; (5) improvements in family economic self-sufficiency; and (6) improvements in the coordination and referrals for other community resources and supports. The Federal Home Visiting Program is administered by the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau in collaboration with the Administration for Children and Families (ACF).

In 2016, HRSA revised the existing performance measurement system for the Federal Home Visiting Program. The purpose was to simplify, standardize, and strengthen the reported performance measures. The redesigned performance measurement system builds on the PEW¹ Home Visiting Project and has been developed with input from Federal Home Visiting Program grantees, federal partners, representatives of home visiting model developers, content experts, and technical assistance providers through listening sessions held from January through April 2015 and a public comment period from September through October 2015. The revised measures better align with other U.S. Department of Health and Human Services (HHS) performance metrics. The Office of Management and Budget (OMB) approved the revised performance measures in March 2016.

The performance measures include two types of data.

Form 1 – Demographic, Service Utilization, and Select Clinical Indicators. These data summarize program participant demographics and characteristics of service utilization at the state level. Major revisions include the addition of variables related to the usual source of medical and dental care for index children, housing status, and participation by evidence-based home visiting model. The revised form also streamlines reporting and reduces burden for grantees by removing multi-variable tables (e.g. marital status by race).

Form 2 – Performance Indicators and Systems Outcome Measures. This form requires data to be submitted on eligible populations for select indicators that represent the six statutorily defined benchmark areas. There is an overall reduction in total measures from 37 to 19 in the revised system. Measures are standardized to better allow for aggregation and summarization at the national level. HRSA has included two types of measures in Form 2, performance indicators and systems outcome measures.

¹ <http://www.pewtrusts.org/en/research-and-analysis/reports/2015/10/using-data-to-measure-performance-of-home-visiting>

- **Performance indicators** are relatively proximal to the home visiting intervention and have been shown through previous research to be sensitive to change through home visiting alone. Performance indicators will be used to describe and monitor the performance of grantees; to target technical assistance resources in areas where there are opportunities for performance improvement; and to assist in developing required continuous quality improvement (CQI) and technical assistance plans. In future years they may be used to demonstrate program performance accountability. Performance on these indicators may be used as one determinant in future funding formula, which will reward high performing grantees.
- **Systems outcome measures** are more distal to the intervention and/or do not have strong evidence to support the effect of home visiting alone on the outcome due to many factors, including confounding influences or differences in available system infrastructure at the state or community level. Systems outcome measures will be used to describe and monitor systems-level change at the state level (not solely attributed to home visiting interventions); target technical assistance to state-level systems building and coordination efforts of grantees; and compare the outcomes of service populations with comparable populations using available state or nationally representative data sources.

Major revisions to Form 2 are described in the table below.

Table 1. Revisions to Form 2

Added new constructs	Preterm Birth, Postpartum Care, Safe Sleep, Behavioral Concerns, Continuity of Insurance, Completed Depression and Developmental Referrals
Revised existing constructs	Breastfeeding, Depression, Tobacco Use, Well-Child Visits, Child Emergency Department Visits, Education
Removed constructs	Prenatal Care, Preconception Care, Inter-Birth Interval, Maternal Emergency Department Visits, Suspected Maltreatment, Parent Emotional Well-Being, Intimate Partner Violence (IPV) Safety Plan, Arrests, Convictions, Income

Annual Performance Reporting

Necessary updates and revisions to benchmark performance plans and data systems will be made using the revised performance measures in order to begin data collection on October 1, 2016. The first data collection period for the new measures will be October 1, 2016 through September 30, 2017. Grantees will report to HRSA with the new measures in October 2017 and annually thereafter. HRSA encourages grantees to work with their home visiting model developers while revising their data systems, providing training on data collection to local implementing agencies, and supporting local implementing agencies in new data collection procedures.

About the Manual and Plan

The purpose of the document is to support grantees in reporting quality, consistent, and accurate data for each of the standardized measures. The document

- includes guidance on how to collect and report performance measures;
- includes grantee-populated fields to specify data source, data collection plan, and modifications to existing processes to address new measures; and
- eliminates the need for an additional benchmark and data plan.

Each performance measure includes four sections.

1. **HRSA Data Collection Form.** This is the data collection form as it appears in the performance measurement information system. Data will be submitted on each measure in a table similar to what is presented on the data collection form. The HRSA data collection form for each measure is included in this document so grantees may identify what information will be submitted during each annual report.
2. **Measure Details.** This section provides additional information to help operationalize each measure correctly, including additional details related to the target population, data collection time points, data elements, validated tools, missing data, and additional considerations related to the measure. Details about the measure that are provided in this section may be helpful as grantees develop or modify data collection forms and data systems for the new measures.
3. **Sample Data Collection Elements.** This section includes sample data elements collected for each measure along with sample calculations. This section is provided as an example to grantees of possible data elements that need to be available in order to calculate the data value for each measure.
4. **Performance Measurement, Data Collection, and Data Analysis Plan.** This section will be completed by grantees and replaces the need for additional benchmark and data plans. It will also serve as an implementation and reporting manual to help ensure consistency in reporting from year to year. The performance measurement, data collection, and data analysis plan will be completed for each measure and submitted to HRSA for approval prior to implementing the new measures.

Key Terms

Target population. For the purposes of performance measurement reporting, the Federal Home Visiting Program service population is the one being assessed by the measure. For example, the target population for the maternal depression screening measure is all primary caregivers enrolled in MIECHV services for at least 3 months; the target population for the child injury measure is all index children enrolled in MIECHV services. The target population assessed for each measure determines which participants are eligible to be included in the numerator and denominator.

Data collection time points. This refers to the points in time during the reporting period or a family's time in service in which data elements need to be collected to be accurately reported for the measure. For example, a program may require primary caregivers to be screened for IPV within 1 month of enrollment and annually thereafter. The program will need to consider whether these data collection time points align with HRSA's measure definitions or if additional data collection time points need to be added to meet the reporting requirements.

Data elements. This reflects the types of responses that are being documented in the forms or data

systems. Data elements are identified as needed for the calculation of a measure. Collection forms are designed to collect the necessary elements, and the systems will provide the appropriate variables for reporting. For example, in order to assess if primary caregivers were screened for IPV within 6 months of enrollment, grantees will need to identify the number of primary caregivers who have been enrolled for at least 6 months during that reporting year and whether an IPV screening was administered to the caregiver during that time. Necessary data elements may include identification of primary caregiver, date of enrollment, and date of IPV screening. If grantees only collect data on whether an IPV screening was administered (yes/no) rather than the date of the IPV screening, then they will be unable to assess whether the screening was completed within the 6-month window.

Numerator. In a fraction, the numerator is the top value. For the performance measures, the numerator reflects the portion/number of the population defined in the denominator for which the specified event is true. For example, if the fraction represents the proportion of primary caregivers enrolled in home visiting who received an IPV screening, then the numerator is the number of caregivers who received the screening out of those primary caregivers who were enrolled (the denominator). For proportions and percentages, the numerator should be a subset of the denominator and will never be larger than the denominator. For rates, the numerator is not a subset of the denominator. In the revised performance measurement system, Measure 9: Child Injuries is the only measure reported as a rate; the rest of the measures are reported as percentages.

Denominator. In a fraction, the denominator is the bottom value. For the performance measures, the denominator reflects the size/number of the population being assessed. (See the example in the numerator definition.)

Validated tool. A validated tool is an instrument that has been psychometrically tested for reliability, validity, sensitivity, and specificity. A reliable tool is both consistent and stable at measuring a construct. A valid tool measures the concept it was intended to measure. Sensitivity represents the degree to which an instrument correctly identifies those individuals who have a specific condition. Specificity is the degree to which an instrument correctly screens out those individuals who do not have a specific condition. Some measurement tools have specific training requirements that need to be met before staff can administer the tool. HRSA requires grantees to use a validated tool for select measures – Measure 3: Depression Screening, Measure 10: Parent-Child Interaction, Measure 12: Developmental Screening, and Measure 14: Intimate Partner Violence Screening. To support grantees in identifying validated tools, DOHVE has included a list of examples of validated tools in Appendix B. The list of examples of validated tools in the document does not constitute an endorsement of the instrument by the authors, the publishers, DOHVE, or HHS.

About DOHVE

The purpose of the Design Options for Home Visiting Evaluation (DOHVE) contract is to provide research and evaluation support to the Federal Home Visiting Program.

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For additional DOHVE resources, please visit
<http://www.jbassoc.com/reports-publications/dohve>

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Measure 1: Preterm Birth

Measure 1: HRSA Data Collection Form

1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH CONSTRUCT: PRETERM BIRTH	
2. TYPE OF MEASURE Systems Outcome	
3. PERFORMANCE MEASURE Percent of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment	
4. SPECIFICATION NUMERATOR: Number of live births (index child or subsequent children among mothers who enrolled in home visiting prenatally before 37 weeks) born before 37 completed weeks of gestation and after enrollment DENOMINATOR: Number of live births after enrollment who were born to mothers enrolled in home visiting prenatally before 37 weeks	
4. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: Denominator:
5. NOTES	

Measure 1: Details

Target Population: Pregnant women enrolled prior to 37 completed weeks of gestation and who delivered in the reporting period.

Data Collection Time Point: End of pregnancy.

Suggested Data Elements: Date of enrollment, gestational age at enrollment (or estimated delivery date to calculate gestational age at enrollment), child date of birth, live birth status (yes/no).

Validated Tool: NA

Missing Data: Missing data will affect accuracy of data and should be noted in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.

Additional Notes: To be included in the reporting period, participants need to have delivered the baby during the reporting period. If they enroll prior to 37 weeks in the current reporting period but deliver in the subsequent reporting period, they will be included in the subsequent reporting submission. If they enroll prior to 37 weeks in the previous reporting period but deliver in the current reporting period, they will be included in the current report submission. Preterm birth is defined as a birth before 37 completed weeks of gestation (defined as up to 36 weeks and 6 days). “37 completed weeks” does not

mean 37 weeks and 7 days, it means 36 weeks and 7 days. Reference:

<http://www.who.int/mediacentre/factsheets/fs363/en/>

Frequency of Reporting: This measure is assessed for each pregnancy while enrolled in the program. Eligible pregnant women and pregnancies may therefore be included in more than one annual report.

Measure 1: Sample Data Collection Elements

To calculate the numerator and the denominator, sample calculations and calculation definitions are provided to help grantees accurately operationalize the measure. Both of these options are presented in the table below to aid in interpretation. Also, while the numerator is presented before the denominator, we recommend calculating the denominator first since the numerator is a subset of the denominator. Reporting period dates provided are used for illustrative purposes; grantees are expected to use dates appropriate to the reporting period in which data are reported. Grantees are not required to use the sample calculation provided but will use their own calculations to report on the measure.

Data Element Name	Data Element Type
Date of enrollment (DOE)	Variable: _____ mm/dd/yyyy
Estimated date of delivery (EDD)	Variable: _____ mm/dd/yyyy
Child date of birth (CDOB)	Variable: _____ mm/dd/yyyy
Live birth (LB)	Variable: _____ Y/N
Sample Calculation	<p>Numerator: If (Oct. 1, 2016<=CDOB<=Sept. 30, 2017) and (40-[EDD-DOE]<37 weeks) and (LB=Y) and (40-[EDD-CDOB]< 37)</p> <p>Denominator: If (Oct. 1, 2016<=CDOB<=Sept. 30, 2017) and (40-[EDD-DOE]<37 weeks) and (LB=Y)</p>
Sample Calculation Definition	<p>Numerator: Of those included in the denominator, include if the child was born less than 37 completed weeks gestation.</p> <p>Denominator: Include if the child's date of birth occurred on or after Oct. 1, 2016 and on or before Sept. 30, 2017 and the primary caregiver enrolled prenatally prior to 37 weeks gestation and the end of pregnancy resulted in a live birth.</p>
<p>Note: In order to accurately calculate the numerator and denominator, it is important to establish that the primary caregiver was enrolled prenatally AND before 37 weeks of gestation. Many programs track the estimated date of delivery (EDD) rather than current gestational age and may use the EDD to calculate the gestational age of the child at enrollment and birth in order compute the numerator and denominator.</p>	

Measure 1: Performance Measurement, Data Collection, and Data Analysis Plan

Considerations for data collection and reporting of the measure	
Target Population Is the defined target population currently being assessed? Does data collection need to be expanded to include the defined target population?	
Data Sources What are the data collection forms for this measure?	
Data Time Points If this measure is already being assessed, does data collection need to be modified to capture the needed time point(s), and if so, how?	
Data Elements Please state the data elements to be used for computing the data value.	
Data System Does the data system accommodate the necessary data elements? If not, what modifications are needed for the data system?	
Data Reporting For both the numerator and denominator, identify the fields within the data system that will be used for the calculation. This includes identifying the appropriate unique identifier for the family, the visit, the correct date variables, and all of the variables mentioned for the numerator and denominator noted in the above table (or the comparable variables identified).	
Data Collection Training How will home visitors (or other staff) be trained in the data collection for this measure? When will the data be collected for each necessary variable? When and how will it be entered into the data system?	
Data Quality What is the plan for addressing data quality and accuracy in the data collection and analysis of this measure? What is the plan to minimize missing data?	
Additional Considerations Are there any additional considerations to note to ensure accurate and complete data collection?	

Measure 2: Breastfeeding

Measure 2: HRSA Data Collection Form

1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH CONSTRUCT: BREASTFEEDING	
2. TYPE OF MEASURE Systems Outcome	
3. PERFORMANCE MEASURE Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age	
4. SPECIFICATION NUMERATOR: Number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age DENOMINATOR: Number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) enrolled in home visiting for at least 6 months	
4. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: Denominator:
5. NOTES	

Measure 2: Details

Target Population: Infants who reached 6 to 12 months of age within the reporting period whose mothers enrolled prenatally.

Data Collection Time Point: Home visit at or after the child reached 6 months.

Suggested Data Elements: Date of enrollment, child date of birth, breastfed any amount at 6 months, date assessed.

Validated Tool: NA

Missing Data: Missing data will affect accuracy of data and should be noted in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.

Additional Notes: This measure does not capture breastfeeding at any time during the 6-month period of time, but whether breastfeeding is still occurring at any amount when the child was 6 months of age.

Frequency of Reporting: This measure is assessed in the reporting period for which the index children is between 6 and 12 months during the reporting period. Eligible children may therefore be included in more than one annual report if the target age range falls across two reporting periods.

Measure 2: Sample Data Collection Elements

To calculate the numerator and the denominator, sample calculations and calculation definitions are provided to help grantees accurately operationalize the measure. Both of these options are presented in the table below to aid in interpretation. Also, while the numerator is presented before the denominator, we recommend calculating the denominator first since the numerator is a subset of the denominator. Reporting period dates provided are used for illustrative purposes; grantees are expected to use dates appropriate to the reporting period in which data are reported. Grantees are not required to use the sample calculation provided but will use their own calculations to report on the measure.

Data Element Name	Data Element Type
Date of enrollment (DOE)	Variable: _____ mm/dd/yyyy
Child date of birth (CDOB)	Variable: _____ mm/dd/yyyy
Child breastfed any amount at 6 months (BF)	Variable: _____ Y/N
Date assessed (DA)	Variable: _____ mm/dd/yyyy
Sample Calculation	<p>Numerator: If (CDOB>DOE) and (6 months <=Sept. 30, 2017-CDOB <=12 months) and (DA=>CDOB+6 months) and (BF=Y)</p> <p>Denominator: If (CDOB>DOE) and (6 months <=Sept. 30, 2017-CDOB <=12 months) and (DA=>CDOB+6 months)</p>
Sample Calculation Definition	<p>Numerator: Of those included in the denominator, include if the child was breastfed any amount at 6 months of age.</p> <p>Denominator: Include if the child's date of birth occurred after enrollment and the child's age was between 6 and 12 months of age during the report period and the date of assessment occurred on or after the child was 6 months of age.</p>
<p>Note: The measure captures if the target child was breastfed any amount at 6 months of age, not if the child was continuously breastfed for 6 months nor exclusively breastfed for 6 months. Also, since the data reflects whether breastfeeding occurred when the child was 6 months of age, data collection should occur when the child is 6 months or older. The data collection window for this measure is for the child's age from 6 to 12 months during the given reporting period.</p>	

Measure 2: Performance Measurement, Data Collection, and Data Analysis Plan

Considerations for data collection and reporting of the measure	
Target Population Is the defined target population currently being assessed? Does data collection need to be expanded to include the defined target population?	
Data Sources What are the data collection forms for this measure?	
Data Time Points If this measure is already being assessed, does data collection need to be modified to capture the needed time point(s), and if so, how?	
Data Elements Please state the data elements to be used for computing the data value.	
Data System Does the data system accommodate the necessary data elements? If not, what modifications are needed for the data system?	
Data Reporting For both the numerator and denominator, identify the fields within the data system that will be used for the calculation. This includes identifying the appropriate unique identifier for the family, the visit, the correct date variables, and all of the variables mentioned for the numerator and denominator noted in the above table (or the comparable variables identified).	
Data Collection Training How will home visitors (or other staff) be trained in the data collection for this measure? When will the data be collected for each necessary variable? When and how will it be entered into the data system?	
Data Quality What is the plan for addressing data quality and accuracy in the data collection and analysis of this measure? What is the plan to minimize missing data?	
Additional Considerations Are there any additional considerations to note to ensure accurate and complete data collection?	

Measure 3: Depression Screening

Measure 3: HRSA Data Collection Form

1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH CONSTRUCT: DEPRESSION SCREENING	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally)	
4. SPECIFICATION NUMERATOR: For those not enrolled prenatally, number of primary caregivers enrolled in home visiting who are screened for depression within the first 3 months since enrollment; for those enrolled prenatally, the number of primary caregivers screened for depression within 3 months of delivery DENOMINATOR: For those not enrolled prenatally, the number of primary caregivers enrolled in home visiting for at least 3 months; for those enrolled prenatally, the number of primary caregivers enrolled in home visiting for at least three months post delivery	
4. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: Denominator:
5. NOTES	
6. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure	

Measure 3: Details

Target Population: Primary caregivers with at least 3 months enrollment.

Data Collection Time Point: At least 3 months after enrollment for those enrolled postnatally and at least 3 months post-delivery for those enrolled prenatally.

Released: April 2016; Updated: October 2016

Suggested Data Elements: Date of enrollment, child date of birth, caregiver depression screening, date of screening, enrolled prenatally.

Validated Tool: Grantees must use a validated tool for this measure. A list of commonly used depression screeners by home visiting programs can be found in Appendix B.

Missing Data: Missing data will affect accuracy of data and should be noted in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether the screening occurred using a validated tool, but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.

Additional Notes: Two formulas are necessary for the construct – one if the primary caregiver enrolled prenatally and the second if the primary caregiver enrolled postnatally.

Frequency of Reporting: This measure is assessed at one point in time per eligible family. Primary caregivers do not need to be reported again for subsequent pregnancies that occur after they are enrolled in home visiting.

Measure 3: Sample Data Collection Elements

To calculate the numerator and the denominator, sample calculations and calculation definitions are provided to help grantees accurately operationalize the measure. Both of these options are presented in the table below to aid in interpretation. Also, while the numerator is presented before the denominator, we recommend calculating the denominator first since the numerator is a subset of the denominator. Reporting period dates provided are used for illustrative purposes; grantees are expected to use dates appropriate to the reporting period in which data are reported. Grantees are not required to use the sample calculation provided but will use their own calculations to report on the measure.

Data Element Name	Data Element Type
Date of enrollment (DOE)	Variable: _____ mm/dd/yyyy
Child date of birth (CDOB)	Variable: _____ mm/dd/yyyy
Caregiver depression screening (CDS)	Variable: _____ Y/N
Date of screening (DS)	Variable: _____ mm/dd/yyyy
Enrolled prenatally (PreN)	Variable: _____ Y/N
Sample Calculation	Numerator: If ([PreN=Y] then [CDOB+3 months]<=Sept. 30, 2017) or (if [PreN=N] then [Sept. 30, 2017-DOE]>=3 months) and (if [PreN=Y] then [CDOB<DS<=CDOB+3 months] or [PreN=N] then [DOE<=DS<=DOE+3 months]) and (CDS=Y) Denominator: If ([PreN=Y] then [CDOB+3 months]<=Sept. 30, 2017) or (if [PreN=N] then [Sept. 30, 2017-DOE]>=3 months)
Sample Calculation Definition	Numerator: Of those included in the denominator, include if the primary caregiver enrolled prenatally and the date of screening on or before the child was 3 months of age or if the

	<p>primary caregiver did not enroll prenatally and the date of screening was less than or equal to 3 months post-enrollment.</p> <p>Denominator: Include if the primary caregiver enrolled prenatally and the child is 3 months of age on or before Sept. 30, 2017 or if the primary caregiver did not enroll prenatally and reached 3 months post-enrollment on or before Sept. 30, 2017.</p>
<p>Note: The date of screening refers to the variable that would capture the date in which the screening took place. This is needed to ensure that the screening took place within the 3-month period of time. In other words, it is not sufficient just to identify if the primary caregiver was screened, but to identify if the screening was done within the required period of time.</p>	

Measure 3: Performance Measurement, Data Collection, and Data Analysis Plan

Considerations for data collection and reporting of the measure	
Target Population Is the defined target population currently being assessed? Does data collection need to be expanded to include the defined target population?	
Data Sources What are the data collection forms for this measure? Please identify the validated tool.	
Data Time Points If this measure is already being assessed, does data collection need to be modified to capture the needed time point(s), and if so, how?	
Data Elements Please state the data elements to be used for computing the data value.	
Data System Does the data system accommodate the necessary data elements? If not, what modifications are needed for the data system?	
Data Reporting For both the numerator and denominator, identify the fields within the data system that will be used for the calculation. This includes identifying the appropriate unique identifier for the family, the visit, the correct date variables, and all of the variables mentioned for the numerator and denominator noted in the above table (or the comparable variables identified).	
Data Collection Training How will home visitors (or other staff) be trained in the data collection for this measure? When will the data be collected for each necessary variable? When and how will it be entered into the data system?	
Data Quality What is the plan for addressing data quality and accuracy in the data collection and analysis of this measure? What is the plan to minimize missing data?	
Additional Considerations Are there any additional considerations to note to ensure accurate and complete data collection?	

Measure 4: Well-Child Visit

Measure 4: HRSA Data Collection Form

1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH CONSTRUCT: WELL CHILD VISIT	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule	
4. SPECIFICATION NUMERATOR: Number of children (index child) enrolled in home visiting who received the last recommended well child visit based on the AAP schedule DENOMINATOR: Number of children (index child) enrolled in home visiting	
4. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: <hr/> Denominator:
5. NOTES	

Measure 4: Details

Target Population: Enrolled index children.

Data Collection Time Point: Data will be collected at multiple points in time throughout enrollment to correspond to the AAP recommendation schedule.

Suggested Data Elements: Date of home visit, completion of last expected well-child visit.

Validated Tool: N/A

Missing Data: Missing data will affect accuracy of data and should be noted in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if the home visit occurred but the home visitor did not collect the data. If a home visit did not occur around the most recent age requiring a well-child visit, then data from

the previous expected well-child visit should be reported.

Additional Notes: Index children will be counted in each reporting period in which they were enrolled for any length of time. Grantees should use the following intervals, which are based on the American Academy of Pediatrics (AAP) schedule (https://www.aap.org/en-us/Documents/periodicity_schedule.pdf) and depend on the child's age: 3-7 days, 2-4 weeks, 2-3 months, 4-5 months, 6-7 months, 9-10 months, 12-13 months, 15-16 months, 18-19 months, 2-2.5 years, 3-3.5 years, 4-4.5. These intervals allow for a window for the visits to occur. For instance, the 9 month visit could occur anytime between when the index child is 9 to 10 months of age.

Frequency of Reporting: This measure is assessed in multiple reporting years for all index children enrolled in the program. Eligible children may therefore be included in more than one annual report.

Measure 4: Sample Data Collection Elements

To calculate the numerator and the denominator, sample calculations and calculation definitions are provided to help grantees accurately operationalize the measure. Both of these options are presented in the table below to aid in interpretation. Also, while the numerator is presented before the denominator, we recommend calculating the denominator first since the numerator is a subset of the denominator. Reporting period dates provided are used for illustrative purposes; grantees are expected to use dates appropriate to the reporting period in which data are reported. Grantees are not required to use the sample calculation provided but will use their own calculations to report on the measure.

Data Element Name	Data Element Type
Completion of last expected well-child visit following AAP- informed intervals(CWCV)	Variable: _____ Y/N/not applicable (NA)
Date of home visit (DHV)	Variable: _____ mm/dd/yyyy
Index child (IC)	Variable: _____ Y/N
Sample Calculation	<p>Numerator: If [Oct. 1, 2016<=(IC=Y)<=Sept. 30, 2017] and [MAX DHV(if CWCV=Y)=MAX DHV]</p> <p>Denominator: If [Oct. 1, 2016<=(IC=Y)<=Sept. 30, 2017]</p>
Sample Calculation Definition	<p>Numerator: Of those included in the denominator, include if the last expected well-child visit was completed and the assessment occurred at the last home visit in the reporting period.</p> <p>Denominator: Include if the index children was enrolled in services on or after Oct. 1, 2016 and on or before Sept. 30, 2017.</p>

Note: IC is a placeholder variable for indicating a child is enrolled throughout the reporting period. The completion of the last expected well-child visit (CWCV) variable is a generic variable for the way in which a program collects well-child visit completion (which may vary across data systems). In order to ensure that the completion of expected well-child visits follows the AAP- informed intervals, the home visitor should use the periodicity schedule and ask the primary caregiver if the index child has had the specific last well-child visit expected for the child's age within the appropriate intervals. For example, if the home visit is taking place when the child is 8 months of age, then the home visitor may ask the primary caregiver if the index child has had a 6-month well-child visit in the last two months. This measure does not assess if the index child is up to date on visits, but assesses if the last expected well-child visit was completed based on the child's current age and the date it was collected.

Also, programs should use the last completed well-child visit variable when a home visit occurred after the expected well child visit. For example, following the AAP periodicity schedule and the proposed intervals, an infant should receive a well-child visit after birth; at 3-7 days; and between 2-4 weeks, 2-3 months, 4-5 months, 6-7 months, and 9-10 months. If the index child reaches 6 months of age at the end of the reporting period and is expected to have received the 6- month well-child visit, but the last home visit was at 5 months of age, then the 4-5 month expected well-child visit should be used as completion of the last expected well-child visit (CWCV) data collection point.

Measure 4: Performance Measurement, Data Collection, and Data Analysis Plan

Considerations for data collection and reporting of the measure	
Target Population Is the defined target population currently being assessed? Does data collection need to be expanded to include the defined target population?	
Data Sources What are the data collection forms for this measure?	
Data Time Points If this measure is already being assessed, does data collection need to be modified to capture the needed time point(s), and if so, how?	
Data Elements Please state the data elements to be used for computing the data value.	
Data System Does the data system accommodate the necessary data elements? If not, what modifications are needed for the data system?	
Data Reporting For both the numerator and denominator, identify the fields within the data system that will be used for the calculation. This includes identifying the appropriate unique identifier for the family, the visit, the correct date variables, and all of the variables mentioned for the numerator and denominator noted in the above table (or the comparable variables identified).	
Data Collection Training How will home visitors (or other staff) be trained in the data collection for this measure? When will the data be collected for each necessary variable? When and how will it be entered into the data system?	
Data Quality What is the plan for addressing data quality and accuracy in the data collection and analysis of this measure? What is the plan to minimize missing data?	
Additional Considerations Are there any additional considerations to note to ensure accurate and complete data collection?	

Measure 5: Postpartum Care

Measure 5: HRSA Data Collection Form

1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH CONSTRUCT: POSTPARTUM CARE	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery	
4. SPECIFICATION NUMERATOR: Number of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery DENOMINATOR: Number of mothers who enrolled in home visiting prenatally or within 30 days after delivery and remained enrolled for at least 8 weeks (56 days) after delivery	
4. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: Denominator:
5. NOTES	

Measure 5: Details

Target Population: Mothers enrolled prenatally or within 30 days of giving birth and remain enrolled for at least 8 weeks postpartum.

Data Collection Time Point: At least 56 days post-delivery.

Suggested Data Elements: Mother enrolled prenatally, date of enrollment, postpartum health visit, postpartum health visit date, length of enrollment, child date of birth.

Validated Tool: N/A

Missing Data: Missing data will affect accuracy of data and should be noted in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.

Additional Notes: Two formulas are necessary for this measure – one if the primary caregiver enrolled prenatally and the second if enrolled postnatally.

Frequency of Reporting: This measure is assessed at one point in time per eligible family. Primary caregivers do not need to be reported again for subsequent pregnancies that occur after they are enrolled in home visiting.

Measure 5: Sample Data Collection Elements

To calculate the numerator and the denominator, sample calculations and calculation definitions are provided to help grantees accurately operationalize the measure. Both of these options are presented in the table below to aid in interpretation. Also, while the numerator is presented before the denominator, we recommend calculating the denominator first since the numerator is a subset of the denominator. Reporting period dates provided are used for illustrative purposes; grantees are expected to use dates appropriate to the reporting period in which data are reported. Grantees are not required to use the sample calculation provided but will use their own calculations to report on the measure.

Data Element Name	Data Element Type
Postpartum visit (PV)	Variable: _____ Y/N
Date of postpartum visit (DPV)	Variable: _____ mm/dd/yyyy
Date of enrollment (DOE)	Variable: _____ Y/N
Child date of birth (CDOB)	Variable: _____ mm/dd/yyyy
Date of delivery (DOD)	Variable: _____ mm/dd/yyyy
Sample Calculation	<p>Numerator: If [(CDOB>DOE) or [CDOB<=DOE<=(CDOB+30 Days)]] and [Oct. 1, 2016<=(CDOB+56 Days)<=Sept. 30, 2017] and (PV=Y) and [DPV<=(CDOB+56 Days)]</p> <p>Denominator: If [(CDOB>DOE) or [CDOB<=DOE<=(CDOB+30 Days)]] and [Oct. 1, 2016<=(CDOB+56 Days)<=Sept. 30, 2017]</p>
Sample Calculation Definition	<p>Numerator: Of those included in the denominator, include if the postpartum visit occurred and the date of the postpartum visit occurred on or before 56 days after delivery.</p> <p>Denominator: Include the primary caregiver if the child's date of birth occurred after enrollment or if the child was less than or equal to 30 days old at the time of enrollment and 56 days after the child's date of birth (or delivery) occurred on or after Oct. 1, 2016 and on or before Sept. 30, 2017.</p>

Note: To be included in the denominator, the primary caregiver needs to be enrolled for at least 56 days after delivery, but to be included in the numerator, the primary caregiver needs to have received the postpartum visit on or before 56 days after delivery.

Measure 5: Performance Measurement, Data Collection, and Data Analysis Plan

Considerations for data collection and reporting of the measure	
Target Population Is the defined target population currently being assessed? Does data collection need to be expanded to include the defined target population?	
Data Sources What are the data collection forms for this measure?	
Data Time Points If this measure is already being assessed, does data collection need to be modified to capture the needed time point(s), and if so, how?	
Data Elements Please state the data elements to be used for computing the data value.	
Data System Does the data system accommodate the necessary data elements? If not, what modifications are needed for the data system?	
Data Reporting For both the numerator and denominator, identify the fields within the data system that will be used for the calculation. This includes identifying the appropriate unique identifier for the family, the visit, the correct date variables, and all of the variables mentioned for the numerator and denominator noted in the above table (or the comparable variables identified).	
Data Collection Training How will home visitors (or other staff) be trained in the data collection for this measure? When will the data be collected for each necessary variable? When and how will it be entered into the data system?	
Data Quality What is the plan for addressing data quality and accuracy in the data collection and analysis of this measure? What is the plan to minimize missing data?	
Additional Considerations Are there any additional considerations to note to ensure accurate and complete data collection?	

Measure 6: Tobacco Cessation Referrals

Measure 6: HRSA Data Collection Form

1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH CONSTRUCT: TOBACCO CESSATION REFERRALS	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment.	
4. SPECIFICATION NUMERATOR: Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment DENOMINATOR: Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were enrolled for at least 3 months	
4. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: Denominator:
5. NOTES	

Measure 6: Details

Target Population: Primary caregivers enrolled for 3 months who used tobacco or cigarettes at enrollment.

Data Collection Time Point: Intake and 3 months post-enrollment.

Suggested Data Elements: Date of enrollment, tobacco use at enrollment, tobacco cessation referral, date of tobacco cessation referral.

Validated Tool: N/A

Missing Data: Missing data will affect accuracy of data and should be noted in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or

denominator are unknown, including if there is no documentation of whether the primary caregiver used tobacco or cigarettes at enrollment since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are known and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.

Additional Notes: Data needs to be collected at two points in time – intake and at 3 months post-enrollment.

Frequency of Reporting: This measure is assessed at one point in time per eligible family.

Measure 6: Sample Data Collection Elements

To calculate the numerator and the denominator, sample calculations and calculation definitions are provided to help grantees accurately operationalize the measure. Both of these options are presented in the table below to aid in interpretation. Also, while the numerator is presented before the denominator, we recommend calculating the denominator first since the numerator is a subset of the denominator. Reporting period dates provided are used for illustrative purposes; grantees are expected to use dates appropriate to the reporting period in which data are reported. Grantees are not required to use the sample calculation provided but will use their own calculations to report on the measure.

Data Element Name	Data Element Type
Tobacco use at enrollment (TUE)	Variable: _____ Y/N
Tobacco cessation referral (TCR)	Variable: _____ Y/N
Date of tobacco cessation referral (DTCR)	Variable: _____ mm/dd/yyyy
Date of enrollment (DOE)	Variable: _____ mm/dd/yyyy
Sample Calculation	<p>Numerator: If (TUE=Y) and [Oct. 1, 2016<=(DOE+3 months)<=Sept. 30, 2017] and (TCR=Y) and [DOE<=DTCR<=(DOE+3 months)]</p> <p>Denominator: If (TUE=Y) and [Oct. 1, 2016<=(DOE+3 months)<=Sept. 30, 2017]</p>
Sample Calculation Definition	<p>Numerator: Of those in the denominator, include if tobacco cessation referral was equal to yes and the date of tobacco cessation referral occurred on or after enrollment and on or before 3 months post-enrollment.</p> <p>Denominator: Include the primary caregiver if tobacco use at enrollment was equal to yes and the date of 3 months post-enrollment occurred on or after Oct. 1, 2016 and on or before Sept. 30, 2017.</p>
<p>Note: This measure requires all participants to be assessed for tobacco use at the time of enrollment, although only those who report tobacco use at the time of enrollment will be included in the measure.</p>	

Measure 6: Performance Measurement, Data Collection, and Data Analysis Plan

Considerations for data collection and reporting of the measure	
Target Population Is the defined target population currently being assessed? Does data collection need to be expanded to include the defined target population?	
Data Sources What are the data collection forms for this measure?	
Data Time Points If this measure is already being assessed, does data collection need to be modified to capture the needed time point(s), and if so, how?	
Data Elements Please state the data elements to be used for computing the data value.	
Data System Does the data system accommodate the necessary data elements? If not, what modifications are needed for the data system?	
Data Reporting For both the numerator and denominator, identify the fields within the data system that will be used for the calculation. This includes identifying the appropriate unique identifier for the family, the visit, the correct date variables, and all of the variables mentioned for the numerator and denominator noted in the above table (or the comparable variables identified).	
Data Collection Training How will home visitors (or other staff) be trained in the data collection for this measure? When will the data be collected for each necessary variable? When and how will it be entered into the data system?	
Data Quality What is the plan for addressing data quality and accuracy in the data collection and analysis of this measure? What is the plan to minimize missing data?	
Additional Considerations Are there any additional considerations to note to ensure accurate and complete data collection?	

Measure 7: Safe Sleep

Measure 7: HRSA Data Collection Form

1. BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS CONSTRUCT: SAFE SLEEP	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing or soft bedding	
4. SPECIFICATION NUMERATOR: Number of infants (index child aged less than 1 year) enrolled in home visiting whose primary caregiver reports that they are always placed to sleep on their backs, without bed-sharing or soft bedding DENOMINATOR: Number of infants (index child) enrolled in home visiting who were aged less than 1 year during the reporting period	
4. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: <hr/> Denominator:
5. NOTES	

Measure 7: Details

Target Population: Index children less than 1 year of age during the reporting period.

Data Collection Time Point: Within 1 year of date of birth.

Suggested Data Elements: Child date of birth, safe sleep practices.

Validated Tool: N/A

Missing Data: Missing data will affect accuracy of data and should be noted in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.

Additional Notes: Safe sleep practices should be measured using primary caregiver reported sleep practices throughout the child’s first year of life and may be measured at various times throughout the year. In order to assess the measure accurately, the primary caregiver should be asked specifically if (1) she/he **always** places the index child to sleep on his/her back and (2) if she/he **always** places the index child to sleep without bed sharing or soft bedding. To be assessed as having safe sleep habits, the primary caregiver needs to answer “yes” to both parts of the measure.

Frequency of Reporting: This measure may be assessed in multiple reporting years for all eligible index children enrolled in the program. Eligible children may therefore be included in more than one annual report.

Measure 7: Sample Data Collection Elements

To calculate the numerator and the denominator, sample calculations and calculation definitions are provided to help grantees accurately operationalize the measure. Both of these options are presented in the table below to aid in interpretation. Also, while the numerator is presented before the denominator, we recommend calculating the denominator first since the numerator is a subset of the denominator. Reporting period dates provided are used for illustrative purposes; grantees are expected to use dates appropriate to the reporting period in which data are reported. Grantees are not required to use the sample calculation provided but will use their own calculations to report on the measure.

Data Element Name	Data Element Type
Child date of birth (CDOB)	Variable: _____ mm/dd/yyyy
Safe sleep practices (SSP)	Variable: _____ Y/N
Sample Calculation	<p>Numerator: If (CDOB+1 year<=Sept. 30, 2017) and (SSP=Y)</p> <p>Denominator: If (CDOB+1 year<=Sept. 30, 2017)</p>
Sample Calculation Definition	<p>Numerator: Of those in the denominator, include if the primary caregiver reported safe sleep practices.</p> <p>Denominator: Include if the child’s first birthday is on or before Sept. 30, 2017.</p>
<p>Note: Safe sleep practices (SSP) as defined in the additional notes above may be assessed at multiple data collection points. If measured at multiple points in time during enrollment (such as by asking the primary caregiver during each visit), then the assessment completed in the home visit closest to the end of the reporting period should be used. In this case, the date of the assessment would also need to be collected to determine the home visit date closest to the end of the reporting period.</p>	

Measure 7: Performance Measurement, Data Collection, and Data Analysis Plan

Considerations for data collection and reporting of the measure	
Target Population Is the defined target population currently being assessed? Does data collection need to be expanded to include the defined target population?	
Data Sources What are the data collection forms for this measure?	
Data Time Points If this measure is already being assessed, does data collection need to be modified to capture the needed time point(s), and if so, how?	
Data Elements Please state the data elements to be used for computing the data value.	
Data System Does the data system accommodate the necessary data elements? If not, what modifications are needed for the data system?	
Data Reporting For both the numerator and denominator, identify the fields within the data system that will be used for the calculation. This includes identifying the appropriate unique identifier for the family, the visit, the correct date variables, and all of the variables mentioned for the numerator and denominator noted in the above table (or the comparable variables identified).	
Data Collection Training How will home visitors (or other staff) be trained in the data collection for this measure? When will the data be collected for each necessary variable? When and how will it be entered into the data system?	
Data Quality What is the plan for addressing data quality and accuracy in the data collection and analysis of this measure? What is the plan to minimize missing data?	
Additional Considerations Are there any additional considerations to note to ensure accurate and complete data collection?	

Measure 8: Child Injury

Measure 8: HRSA Data Collection Form

1. BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS CONSTRUCT: CHILD INJURY	
2. TYPE OF MEASURE Systems Outcome	
3. PERFORMANCE MEASURE Rate of injury-related visits to the Emergency Department (ED) since enrollment among children enrolled in home visiting	
4. SPECIFICATION NUMERATOR: Number of parent-reported nonfatal injury-related visits to the ED since enrollment among children (index child) enrolled in home visiting DENOMINATOR: Number of children (index child) enrolled in home visiting	
4. VALUE FOR REPORTING PERIOD (rate) Value:	Numerator: Denominator:
5. NOTES	

Measure 8: Details

Target Population: Index children.

Data Collection Time Point: End of reporting period.

Suggested Data Elements: Emergency department visit, emergency department visit date.

Validated Tool: N/A

Missing Data: Missing data will affect accuracy of data and should be noted in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.

Additional Notes: Emergency department visits are for non-fatal injury related visits and not all causes (see Appendix A for HRSA definition of non-fatal injuries). This measure is reported as a rate and the

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numerator represents the number of emergency department visits, not the number of children that visited the emergency department. To ensure that data are available by the end of the reporting period, the program may choose to assess the measure at multiple time points to ensure missed home visits do not prevent data collection. If the measure is assessed at multiple time points, the assessment closest to the end of the reporting period should be used.

Frequency of Reporting: This measure is assessed in multiple reporting years for all eligible index children enrolled in the program. Eligible children may therefore be included in more than one annual report.

Measure 8: Sample Data Collection Elements

To calculate the numerator and the denominator, sample calculations and calculation definitions are provided to help grantees accurately operationalize the measure. Both of these options are presented in the table below to aid in interpretation. Also, while the numerator is presented before the denominator, we recommend calculating the denominator first since the numerator is a subset of the denominator. Reporting period dates provided are used for illustrative purposes; grantees are expected to use dates appropriate to the reporting period in which data are reported. Grantees are not required to use the sample calculation provided but will use their own calculations to report on the measure.

Data Element Name	Data Element Type
Index child (IC)	Variable: _____ Y/N
Injury-related emergency department visit date (EDVD)	Variable: _____ mm/dd/yyyy
Injury-related emergency department visit (EDV)	Variable: _____ Y/N
Sample Calculation	<p>Numerator: SUM{ If [Oct. 1, 2016<=(IC=Y)<=Sept. 30, 2017] and (EDV=Y) and (Oct. 1, 2016<=EDVD<=Sept. 30, 2017) }</p> <p>Denominator: If [Oct. 1, 2016<=(IC=Y)<=Sept. 30, 2017]</p>
Sample Calculation Definition	<p>Numerator: Of those in the denominator, include emergency department visits that occurred on or after Oct. 1, 2016 and on or before Sept. 30, 2017.</p> <p>Denominator: Include if the index child was enrolled in services on or after Oct. 1, 2016 and on or before Sept. 30, 2017.</p>
<p>Note: IC is a placeholder variable for indicating a child is enrolled during the reporting period. This assumes that emergency department visits are only being recorded for those index children if they have taken place after the child was enrolled and not visits that may have taken place before enrollment.</p>	

Measure 8: Performance Measurement, Data Collection, and Data Analysis Plan

Considerations for data collection and reporting of the measure	
Target Population Is the defined target population currently being assessed? Does data collection need to be expanded to include the defined target population?	
Data Sources What are the data collection forms for this measure?	
Data Time Points If this measure is already being assessed, does data collection need to be modified to capture the needed time point(s), and if so, how?	
Data Elements Please state the data elements to be used for computing the data value.	
Data System Does the data system accommodate the necessary data elements? If not, what modifications are needed for the data system?	
Data Reporting For both the numerator and denominator, identify the fields within the data system that will be used for the calculation. This includes identifying the appropriate unique identifier for the family, the visit, the correct date variables, and all of the variables mentioned for the numerator and denominator noted in the above table (or the comparable variables identified).	
Data Collection Training How will home visitors (or other staff) be trained in the data collection for this measure? When will the data be collected for each necessary variable? When and how will it be entered into the data system?	
Data Quality What is the plan for addressing data quality and accuracy in the data collection and analysis of this measure? What is the plan to minimize missing data?	
Additional Considerations Are there any additional considerations to note to ensure accurate and complete data collection?	

Measure 9: Child Maltreatment

Measure 9: HRSA Data Collection Form

1. BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS CONSTRUCT: CHILD MALTREATMENT	
2. TYPE OF MEASURE Systems Outcome	
3. PERFORMANCE MEASURE Percent of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period	
4. SPECIFICATION NUMERATOR: Number of children (index child) enrolled in home visiting with at least 1 investigated case of maltreatment since enrollment DENOMINATOR: Number of children (index child) enrolled in home visiting	
4. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: <hr/> Denominator:
5. NOTES	

Measure 9: Details

Target Population: Index children.

Data Collection Time Point: End of reporting period.

Suggested Data Elements: Investigated child maltreatment, date of investigated child maltreatment.

Validated Tool: N/A

Missing Data: Missing data will affect accuracy of data and should be noted in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.

Additional Notes: This measure captures children with at least one investigated case of maltreatment, regardless of the disposition or outcome of the investigation. This measure is reported for each

reporting year for which the child is enrolled. Data reported each reporting year reflect the period of time enrolled during that reporting year only, not cumulatively across all years enrolled.

Frequency of Reporting: This measure is assessed in multiple reporting years for all eligible index children enrolled in the program. Eligible children may therefore be included in more than one annual report.

Measure 9: Sample Data Collection Elements

To calculate the numerator and the denominator, sample calculations and calculation definitions are provided to help grantees accurately operationalize the measure. Both of these options are presented in the table below to aid in interpretation. Also, while the numerator is presented before the denominator, we recommend calculating the denominator first since the numerator is a subset of the denominator. Reporting period dates provided are used for illustrative purposes; grantees are expected to use dates appropriate to the reporting period in which data are reported. Grantees are not required to use the sample calculation provided but will use their own calculations to report on the measure.

Data Element Name	Data Element Type
Index child (IC)	Variable: _____ Y/N
Investigated child maltreatment date (ICMD)	Variable: _____ mm/dd/yyyy
Investigated child maltreatment (ICM)	Variable: _____ Y/N
Sample Calculation	<p>Numerator: If [Oct. 1, 2016<=(IC=Y)<=Sept. 30, 2017] and (ICM=Y) and (Oct. 1, 2016<=ICMD<=Sept. 30, 2017)</p> <p>Denominator: If [Oct. 1, 2016<=(IC=Y)<=Sept. 30, 2017]</p>
Sample Calculation Definition	<p>Numerator: Of those in the denominator, include if any investigation of child maltreatment occurred and the investigation of child maltreatment date was on or after Oct. 1, 2016 and on or before Sept. 30, 2017.</p> <p>Denominator: Include if the index child was enrolled in services on or after Oct. 1, 2016 and on or before Sept. 30, 2017.</p>
<p>Note: IC is a placeholder variable for indicating a child is enrolled throughout the reporting period. This assumes that investigated child maltreatment is only being recorded for those cases that have taken place after the child was enrolled and not cases that may have taken place before enrollment. If multiple ICM are collected, then a date of ICM will need to be checked against date of enrollment as well to ensure it took place after enrollment.</p>	

Measure 9: Performance Measurement, Data Collection, and Data Analysis Plan

Considerations for data collection and reporting of the measure	
Target Population Is the defined target population currently being assessed? Does data collection need to be expanded to include the defined target population?	
Data Sources What are the data collection forms for this measure?	
Data Time Points If this measure is already being assessed, does data collection need to be modified to capture the needed time point(s), and if so, how?	
Data Elements Please state the data elements to be used for computing the data value.	
Data System Does the data system accommodate the necessary data elements? If not, what modifications are needed for the data system?	
Data Reporting For both the numerator and denominator, identify the fields within the data system that will be used for the calculation. This includes identifying the appropriate unique identifier for the family, the visit, the correct date variables, and all of the variables mentioned for the numerator and denominator noted in the above table (or the comparable variables identified).	
Data Collection Training How will home visitors (or other staff) be trained in the data collection for this measure? When will the data be collected for each necessary variable? When and how will it be entered into the data system?	
Data Quality What is the plan for addressing data quality and accuracy in the data collection and analysis of this measure? What is the plan to minimize missing data?	
Additional Considerations Are there any additional considerations to note to ensure accurate and complete data collection?	

Measure 10: Parent-Child Interaction

Measure 10: HRSA Data Collection Form

1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT CONSTRUCT: PARENT-CHILD INTERACTION	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool	
4. SPECIFICATION NUMERATOR: Number of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool DENOMINATOR: Number of primary caregivers enrolled in home visiting with children reaching the target age range	
4. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: <hr/> Denominator:
5. NOTES	
6. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure	

Measure 10: Details

Target Population: Primary caregivers with index child in target age range (target age range determined by grantee and consistent with administration protocol specified by validated tool selected).

Data Collection Time Point: Based on the child's age during the reporting period.

Suggested Data Elements: Parent-child interaction observation, parent-child interaction observation

date.

Validated Tool: Grantees must use a validated tool for this measure. A list of commonly used parent-child interaction observational measures can be found in Appendix B.

Missing Data: Missing data will affect accuracy of data and should be noted in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether the primary caregiver received an observation of caregiver-child interaction by the home visitor using a validated tool, but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.

Additional Notes: The target age range is determined by the grantee and will be dependent on the validated observational tool used. Assessments should be consistent with the recommended age range of the validated tool. Although this measure may be assessed at multiple time points the recommended age interval closest to the end of the reporting period is the assessment that should be reported.

Frequency of Reporting: This measure may be assessed at multiple points in time per eligible primary caregiver-index child dyad and will be determined by the administration protocol of the tool selected. Eligible participants may therefore be included in more than one annual report and should be reported for each dyad that meet definitions, including subsequent index children.

Measure 10: Sample Data Collection Elements

To calculate the numerator and the denominator, sample calculations and calculation definitions are provided to help grantees accurately operationalize the measure. Both of these options are presented in the table below to aid in interpretation. Also, while the numerator is presented before the denominator, we recommend calculating the denominator first since the numerator is a subset of the denominator. Reporting period dates provided are used for illustrative purposes; grantees are expected to use dates appropriate to the reporting period in which data are reported. Grantees are not required to use the sample calculation provided but will use their own calculations to report on the measure.

Data Element Name	Data Element Type
Index child (IC)	Variable: _____ Y/N
Parent-child interaction observation (PCIO)	Variable: _____ Y/N
Parent child interaction observation date (PCIOD)	Variable: _____ mm/dd/yyyy
Sample Calculation	<p>Numerator: If [Oct. 1, 2016<=(IC=Y)<=Sept. 30, 2017]and (PCIO=Y) and (If Oct. 1, 2016<=PCIOD<=Sept. 30, 2017)</p> <p>Denominator: If [Oct. 1, 2016<=(IC=Y)<=Sept. 30, 2017]</p>

<p>Sample Calculation Definition</p>	<p>Numerator: Of those in the denominator, include if a parent-child interaction observational assessment occurred and if the parent-child interaction observational assessment date was on or after Oct. 1, 2016 and on or before Sept. 30, 2017.</p> <p>Denominator: Include if the index child was enrolled in services on or after Oct. 1, 2016 and on or before Sept. 30, 2017.</p>
<p>Note: IC is a placeholder variable for indicating a child is enrolled throughout the reporting period.</p>	

Measure 10: Performance Measurement, Data Collection, and Data Analysis Plan

Considerations for data collection and reporting of the measure	
Target Population Is the defined target population currently being assessed? Does data collection need to be expanded to include the defined target population?	
Data Sources What are the data collection forms for this measure? Please identify the validated tool.	
Data Time Points If this measure is already being assessed, does data collection need to be modified to capture the needed time point(s), and if so, how?	
Data Elements Please state the data elements to be used for computing the data value.	
Data System Does the data system accommodate the necessary data elements? If not, what modifications are needed for the data system?	
Data Reporting For both the numerator and denominator, identify the fields within the data system that will be used for the calculation. This includes identifying the appropriate unique identifier for the family, the visit, the correct date variables, and all of the variables mentioned for the numerator and denominator noted in the above table (or the comparable variables identified).	
Data Collection Training How will home visitors (or other staff) be trained in the data collection for this measure? When will the data be collected for each necessary variable? When and how will it be entered into the data system?	
Data Quality What is the plan for addressing data quality and accuracy in the data collection and analysis of this measure? What is the plan to minimize missing data?	
Additional Considerations Are there any additional considerations to note to ensure accurate and complete data collection?	

Measure 11: Early Language and Literacy Activities

Measure 11: HRSA Data Collection Form

1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT CONSTRUCT: EARLY LANGUAGE AND LITERACY ACTIVITIES	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day	
4. SPECIFICATION NUMERATOR: Number of children (index child) enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day DENOMINATOR: Number of children (index child) enrolled in home visiting	
4. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: <hr/> Denominator:
5. NOTES	

Measure 11: Details

Target Population: Primary caregivers with index children.

Data Collection Time Point: End of reporting period.

Suggested Data Elements: Caregiver or family member support of early language and literacy activities, date of caregiver or family member support of early language and literacy activities.

Validated Tool: N/A

Missing Data: Missing data will affect accuracy of data and should be noted in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.

Additional Notes: To accurately assess this measure, caregivers or family members should be asked if

their children were (1) read to, (2) told stories to, and/or (3) sang songs to **every day** during a typical week. Note that the measure asks parents or family members to reflect on a typical week and then to report if at least one of the activities occurred each day during the week. Any combination of these activities over the week meets the criteria and indicates caregiver support of early language and literacy activities. Although this measure may be collected at multiple data collection intervals, the data collection time point closest to the end of the reporting period should be used for reporting on the measure.

Frequency of Reporting: This measure is assessed in multiple reporting years for all eligible index children enrolled in the program. Eligible children may therefore be included in more than one annual report.

Measure 11: Sample Data Collection Elements

To calculate the numerator and the denominator, sample calculations and calculation definitions are provided to help grantees accurately operationalize the measure. Both of these options are presented in the table below to aid in interpretation. Also, while the numerator is presented before the denominator, we recommend calculating the denominator first since the numerator is a subset of the denominator. Reporting period dates provided are used for illustrative purposes; grantees are expected to use dates appropriate to the reporting period in which data are reported. Grantees are not required to use the sample calculation provided but will use their own calculations to report on the measure.

Data Element Name	Data Element Type
Index child (IC)	Variable: _____ Y/N
Caregiver support of early language and literacy activities date (CSELLAD)	Variable: _____ mm/dd/yyyy
Caregiver support of early language and literacy activities (CELLA)	Variable: _____ Y/N
Sample Calculation	<p>Numerator: If [Oct. 1, 2016<=(IC=Y)<=Sept. 30, 2017] and (CELLA=Y) and (Oct. 1, 2016<=CSELLAD<=Sept. 30, 2017)</p> <p>Denominator: If [Oct. 1, 2016<=(IC=Y)<=Sept. 30, 2017]</p>
Sample Calculation Definition	<p>Numerator: Of those in the denominator, include if the primary caregiver reported caregiver or family member support of early language and literacy activities and if the caregiver support of early language and literacy activities assessment date was on or after Oct. 1, 2016 and on or before Sept. 30, 2017.</p> <p>Denominator: Include if the index child was enrolled in services on or after Oct. 1, 2016 and on or before Sept. 30, 2017.</p>
<p>Note: IC is a placeholder variable for indicating a child is enrolled throughout the reporting period. CSELLAD is a variable designed to indicate when the parent indicated that she/he read to, told stories, or sang with the child every day in a typical week. It is based on the date of assessment or the date the question is asked, and ensures the event took place during the reporting period.</p>	

Measure 11: Performance Measurement, Data Collection, and Data Analysis Plan

Considerations for data collection and reporting of the measure	
Target Population Is the defined target population currently being assessed? Does data collection need to be expanded to include the defined target population?	
Data Sources What are the data collection forms for this measure?	
Data Time Points If this measure is already being assessed, does data collection need to be modified to capture the needed time point(s), and if so, how?	
Data Elements Please state the data elements to be used for computing the data value.	
Data System Does the data system accommodate the necessary data elements? If not, what modifications are needed for the data system?	
Data Reporting For both the numerator and denominator, identify the fields within the data system that will be used for the calculation. This includes identifying the appropriate unique identifier for the family, the visit, the correct date variables, and all of the variables mentioned for the numerator and denominator noted in the above table (or the comparable variables identified).	
Data Collection Training How will home visitors (or other staff) be trained in the data collection for this measure? When will the data be collected for each necessary variable? When and how will it be entered into the data system?	
Data Quality What is the plan for addressing data quality and accuracy in the data collection and analysis of this measure? What is the plan to minimize missing data?	
Additional Considerations Are there any additional considerations to note to ensure accurate and complete data collection?	

Measure 12: Developmental Screening

Measure 12: HRSA Data Collection Form

1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT CONSTRUCT: DEVELOPMENTAL SCREENING	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool	
4. SPECIFICATION NUMERATOR: Number of children (index child) enrolled in home visiting with at least one screening within the AAP-defined age groups during the reporting period DENOMINATOR: Number of children (index child) enrolled in home visiting reaching the specified time frame during the reporting period	
4. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: Denominator:
5. NOTES	
6. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure	

Measure 12: Details

Target Population: Primary caregivers with index children ages 9 months to 30 months.

Data Collection Time Point: Throughout reporting period for children ages 9 months to 30 months.

Suggested Data Elements: Date of developmental screening, index child age (eligibility for assessment).

Validated Tool: Grantees must use a validated tool that follows the AAP-recommended age intervals to

determine when a developmental screening is expected for a given child. A list of commonly used child developmental screeners can be found in Appendix B.

Missing Data: Missing data will affect accuracy of data and should be noted in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether the screening occurred using a validated tool, but all other data elements are known, then the child should be included in the denominator (if eligible), but not in the numerator.

Additional Notes: Grantees will need to screen index children for developmental delays at each AAP-recommended age interval. AAP recommends that, at a minimum, standardized developmental screening tools should be administered at the 9-month, 18-month, and 24- or 30-month visits. AAP guidelines can be found on <http://pediatrics.aappublications.org/content/118/1/405.full>. Grantees should ensure children are screened at the AAP-recommended intervals within the administration window of the selected tool. For instance, a tool may require the 9-month screener to be administered between the window of 9 months 0 days and 9 months 30 days.

Frequency of Reporting: This measure is assessed in multiple reporting years for all eligible index children enrolled in the program. Eligible children may therefore be included in more than one annual report.

Measure 12: Sample Data Collection Elements

To calculate the numerator and the denominator, sample calculations and calculation definitions are provided to help grantees accurately operationalize the measure. Both of these options are presented in the table below to aid in interpretation. Also, while the numerator is presented before the denominator, we recommend calculating the denominator first since the numerator is a subset of the denominator. Reporting period dates provided are used for illustrative purposes; grantees are expected to use dates appropriate to the reporting period in which data are reported. Grantees are not required to use the sample calculation provided but will use their own calculations to report on the measure.

Data Element Name	Data Element Type
Index child age in months (IC_months)	Variable: _____ age in months
Date of developmental screening (DDS)	Variable: _____ mm/dd/yyyy
Sample Calculation	<p>Numerator: If [Oct. 1, 2016<=(9 months<= IC_months<=30 months)<=Sept. 30, 2017] and [Oct. 1, 2016<=DDS<=Sept. 30, 2017] and DOE <=DDS</p> <p>Denominator: If [Oct. 1, 2016<=(9 months<= IC_months <=30 months)<=Sept. 30, 2017]</p>
Sample Calculation Definition	<p>Numerator: Of those in the denominator, include if the expected developmental screening was completed on or after Oct. 1, 2016 and on or before Sept. 30, 2017.</p> <p>Denominator: Include if the index child is between the ages of 9 months and 30 months during the reporting period (between</p>

	Oct. 1, 2016 and Sept. 30, 2017).
<p>Note: All index children between the ages of 9 months and 30 months should be screened at the AAP-recommended age intervals of 9-months, 18-months, and 24- or 30-months – these are the “expected” developmental screening intervals. Grantees may choose to screen at additional intervals but are expected to report on screenings at these specified intervals.</p>	

Measure 12: Performance Measurement, Data Collection, and Data Analysis Plan

Considerations for data collection and reporting of the measure	
Target Population Is the defined target population currently being assessed? Does data collection need to be expanded to include the defined target population?	
Data Sources What are the data collection forms for this measure? Please identify the validated tool.	
Data Time Points If this measure is already being assessed, does data collection need to be modified to capture the needed time point(s), and if so, how?	
Data Elements Please state the data elements to be used for computing the data value.	
Data System Does the data system accommodate the necessary data elements? If not, what modifications are needed for the data system?	
Data Reporting For both the numerator and denominator, identify the fields within the data system that will be used for the calculation. This includes identifying the appropriate unique identifier for the family, the visit, the correct date variables, and all of the variables mentioned for the numerator and denominator noted in the above table (or the comparable variables identified).	
Data Collection Training How will home visitors (or other staff) be trained in the data collection for this measure? When will the data be collected for each necessary variable? When and how will it be entered into the data system?	
Data Quality What is the plan for addressing data quality and accuracy in the data collection and analysis of this measure? What is the plan to minimize missing data?	
Additional Considerations Are there any additional considerations to note to ensure accurate and complete data collection?	

Measure 13: Behavioral Concerns

Measure 13: HRSA Data Collection Form

1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT CONSTRUCT: BEHAVIORAL CONCERNS	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning	
4. SPECIFICATION NUMERATOR: Number of home visits where primary caregivers enrolled in home visiting were asked if they have any concerns regarding their child's development, behavior, or learning DENOMINATOR: Total number of home visits during the reporting period	
4. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: <hr/> Denominator:
5. NOTES	

Measure 13: Details

Target Population: Postnatal primary caregivers with index children.

Data Collection Time Point: Each home visit throughout the reporting period.

Suggested Data Elements: Developmental concerns inquiry, home visit date, primary caregiver's pre- or postnatal status.

Validated Tool: N/A

Missing Data: Missing data will affect accuracy of data and should be noted in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. If a home visit occurred, but there is no documentation of whether the primary caregiver was asked about behavioral concerns, then the home visit should be included in the

denominator (if eligible – i.e., postnatal visit), but not in the numerator.

Additional Notes: This measure requires that home visitors document if they did or did not ask the primary caregiver about developmental, behavioral, or learning concerns during each home visit. This measure captures the proportion of home visits where behavior concerns were discussed among all home visits in the reporting period.

Frequency of Reporting: This measure is assessed in multiple reporting years per eligible family. Eligible families may therefore be included in more than one annual report. It will only be assessed once per family per visit, regardless of the number of index children enrolled.

Measure 13: Sample Data Collection Elements

To calculate the numerator and the denominator, sample calculations and calculation definitions are provided to help grantees accurately operationalize the measure. Both of these options are presented in the table below to aid in interpretation. Also, while the numerator is presented before the denominator, we recommend calculating the denominator first since the numerator is a subset of the denominator. Reporting period dates provided are used for illustrative purposes; grantees are expected to use dates appropriate to the reporting period in which data are reported. Grantees are not required to use the sample calculation provided but will use their own calculations to report on the measure.

Data Element Name	Data Element Type
Primary caregiver's pre- or postnatal status at each visit (PCS)	Variable: _____ prenatal/postnatal
Asked parent about developmental concerns (DC)	Variable: _____ Y/N
Home visit date (HVD)	Variable: _____ mm/dd/yyyy
Sample Calculation	<p>Numerator: SUM[If (Oct. 1, 2016<=HVD<=Sept. 30, 2017) and (PCS=postnatal) and (DC=Y)]</p> <p>Denominator: If (Oct. 1, 2016<=HVD<=Sept. 30, 2017) and (PCS =postnatal)</p>
Sample Calculation Definition	<p>Numerator: Of those in the denominator, include the home visits if the primary caregiver status was postnatal and when the home visitor asked the primary caregiver about developmental concerns with the index child during the visit.</p> <p>Denominator: Include the total number of home visits that occurred on or after Oct. 1, 2016 and on or before Sept. 30, 2017 and when the primary caregiver status was postnatal.</p>
<p>Note: In this example, the home visit date is used to count the home visits that occurred in the reporting period.</p>	

Measure 13: Performance Measurement, Data Collection, and Data Analysis Plan

Considerations for data collection and reporting of the measure	
Target Population Is the defined target population currently being assessed? Does data collection need to be expanded to include the defined target population?	
Data Sources What are the data collection forms for this measure?	
Data Time Points If this measure is already being assessed, does data collection need to be modified to capture the needed time point(s), and if so, how?	
Data Elements Please state the data elements to be used for computing the data value.	
Data System Does the data system accommodate the necessary data elements? If not, what modifications are needed for the data system?	
Data Reporting For both the numerator and denominator, identify the fields within the data system that will be used for the calculation. This includes identifying the appropriate unique identifier for the family, the visit, the correct date variables, and all of the variables mentioned for the numerator and denominator noted in the above table (or the comparable variables identified).	
Data Collection Training How will home visitors (or other staff) be trained in the data collection for this measure? When will the data be collected for each necessary variable? When and how will it be entered into the data system?	
Data Quality What is the plan for addressing data quality and accuracy in the data collection and analysis of this measure? What is the plan to minimize missing data?	
Additional Considerations Are there any additional considerations to note to ensure accurate and complete data collection?	

Measure 14: Intimate Partner Violence Screening

Measure 14: HRSA Data Collection Form

1. BENCHMARK AREA: CRIME OR DOMESTIC VIOLENCE CONSTRUCT: INTIMATE PARTNER VIOLENCE SCREENING	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) using a validated tool	
4. SPECIFICATION NUMERATOR: Number of primary caregivers enrolled in home visiting who are screened for IPV using a validated tool within 6 months of enrollment DENOMINATOR: Number of primary caregivers enrolled in home visiting for at least 6 months	
4. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: <hr/> Denominator:
5. NOTES	
6. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure	

Measure 14: Details

Target Population: Primary caregivers enrolled for at least 6 months.

Data Collection Time Point: 6 months post-enrollment.

Suggested Data Elements: IPV screening, IPV screening date, date of enrollment.

Validated Tool: Grantees must use a validated tool for this measure. A list of commonly used IPV screeners can be found in Appendix B.

Missing Data: Missing data will affect accuracy of data and should be noted in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether the screening occurred using a validated tool (including if the screening did not occur because the caregiver was male and they only have validated tools for use among female caregivers), but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.

Additional Notes: Grantees will need to ensure home visitors receive adequate training in the administration of the selected IPV screening tool.

Frequency of Reporting: This measure is assessed at one point in time per eligible family.

Measure 14: Sample Data Collection Elements

To calculate the numerator and the denominator, sample calculations and calculation definitions are provided to help grantees accurately operationalize the measure. Both of these options are presented in the table below to aid in interpretation. Also, while the numerator is presented before the denominator, we recommend calculating the denominator first since the numerator is a subset of the denominator. Reporting period dates provided are used for illustrative purposes; grantees are expected to use dates appropriate to the reporting period in which data are reported. Grantees are not required to use the sample calculation provided but will use their own calculations to report on the measure.

Data Element Name	Data Element Type
IPV screening (IPVS)	Variable: _____ Y/N
IPV screening date (IPVSD)	Variable: _____ mm/dd/yyyy
Date of enrollment (DOE)	Variable: _____ mm/dd/yyyy
Sample Calculation	<p>Numerator: If [Oct. 1, 2016<=(DOE+6 months)<=Sept. 30, 2017] and (IPVS=Y) and DOE<=IPVSD<= (DOE+6 months)</p> <p>Denominator: If [Oct. 1, 2016<=(DOE+6 months)<=Sept. 30, 2017]</p>
Sample Calculation Definition	<p>Numerator: Of those in the denominator, include if the primary caregiver received an IPV screening and the IPV screening date was on or before the primary caregiver date of 6 months post-enrollment.</p> <p>Denominator: Include if the primary caregiver date of 6 months post-enrollment was on or after Oct. 1, 2016 and on or before Sept. 30, 2017.</p>

Note: The IPV screening date is needed to ensure that the screening took place within the 6 months following enrollment. In other words, it is not sufficient just to identify if the primary caregiver was screened, but requires grantees to identify if the primary screening was done within the required period of time.

Measure 14: Performance Measurement, Data Collection, and Data Analysis Plan

Considerations for data collection and reporting of the measure	
Target Population Is the defined target population currently being assessed? Does data collection need to be expanded to include the defined target population?	
Data Sources What are the data collection forms for this measure? Please identify the validated tool.	
Data Time Points If this measure is already being assessed, does data collection need to be modified to capture the needed time point(s), and if so, how?	
Data Elements Please state the data elements to be used for computing the data value.	
Data System Does the data system accommodate the necessary data elements? If not, what modifications are needed for the data system?	
Data Reporting For both the numerator and denominator, identify the fields within the data system that will be used for the calculation. This includes identifying the appropriate unique identifier for the family, the visit, the correct date variables, and all of the variables mentioned for the numerator and denominator noted in the above table (or the comparable variables identified).	
Data Collection Training How will home visitors (or other staff) be trained in the data collection for this measure? When will the data be collected for each necessary variable? When and how will it be entered into the data system?	
Data Quality What is the plan for addressing data quality and accuracy in the data collection and analysis of this measure? What is the plan to minimize missing data?	
Additional Considerations Are there any additional considerations to note to ensure accurate and complete data collection?	

Measure 15: Primary Caregiver Education

Measure 15: HRSA Data Collection Form

1. BENCHMARK AREA: FAMILY ECONOMIC SELF-SUFFICIENCY CONSTRUCT: PRIMARY CAREGIVER EDUCATION	
2. TYPE OF MEASURE Systems Outcome	
3. PERFORMANCE MEASURE Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in, maintained continuous enrollment in, or completed high school or equivalent during their participation in home visiting	
4. SPECIFICATION NUMERATOR: Number of primary caregivers who enrolled in, maintained continuous enrollment in, or completed a high school degree or equivalent after enrollment in home visiting (and met the conditions specified in the denominator) DENOMINATOR: Number of primary caregivers without a high school degree or equivalent at enrollment	
4. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: Denominator:
5. NOTES	

Measure 15: Details

Target Population: Primary caregivers without a high school degree or equivalent at enrollment.

Data Collection Time Point: Enrollment and end of each reporting period.

Suggested Data Elements: High school degree or equivalent status at enrollment, enrollment or completion of high school degree or equivalent, enrollment or completion of high school degree or equivalent screening date.

Validated Tool: N/A

Missing Data: Missing data will affect accuracy of data and should be noted in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or

denominator are unknown.

Additional Notes: To be counted in the numerator, one of three conditions must be met for the primary caregiver: (1) she/he did not have a high school degree or equivalent at enrollment but enrolled in an educational program aimed at attaining a high school degree or equivalent during the reporting period; (2) she/he did not have a high school degree or equivalent at enrollment, but was enrolled in and maintained enrollment in an educational program aimed at attaining a high school degree or equivalent during the reporting period; or (3) she/he did not have a high school degree or equivalent at enrollment but completed an educational program aimed at attaining a high school degree or equivalent during the reporting period. Primary caregivers who did not have a high school degree or equivalent at enrollment will be assessed for this measure during each reporting period for which they are enrolled.

Frequency of Reporting: This measure may be assessed in multiple reporting years per eligible family. Primary caregivers who are eligible to be included in the denominator will be included in each annual report until the conditions in the numerator have been met. This means that a family may be included in more than one annual report.

Measure 15: Sample Data Collection Elements

To calculate the numerator and the denominator, sample calculations and calculation definitions are both provided. The end result would be the same, but both of these options are presented to aid in interpretation. Also, while the numerator is presented before the denominator, we recommend calculating the denominator first since the numerator is a subset of the denominator. Reporting period dates provided are used for illustrative purposes; grantees are expected to use dates appropriate to the reporting period in which data are reported. Grantees are not required to use the sample calculation provided but will use their own calculations to report on the measure.

Data Element Name	Data Element Type
High school diploma or equivalent status at enrollment (HSDE_enroll)	Variable: _____ Y/N
Enrollment or completion of high school diploma or equivalent after enrollment (HSDE_post)	Variable: _____ Y/N
Enrollment or completion of high school diploma or equivalent after enrollment date (HSDE_postD)	Variable: _____ mm/dd/yyyy
Sample Calculation	Numerator: If (HSDE_enroll=N) and (HSDE_post=Y) and (Oct. 1, 2016<=HSDE_postD<=Sept. 30, 2017) Denominator: If (HSDE_enroll=N)
Sample Calculation Definition	Numerator: Of those in the denominator, include if the primary caregiver reported yes for enrollment or completion of a high school degree or equivalent after enrollment and this screening date occurred on or after Oct. 1, 2016 and on or before Sept. 30, 2017.

	Denominator: Include if the primary caregiver's high school degree or equivalent status at enrollment was equal to no.
Note: HSDE_post and HSDE_postD are both variables used as indicators for assessing if primary caregivers who did not have a high school degree or equivalent at enrollment are pursuing or completed a high school degree or equivalent while receiving home visiting services.	

Measure 15: Performance Measurement, Data Collection, and Data Analysis Plan

Considerations for data collection and reporting of the measure	
Target Population Is the defined target population currently being assessed? Does data collection need to be expanded to include the defined target population?	
Data Sources What are the data collection forms for this measure?	
Data Time Points If this measure is already being assessed, does data collection need to be modified to capture the needed time point(s), and if so, how?	
Data Elements Please state the data elements to be used for computing the data value.	
Data System Does the data system accommodate the necessary data elements? If not, what modifications are needed for the data system?	
Data Reporting For both the numerator and denominator, identify the fields within the data system that will be used for the calculation. This includes identifying the appropriate unique identifier for the family, the visit, the correct date variables, and all of the variables mentioned for the numerator and denominator noted in the above table (or the comparable variables identified).	
Data Collection Training How will home visitors (or other staff) be trained in the data collection for this measure? When will the data be collected for each necessary variable? When and how will it be entered into the data system?	
Data Quality What is the plan for addressing data quality and accuracy in the data collection and analysis of this measure? What is the plan to minimize missing data?	
Additional Considerations Are there any additional considerations to note to ensure accurate and complete data collection?	

Measure 16: Continuity of Insurance Coverage

Measure 16: HRSA Data Collection Form

1. BENCHMARK AREA: FAMILY ECONOMIC SELF-SUFFICIENCY CONSTRUCT: CONTINUITY OF INSURANCE COVERAGE	
2. TYPE OF MEASURE Systems Outcome	
3. PERFORMANCE MEASURE Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least 6 consecutive months	
4. SPECIFICATION NUMERATOR: Number of primary caregivers enrolled in home visiting who reported having health insurance coverage for at least 6 consecutive months since enrollment in home visiting DENOMINATOR: Number of primary caregivers enrolled in home visiting for at least 6 months	
4. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: Denominator:
5. NOTES	

Measure 16: Details

Target Population: Primary caregivers who have been enrolled in home visiting for 6 months.

Data Collection Time Point: Measured on or after 6 months post-enrollment.

Suggested Data Elements: Date of enrollment, continuous health insurance status for 6 months.

Validated Tool: N/A

Missing Data: Missing data will affect accuracy of data and should be noted in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.

Additional Notes: An assessment of a family having insurance for 6 consecutive months will require routine checking to establish the insurance status for each month and whether or not there are 6 consecutive months for which the primary caregiver maintained health insurance.

Frequency of Reporting: This measure is assessed in multiple reporting years per eligible family. Eligible families may therefore be included in more than one annual report.

Measure 16: Sample Data Collection Elements

To calculate the numerator and the denominator, sample calculations and calculation definitions are provided to help grantees accurately operationalize the measure. Both of these options are presented in the table below to aid in interpretation. Also, while the numerator is presented before the denominator, we recommend calculating the denominator first since the numerator is a subset of the denominator. Reporting period dates provided are used for illustrative purposes; grantees are expected to use dates appropriate to the reporting period in which data are reported. Grantees are not required to use the sample calculation provided but will use their own calculations to report on the measure.

Data Element Name	Data Element Type
Continuous health insurance for 6 months (CHI)	Variable: _____ Y/N
Date of enrollment (DOE)	Variable: _____ mm/dd/yyyy
Sample Calculation	<p>Numerator: If [Oct. 1, 2016<=(DOE+6 months)<=Sept. 30, 2017] and (CHI=Y)</p> <p>Denominator: If [Oct. 1, 2016<=(DOE+6 months)<=Sept. 30, 2017]</p>
Sample Calculation Definition	<p>Numerator: Of those in the denominator, include if the primary caregiver reported having continuous health insurance coverage for 6 months.</p> <p>Denominator: Include if the primary caregiver date of 6 months post-enrollment was on or after Oct. 1, 2016 and on or before Sept. 30, 2017.</p>
<p>Note: CHI reflects a computed variable for having continuous health insurance since enrollment for 6 months. This could be collected by directly asking primary caregivers how many months they have had continuous health insurance coverage each reporting year or by tracking health insurance status for each month in order to compute whether or not insurance was maintained for at least 6 consecutive months during each reporting year. Caregivers will be assessed for this measure each reporting period (as long as they have been enrolled for at least 6 months in a given reporting period).</p>	

Measure 16: Performance Measurement, Data Collection, and Data Analysis Plan

Considerations for data collection and reporting of the measure	
Target Population Is the defined target population currently being assessed? Does data collection need to be expanded to include the defined target population?	
Data Sources What are the data collection forms for this measure?	
Data Time Points If this measure is already being assessed, does data collection need to be modified to capture the needed time point(s), and if so, how?	
Data Elements Please state the data elements to be used for computing the data value.	
Data System Does the data system accommodate the necessary data elements? If not, what modifications are needed for the data system?	
Data Reporting For both the numerator and denominator, identify the fields within the data system that will be used for the calculation. This includes identifying the appropriate unique identifier for the family, the visit, the correct date variables, and all of the variables mentioned for the numerator and denominator noted in the above table (or the comparable variables identified).	
Data Collection Training How will home visitors (or other staff) be trained in the data collection for this measure? When will the data be collected for each necessary variable? When and how will it be entered into the data system?	
Data Quality What is the plan for addressing data quality and accuracy in the data collection and analysis of this measure? What is the plan to minimize missing data?	
Additional Considerations Are there any additional considerations to note to ensure accurate and complete data collection?	

Measure 17: Completed Depression Referrals

Measure 17: HRSA Data Collection Form

1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS CONSTRUCT: COMPLETED DEPRESSION REFERRALS	
2. TYPE OF MEASURE Systems Outcome	
3. PERFORMANCE MEASURE Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts	
4. SPECIFICATION NUMERATOR: Number of primary caregivers enrolled in home visiting who received recommended services for depression (and met the conditions specified in the denominator) DENOMINATOR: Number of primary caregivers enrolled in home visiting who had a positive screen for depression within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally) and were referred for services	
4. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: <hr/> Denominator:
5. NOTES	
6. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure	

Measure 17: Details

Target Population: Primary caregivers who screened positive for depressive symptoms and were referred for services.

Data Collection Time Point: After referral for positive depression screening.

Released: April 2016; Updated: October 2016

Suggested Data Elements: Prenatal status, child date of birth, date of enrollment, positive depression screening results, referral for depression services, depression services received date.

Validated Tool: The validated depression screening tool used for Measure 3: Depression Screening should be indicated when reporting this measure. A list of commonly used depression screeners by home visiting programs can be found in Appendix B.

Missing Data: Missing data will affect the accuracy of data and should be noted in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether the screening occurred using a validated tool since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.

Additional Notes: This measure tracks participant receipt of services from a referral agency after a positive depression screening. In order to assess this measure, participants will need to be screened for depressive symptoms at the appropriate time points (as specified in Measure 3: Depression Screening), receive a referral for a positive screening, and be monitored for receipt of services from the referral agency. Receipt of services may be assessed through participant self-report or by following up with the referral agency if a data sharing agreement has been established with the referral agency.

Frequency of Reporting: This measure may be assessed in multiple reporting years per eligible family. Primary caregivers who are eligible to be included in the denominator will be included in each annual report until the conditions in the numerator have been met. This means that a family may be included in more than one annual report. Primary caregivers do not need to be reported again for subsequent pregnancies that occur after they are enrolled in home visiting.

Measure 17: Sample Data Collection Elements

To calculate the numerator and the denominator, sample calculations and calculation definitions are provided to help grantees accurately operationalize the measure. Both of these options are presented in the table below to aid in interpretation. Also, while the numerator is presented before the denominator, we recommend calculating the denominator first since the numerator is a subset of the denominator. Reporting period dates provided are used for illustrative purposes; grantees are expected to use dates appropriate to the reporting period in which data are reported. Grantees are not required to use the sample calculation provided but will use their own calculations to report on the measure.

Data Element Name	Data Element Type
Prenatal status (PreN)	Variable: _____ Y/N
Child date of birth (CDOB)	Variable: _____ mm/dd/yyyy
Date of enrollment (DOE)	Variable: _____ mm/dd/yyyy
Depression screening date (DSD)	Variable: _____ mm/dd/yyyy
Positive depression screening result (PDSR)	Variable: _____ Y/N

Referral for depression services (RDS)	Variable: _____ Y/N
Depression services received date (DSRD)	Variable: _____ mm/dd/yyyy
Sample Calculation	<p>Numerator: If { [(PreN=Y) then CDOB<DSD<=(CDOB+3 months)] or [(PreN=N) then DOE<= DSD<=(DOE+3 months)] } and (PDSR=Y) and (RDS=Y) and (Oct. 1, 2016<=DSRD<=Sept. 30, 2017)</p> <p>Denominator: If { [(PreN=Y) then CDOB<DSD<=(CDOB+3 months)] or [(PreN=N) then DOE<=DSD<=(DOE+3 months)] } and (PDSR=Y) and (RDS=Y)</p>
Sample Calculation Definition	<p>Numerator: Of those in the denominator, include if the depression services received date was on or after Oct. 1, 2016 and on or before Sept. 30, 2017.</p> <p>Denominator: Include if the depression screening date occurred on or before 3 months post-delivery for those enrolled prenatally or on or before 3 months post-enrollment for those enrolled postnatally and the primary caregiver received a positive depression screening result and the primary caregiver received a referral for depression services.</p>
<p>Note: This calculation requires several criteria to be met before primary caregivers are eligible to be included in the denominator: (1) the primary caregiver needs to be enrolled in home visiting for at least 3 months (for those enrolled postnatally) or within 3 months of delivery (for those enrolled prenatally), (2) the primary caregiver needs to be screened for depression with a validated tool within the first 3 months of enrollment (for those enrolled postnatally) or within 3 months of delivery (for those enrolled prenatally), (3) the primary caregiver needs to have screened positive for depressive symptoms, and (4) the primary caregiver needs to have received a referral for depression services. The numerator is a subset of the denominator and, in addition to the denominator criteria, the numerator requires the primary caregiver to have received services from the referral source to be counted.</p> <p>Also, since there is no specified time frame for when the receipt of services needs to be met, it is possible that the receipt of depression services would fall into the following reporting period than the screening and/or referral services. As such, the denominator and numerator do not need to include an identical target population as Measure 3 since the depression screening can take place in a previous reporting period from the receipt of services.</p>	

Measure 17: Performance Measurement, Data Collection, and Data Analysis Plan

Considerations for data collection and reporting of the measure	
Target Population Is the defined target population currently being assessed? Does data collection need to be expanded to include the defined target population?	
Data Sources What are the data collection forms for this measure?	
Data Time Points If this measure is already being assessed, does data collection need to be modified to capture the needed time point(s), and if so, how?	
Data Elements Please state the data elements to be used for computing the data value.	
Data System Does the data system accommodate the necessary data elements? If not, what modifications are needed for the data system?	
Data Reporting For both the numerator and denominator, identify the fields within the data system that will be used for the calculation. This includes identifying the appropriate unique identifier for the family, the visit, the correct date variables, and all of the variables mentioned for the numerator and denominator noted in the above table (or the comparable variables identified).	
Data Collection Training How will home visitors (or other staff) be trained in the data collection for this measure? When will the data be collected for each necessary variable? When and how will it be entered into the data system?	
Data Quality What is the plan for addressing data quality and accuracy in the data collection and analysis of this measure? What is the plan to minimize missing data?	
Additional Considerations Are there any additional considerations to note to ensure accurate and complete data collection?	

Measure 18: Completed Developmental Referrals

Measure 18: HRSA Data Collection Form

1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS CONSTRUCT: COMPLETED DEVELOPMENTAL REFERRALS	
2. TYPE OF MEASURE Systems Outcome	
3. PERFORMANCE MEASURE Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner	
4. SPECIFICATION NUMERATOR: Number of children enrolled in home visiting who a) received individualized developmental support from a home visitor; b) were referred to early intervention services and received an evaluation within 45 days; OR c) were referred to other community services who received services within 30 days (and met the conditions specified in the denominator) DENOMINATOR: Number of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool)	
4. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: Denominator:
5. NOTES	
6. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure	

Measure 18: Details

Target Population: Index children who screen positive for developmental delays.

Data Collection Time Point: After positive developmental screening.

Released: April 2016; Updated: October 2016

Suggested Data Elements: Positive developmental screening, developmental delay services received, developmental delay service date.

Validated Tool: Validated developmental screening tool used for Measure 12: Developmental Screening should be indicated when reporting this measure. A list of commonly used child developmental screeners can be found in Appendix B.

Missing Data: Missing data will affect accuracy of data and should be noted in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether the screening occurred using a validated tool since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.

Additional Notes: This measure tracks participant receipt of services after a positive developmental screening. In order to assess, index children who are screened for developmental delays will need to be monitored for services received within the specified time. Receipt of services may be assessed through participant self-report or by following up with the referral agency if a data sharing agreement has been established with the referral agency. Also, note that there are three conditions that can each separately satisfy the numerator. This may require that the home visitor have a developmental screening follow-up process that involves tracking which services the primary caregiver and/or index child receives and dates associated with the follow-up.

Frequency of Reporting: This measure may be assessed in multiple reporting years for all index children enrolled in the program. Children who are eligible to be included in the denominator will be included in each annual report until the conditions in the numerator have been met. This means that index children may be included in more than one annual report.

Measure 18: Sample Data Collection Elements

To calculate the numerator and the denominator, sample calculations and calculation definitions are provided to help grantees accurately operationalize the measure. Both of these options are presented in the table below to aid in interpretation. Also, while the numerator is presented before the denominator, we recommend calculating the denominator first since the numerator is a subset of the denominator. Reporting period dates provided are used for illustrative purposes; grantees are expected to use dates appropriate to the reporting period in which data are reported. Grantees are not required to use the sample calculation provided but will use their own calculations to report on the measure.

Data Element Name	Data Element Type
Positive developmental screening (PDS)	Variable: _____ Y/N
Developmental screening date (DD)	Variable: _____ mm/dd/yyyy
Developmental services received (DSR)	Variable: _____ Y/N
Developmental service date (DSD)	Variable: _____ mm/dd/yyyy

Sample Calculation	<p>Numerator: If DOE<=DD and (PDS=Y) and (DSR=Y) and (Oct. 1, 2016 <=DSD<=Sept. 30, 2017)</p> <p>Denominator: If DOE<=DD and (PDS=Y)</p>
Sample Calculation Definition	<p>Numerator: Of those in the denominator, include if the primary caregiver reported that developmental services received equaled “yes” (according to the HRSA criteria of acceptable developmental services) and the developmental services date occurred on or after Oct. 1, 2016 and on or before Sept. 30, 2017.</p> <p>Denominator: Include if the index child’s developmental screening equaled “yes” to indicate a positive screening according to the criteria mentioned in measure 12.</p>
<p>Note: This calculation requires two criteria to be met before index children are eligible to be included in the denominator – the index child needs to be screened for developmental delays with a validated tool within the AAP-defined age groups (see Measure 12 Details for more information about the AAP-defined age groups) and the index child needs to have screened positive for developmental delays. The numerator is a subset of the denominator and, in addition to the denominator criteria, the numerator requires the family to have received services after a positive screening to be counted. In order to be counted in the numerator, one of three conditions must be met:</p> <p>(1) <u>Received individualized developmental support from a home visitor:</u> This is a home visitor-delivered, specific developmental promotion to address the area of concern. This can include more frequent screening, activities by model curriculum, ASQ activities, and CDC materials to target the developmental skill or domain for which there was a concern or positive screen.</p> <p>(2) <u>Received a referral to early intervention services and received an evaluation or individualized service plan within 45 days of that referral:</u> This refers to children with developmental and behavioral concerns that meet the criteria for referral to Part B or Part C early intervention services. The criteria for referral to Part B and Part C early intervention services vary by state and locale. Each program will need to learn what local criteria are for referring children to Part B and Part C early intervention services and identify children that meet those criteria.</p> <p>(3) <u>Received a referral to another community services and received services from that provider within 30 days:</u> This includes any services available that provide developmentally-enhancing support to children and families that do not fall under the funding/reimbursement system for Part B or Part C early intervention services. Examples include drop-in centers, parent-child groups, early literacy supports, and parent training. This may also include early childhood mental health treatment.</p> <p>This construct is related to Measure 12. However, this measure tracks the receipt of services in a given reporting period rather than screenings in that period. Since the referral services can take place as much as a month to 45 days after the screening, it is possible that the receipt of developmental services would fall into the following reporting period. As such, the denominator and numerator do not need to</p>	

include an identical target population as Measure 12 since the developmental screening can take place in a previous reporting period from the receipt of services.

Positive indications from all developmental screenings can be included in the denominator for this measure, not just those that align with AAP-recommended screening time points.

Measure 18: Performance Measurement, Data Collection, and Data Analysis Plan

Considerations for data collection and reporting of the measure	
Target Population Is the defined target population currently being assessed? Does data collection need to be expanded to include the defined target population?	
Data Sources What are the data collection forms for this measure?	
Data Time Points If this measure is already being assessed, does data collection need to be modified to capture the needed time point(s), and if so, how?	
Data Elements Please state the data elements to be used for computing the data value.	
Data System Does the data system accommodate the necessary data elements? If not, what modifications are needed for the data system?	
Data Reporting For both the numerator and denominator, identify the fields within the data system that will be used for the calculation. This includes identifying the appropriate unique identifier for the family, the visit, the correct date variables, and all of the variables mentioned for the numerator and denominator noted in the above table (or the comparable variables identified).	
Data Collection Training How will home visitors (or other staff) be trained in the data collection for this measure? When will the data be collected for each necessary variable? When and how will it be entered into the data system?	
Data Quality What is the plan for addressing data quality and accuracy in the data collection and analysis of this measure? What is the plan to minimize missing data?	
Additional Considerations Are there any additional considerations to note to ensure accurate and complete data collection?	

Measure 19: Intimate Partner Violence Referrals

Measure 19: HRSA Data Collection Form

1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS CONSTRUCT: INTIMATE PARTNER VIOLENCE REFERRALS	
2. TYPE OF MEASURE Performance Indicator	
3. PERFORMANCE MEASURE Percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information to IPV resources	
4. SPECIFICATION NUMERATOR: Number of primary caregivers enrolled in home visiting who received referral information to IPV resources (and met the conditions specified in the denominator) DENOMINATOR: Number of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) within 6 months of enrollment	
4. VALUE FOR REPORTING PERIOD (percentage) Value:	Numerator: <hr/> Denominator:
5. NOTES	
6. Measurement Tool Utilized Indicate the validated measurement tool(s) utilized to address this measure	

Measure 19: Details

Target Population: Primary caregivers who screened positive for intimate partner violence (IPV).

Data Collection Time Point: After positive IPV screening.

Suggested Data Elements: Positive IPV screening results, IPV screening date, IPV referral, IPV referral

date, date of enrollment.

Validated Tool: Validated IPV screening tool used for Measure 14: IPV Screening should be indicated when reporting this measure. A list of commonly used IPV screeners can be found in Appendix B.

Missing Data: Missing data will affect the accuracy of data and should be noted in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether the screening occurred using a validated tool since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.

Additional Notes: This construct is based on the primary caregivers who screened positive for IPV and received a subsequent referral. This measure does not track receipt of referral services.

Frequency of Reporting: This measure may be assessed in multiple reporting years per eligible family. Primary caregivers who are eligible to be included in the denominator will be included in each annual report until the conditions in the numerator have been met. This means that a family may be included in more than one annual report.

Measure 19: Sample Data Collection Elements

To calculate the numerator and the denominator, sample calculations and calculation definitions are provided to help grantees accurately operationalize the measure. Both of these options are presented in the table below to aid in interpretation. Also, while the numerator is presented before the denominator, we recommend calculating the denominator first since the numerator is a subset of the denominator. Reporting period dates provided are used for illustrative purposes; grantees are expected to use dates appropriate to the reporting period in which data are reported. Grantees are not required to use the sample calculation provided but will use their own calculations to report on the measure.

Data Element Name	Data Element Type
Positive IPV results (PIPV)	Variable: _____ Y/N
IPV screening date (IPVSD)	Variable: _____ mm/dd/yyyy
IPV referral (IPVR)	Variable: _____ Y/N
IPV referral date (IPVRD)	Variable: _____ mm/dd/yyyy
Date of enrollment (DOE)	Variable: _____ mm/dd/yyyy
Sample Calculation	<p>Numerator: If [DOE<=IPVSD<=(DOE+6 months)] and (PIPV=Y) and IPVR=Y and (Oct. 1, 2016<=IPVRD<=Sept. 30, 2017)</p> <p>Denominator: If [DOE<=IPVSD<=(DOE+6 months) and (PIPV=Y)]</p>

<p>Sample Calculation Definition</p>	<p>Numerator: Of those in the denominator, if the IPV referral date occurred on or after Oct. 1, 2016 and on or before Sept. 30, 2017 and the IPV referral equaled “yes.”</p> <p>Denominator: Include if the primary caregiver’s IPV screening date occurred within 6 months post-enrollment and primary caregiver’s IPV screening equaled “yes.”</p>
<p>Note: This construct is related to Measure 14. However since the referral for IPV services can take place any time after the screening, it is possible that this event would fall into the following reporting period. As such, the denominator and numerator do not need to include an identical target population as Measure 14 since the IPV screening can take place in a previous reporting period from the service referral. Hence, this measure tracks the referral to services in a given reporting period rather than screenings in that period.</p>	

Measure 19: Performance Measurement, Data Collection, and Data Analysis Plan

Considerations for data collection and reporting of the measure	
Target Population Is the defined target population currently being assessed? Does data collection need to be expanded to include the defined target population?	
Data Sources What are the data collection forms for this measure?	
Data Time Points If this measure is already being assessed, does data collection need to be modified to capture the needed time point(s), and if so, how?	
Data Elements Please state the data elements to be used for computing the data value.	
Data System Does the data system accommodate the necessary data elements? If not, what modifications are needed for the data system?	
Data Reporting For both the numerator and denominator, identify the fields within the data system that will be used for the calculation. This includes identifying the appropriate unique identifier for the family, the visit, the correct date variables, and all of the variables mentioned for the numerator and denominator noted in the above table (or the comparable variables identified).	
Data Collection Training How will home visitors (or other staff) be trained in the data collection for this measure? When will the data be collected for each necessary variable? When and how will it be entered into the data system?	
Data Quality What is the plan for addressing data quality and accuracy in the data collection and analysis of this measure? What is the plan to minimize missing data?	
Additional Considerations Are there any additional considerations to note to ensure accurate and complete data collection?	

Appendix A

HRSA Definition of Key Terms

Construct Number	Construct	Key Term Definitions
1.	Preterm Birth	No definitions required
2.	Breastfeeding	No definitions required
3.	Depression Screening	Depression: aligned with each grantee’s validated depression screening tool’s definition of depression.
4.	Well-Child Visit	AAP schedule for Well-Child Visits: Updated AAP 2014 Recommendations for Pediatric Preventive Health Care http://pediatrics.aappublications.org/content/pediatrics/133/3/568.full.pdf
5.	Postpartum Care	Postpartum Care Visit: A postpartum visit is a visit between the woman and her health care provider to assess the mother’s current physical health, including the status of pregnancy-related conditions like gestational diabetes, screen for postpartum depression, provide counseling on infant care and family planning as well as screening and referrals for the management of chronic conditions. Additionally, a provider may use this opportunity to conduct a breast exam and discuss breastfeeding. The American College of Obstetricians and Gynecologists recommends that mothers receive a postpartum care visit 4-6 weeks after delivery. ²
6.	Tobacco Use	Tobacco Use: combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and ENDS.
7.	Safe Sleep	No definitions required
8.	Child Injury	Injury-related Emergency Department Visit: Injuries refer to the following causes or mechanisms of injury: motor vehicle, suffocation, drowning, poisoning, fire/burns, falls, sports and recreation, and intentional injuries, such as child maltreatment. ³
9.	Child Maltreatment	Investigated Case: all children with an allegation of maltreatment that were screened-in for investigation or assessment and further received an investigation. ⁴ A screened-in report is one that is accepted for investigation or assessment based on the state’s screen-in criteria. ⁵
10.	Parent-Child Interaction	No definitions required
11.	Early Language and Literacy Activities	No definitions required
12.	Developmental Screening	Developmental Delay: delays in any or all areas including cognitive, social, language, sensory, and emotional development. ⁶

² Health Resources and Services Administration. Child Health USA 2013: Postpartum Visit and Well-Baby Care. Retrieved from <http://mchb.hrsa.gov/chusa13/health-services-utilization/p/postpartum-visit-well-baby-care.html>

³ Centers for Disease Control and Prevention. National Action Plan for Child Injury Prevention. 2012. Retrieved from <http://www.cdc.gov/safecild/NAP/background.html#unint>

⁴ Child Welfare Information Gateway. Child Maltreatment 2013: Summary of Key Findings. Retrieved from <https://www.childwelfare.gov/pubs/factsheets/canstats/>

⁵ Child Welfare Information Gateway. Screening and Intake. Retrieved from <https://www.childwelfare.gov/topics/responding/ia/screening/>

⁶ U.S. National Library of Medicine, National Institutes of Health. Psychological Index Terms via Unified Medical Language System, 2015. Retrieved from <http://ghr.nlm.nih.gov/glossary=developmentaldelay>

13.	Behavioral Concerns	No definitions required
14.	IPV Screening	Intimate Partner Violence: physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner. An intimate partner is a person with whom one has a close personal relationship that can be characterized by the following: emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, familiarity and knowledge about each other's lives. ⁷
15.	Primary Caregiver Education	No definitions required
16.	Continuity of Insurance Coverage	Continuous Health Insurance Coverage: having health insurance coverage without any lapses.
17.	Completed Depression Referrals	Recommended services: specific techniques and intervention models delivered in the context of client characteristics, culture, and preferences that have shown to have positive effects on outcomes through rigorous evaluations and have demonstrated to achieve positive outcomes for the client. ⁸
18.	Completed Developmental Referrals	Developmental Delay: delays in any or all areas including cognitive, social, language, sensory, and emotional development. ⁶
19.	IPV Referrals	Intimate Partner Violence: physical violence, sexual violence, stalking, and psychological aggression (including coercive acts) by a current or former intimate partner. An intimate partner is a person with whom one has a close personal relationship that can be characterized by the following: emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, familiarity and knowledge about each other's lives. ⁷

⁷ Centers for Disease Control and Prevention. Injury Prevention and Control: Division of Violence Prevention, 2015. Retrieved from <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html>

⁸ Home Visiting Collaborative Improvement and Innovation Network.

Appendix B

Examples of Validated Tools by Measure

To support grantees in identifying validated tools, DOHVE has provided a list of examples of validated tools below. The list of examples of validated tools in the document does not constitute an endorsement of the instrument by the authors, the publishers, DOHVE, or HHS.

Measure 3: Depression Screening, Measure 17: Completed Depression Referrals

1. Beck Depression Inventory- II (BDI-II)

21-item self-report measure used to screen for severity of depressive symptoms.

Beck, A. T., Brown, G. K., and Steer, R. A. (1996). *Beck Depression Inventory-II*. San Antonio, TX: The Psychological Corporation.

Beck, A. T. (2000). *InterpreTrak*. San Antonio, TX: The Psychological Corporation.

Contact information: The Psychological Corporation.

Tel: 800.228.0752

Web: www.psychcorp.com and <http://www.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=015-8018-370&Mode=summary>

2. Brief Symptom Inventory (BSI)

Self-report assessment screening for psychological problems in respondents across 9 symptom scales and 3 global indices; screens for specific symptoms as well as intensity.

Black, M. M., Dubowitz, H., Krishnakumar, A., and Starr, R. H., (2007). Early intervention and recovery among children with failure to thrive: Follow-up at age 8. *Pediatrics*, 120(1), 59-69.

Cox, C. E., Kotch, J. B., and Everson, M. D. (2003). A longitudinal study of modifying influences in the relationship between domestic violence and child maltreatment. *Journal of Family Violence*, 18(1), 5-17.

Web: <http://psychcorp.pearsonassessments.com/HAIWEB/Cultures/enus/Productdetail.htm?Pid=PAbsi>

3. Center for Epidemiological Studies Depression Scales (CES-D)

Non-standardized 20-item self-report measure assessing depressive symptoms.

Radloff, Lenore. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1: 385–401.

Contact information: National Institute of Mental Health, Bethesda, MD 20892.

Web: www.nimh.nih.gov and <http://counsellingresource.com/quizzes/cesd/index.html>

4. Composite International Diagnostic Inventories (CIDI) - Short Form- Major Depression, Generalized Anxiety Disorder, Alcohol Dependence, Drug Dependence

Self-report assessment used to screen for major episodes of depression.

Robins, L. N., Wing, J., Wittchen, H. U., Helzer, J. E., Babor, T. F., Burke, J., Farmer, A., Jablenski, A., Pickens, R., Regier, D. A., Sartorius, N., and Towle, L. H. (December 1988). The Composite International Diagnostic Interview: An epidemiologic instrument suitable for use in conjunction with different diagnostic systems and in different cultures. *Arch Gen Psychiatry*, 45: 1069-1077.

World Health Organization. (January 1997). *Composite International Diagnostic Interview (CIDI)*,

Core Version 2.1, Interviewer's Manual. World Health Organization.
Contact information: World Health Organization.
Web: www.who.int/msa/cidi/ and <http://www.ncbi.nlm.nih.gov/pubmed/9375257>

5. Depression Anxiety Stress Scales (DASS)

42-item standardized self-report measure assessing caregiver mental health; 3 scales: Depression, Anxiety, and Stress.

Lovibond, S. H., and Lovibond, P. F. (1995). *Manual for the Depression Anxiety Stress Scales (2nd. Ed.)*. Sydney: Psychology Foundation. ISBN 7334-1423-0.

Lovibond, P. F., and Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behavior Research and Therapy*, 33: 335-343.

Brown, T. A., Korotitsch, W., Chorpita, B. F., and Barlow, D. H. (1997). Psychometric properties of the Depression Anxiety Stress Scales (DASS) in clinical samples. *Behaviour Research and Therapy*, 35: 79-89.

Antony, M. M., Bieling, P. J., Cox, B. J., Enns, M. W., and Swinson, R.P. (1998). Psychometric properties of the 42-item and 21-item versions of the Depression Anxiety Stress Scales (DASS) in clinical groups and a community sample. *Psychological Assessment*, 10: 176-181.

Contact information: DASS Orders, PO Box 6780, UNSW Sydney NSW 1466, Australia

Email: L.Camilleri@unsw.edu.au

Web: <http://www2.psy.unsw.edu.au/groups/dass/order.htm>

Edinburgh Postnatal Depression Scale (EPDS)

10-item non-standardized self-report measure assessing maternal postnatal/postpartum depression.

Lee, D. T. S., and Chung, K. H. (1999). What should be done about postnatal depression in Hong Kong? *Hong Kong Medical Journal*, 5(1): 39-42.

Murray, L., and Carothers, A. D. (1990). The Validation of the Edinburgh Post-natal Depression Scale on a Community Sample. *British Journal of Psychiatry*, 157: 288-290.

Warner, R., Appleby, L., Whitton, A., and Faraghen, B. (1996). Demographic and obstetric risk factors for postnatal psychiatric morbidity. *British Journal of Psychiatry*, 168: 607-611.

Additional information: Users may reproduce the scale without further permission providing they respect copyright by quoting the names of the authors, the title, and the source of the paper in all reproduced copies.

Web: <http://www.dbpeds.org/articles/detail.cfm?TextID=485> (English) and http://www.perinatalweb.org/association/pdf_docs/Screening%20Escala.PDF (Spanish)

6. Patient Health Questionnaire-9 (PHQ-9)

9-item screener for DSM-IV depression criteria and other leading major depressive symptoms.

Gjerdingen, D., Crow, S., McGovern, P., Miner, M., and Center, B. (2009). Postpartum depression screening at well-child visits: Validity of a 2-question screen and the PHQ-9. *Annals of Family Medicine*, 7:63-70.

Web: <http://www.phqscreeners.com/>

7. Postpartum Depression Screening Scale™ (PDSS™)

35-item Likert-type response scale consisting of 7 domains to identify women who might be suffering from postpartum depression.

Beck C.T. and Gable R.K. Postpartum Depression Screening Scale: development and psychometric testing. *Nursing Research*, 49:272–282.

Beck, C.T. and Gable, R.K. (2002). *Postpartum Depression Screening Scale-PDSS*. Los Angeles, CA: Wester Psychological Services.

Contact information: Wester Psychological Services, 625 Alaska Avenue, Torrance, CA 90503

Tel: 800.648.8800

Web: <http://www.wpspublish.com/store/p/2902/postpartum-depression-screening-scale-pdss>

8. Zung Self-Rating Depression Scale

20-item self-administered survey to quantify the depressed status of a patient.

Zung, W.W. (1965). A self-rating depression scale. *Archives of General Psychiatry*, 12:63-70.

Web: <http://healthnet.umassmed.edu/mhealth/ZungSelfRatedDepressionScale.pdf>

Measure 10: Parent-Child Interaction

1. Dyadic Assessment of Naturalistic Caregiver-Child Experiences (DANCE)

Observational measure of caregiver-child interactions; 4 domains: Emotional Quality, Sensitivity and Responsiveness, Support of Behavior and Emotional Regulation, and Promotion of Developmental Growth for children birth to age 2.

Contact information: DANCE Development Team at the Prevention Research Center for Family and Child Health

Tel: 303.724.7350

Email: DANCE@ucdenver.edu

2. Emotional Availability Scale (EAS)

Observational and self-report assessment of the quality of communication and connection between caregivers and child; 2 versions: Infancy/Early Childhood (0-5 years) and Middle Childhood/Youth (6-14 years).

Biringen, Z. (2000). Emotional availability: Conceptualization and research findings. *American Journal of Orthopsychiatry*, 70: 104-114.

Biringen, Z. (2004). *Raising a secure child: Creating emotional availability between you and your child*. New York: Perigee/Penguin Group.

Biringen, Z., Brown, D., Donaldson, L., Green, S., Krcmarik, S., and Lovas, G. (2000). Adult attachment interview: linkages with dimensions of emotional availability for mothers and their pre-kindergarteners. *Attachment and Human Development*, 2: 188-202.

Biringen, Z., Damon, J., Grigg, W., Mone, J., Pipp-Siegel, S., Skillern, S., and Stratton, J. (2005). Emotional Availability: Differential predictions to infant attachment and kindergarten adjustment based on observation time and context. *Infant Mental Health Journal*, 26: 295-308.

Web: <http://www.emotionalavailability.com/products/>

3. Home Observation for Measurement of the Environment (HOME) – Infant/Toddler Inventory, 3rd Ed.

Observational measure completed by the home visitor; assesses stimulation and support available to the child in the home environment; 4 versions: Infant/Toddler (birth-3), Early Childhood (3-6), Middle Childhood (6-10), and Early Adolescence (10-15); items and scales vary across versions; short form also available.

Caldwell, B. M., and Bradley, R. H. (2001). *Home Inventory Administration Manual, Third Edition, 2001*. Little Rock, AR: University of Arkansas at Little Rock.

Caldwell, B. M., and Bradley, R. H. (unpublished manuscript). *Psychometric Characteristics*.

Contact information: Lorraine Coulson HOME INVENTORY LLC, Distribution Center, 2627 Winsor Drive, Eau Claire, WI 54703.

Tel: 715.835.4393

Email: lrcoulson@ualr.edu

Web: www.ualr.edu/crtldept/home4.htm

4. Keys to Interactive Parenting Scale (KIPS)

A 12-item non-standardized observational measure of completed by home visitors to assess parenting behaviors.

Comfort, M., and Gordon, P. R. (2006). The Keys to Interactive Parenting Scale (KIPS): A practical observational assessment of parenting behavior. *NHSA Dialog: A Research-To-Practice Journal for the Early Intervention Field*, 9(1): 22-48.

Comfort, M., Gordon, P. R., English, B., Hacker, K., Hembree, R., Knight, R., and Miller, C. (2010). The Keys to Interactive Parenting Scale: KIPS shows how parents grow. *Zero to Three*, 30(4): 33-39. Contact information: Marilee Comfort, Ph.D., M.P.H. and Phil Gordon, Ph.D. Comfort Consults, LLC P.O. Box 82 Cheyney, PA 19319.

Tel: 610.455.1463

Email: info@comfortconsults.com

Web: www.ComfortConsults.com/kips

5. NCAST Nursing Child Assessment Feeding Scale (NCAFS)

Observational measure of parent-child interaction; set of observable behaviors describing the caregiver-child communication and interaction during a feeding situation, birth to 12 months of life.

Barnard, K. (1994). *NCAST Feeding Scale*. Seattle: NCAST-AVENUW, University of Washington, School of Nursing.

Contact information: NCAST

Tel: 206.543.8528

Web: www.ncast.org

6. NCAST Nursing Child Assessment Teaching Scale (NCATS)

73-item standardized observational measure; completed by the home visitor; assesses strengths and weaknesses in the parent-child teaching interaction for children ages birth to 3; 6 subscales: four assess caregiver behavior and two child behavior.

Barnard, K. (1994). *NCAST Teaching Scale*. Seattle: NCAST-AVENUW, University of Washington, School of Nursing.

Summer, G., and Spietz, A.L. (1995). *NCAST Caregiver/Parent-Child Interaction Teaching Manual, 2nd Edition*. Seattle, WA: NCAST Publications, University of Washington.

Contact information: NCAST

Tel: 206.543.8528

Web: www.ncast.org

7. Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO)

Observational measure of parent-child interactions that assesses 18 behaviors; 4 domains:

Affection, Responsiveness, Encouragement, and Teaching; for children ages birth – preschool.

Cook, G., and Roggman, L. (2009). *PICCOLO (Parenting Interactions with Children: Checklist of Observations Linked to Outcomes) Technical Report*. Logan: Utah State University, Early Intervention Research Institute.

Cook, G. A., Innocenti, M. S., and Roggman, L. A. (2010, February). *PICCOLO (Parenting Interactions with Children: Checklist of Observations Linked to Outcomes): An easy-to-use observational measure of parent-child interactions to guide parenting interventions and track program outcomes*. Santa Barbara, CA: The Zigler Institute.

Contact information: Utah State University, Department of Family Consumer & Human Development, 2905 Old Main Hill, Logan, UT 84322-2905

Tel: 435.797.1545; Fax: 435.797.3845

Email: falori@cc.usu.edu; Lori Roggman, loriroggman@yahoo.com; Gina Cook, gina.cook@usu.edu; or Mark Innocenti, mark.innocenti@usu.edu

Web: <http://www.cpdusu.org/projects/piccolo/>

8. Three-Bag Assessment

Observational measure of child and parent behaviors and parent-child interactions at 14, 24, and 36 months; 6 parenting subscales and 3 child scales. The 6 parenting scales: parental sensitivity, parental positive regard, parental stimulation of cognitive development, parental intrusiveness, parental negative regard, and parental detachment. The 3 child scales: child engagement of the parent, child sustained attention with objects, and child negativity toward the parent.

Brady-Smith, C., O'Brien, C., Berlin, L., Ware, A., Fauth, J., Brooks-Gunn, J. (2000). *Child-parent interaction rating scales for the Three-Bag assessment: 36-month wave*. New York: Teachers College, Columbia University.

14-month coding scales:

Ware, A., Brady-Smith, C., O'Brien, C., and Berlin, L. (1998). (unpublished) National Center for Children and Families, Teachers College, Columbia University.

24-month coding scales:

Brady-Smith, C., O'Brien, C., Berlin, L., and Ware, A. (1999). (unpublished) National Center for Children and Families, Teachers College, Columbia University.

36-month coding scales:

Brady-Smith, C., O'Brien, C., Berlin, L., Ware, A., Fauth, R. (2000). (unpublished) National Center for Children and Families, Teachers College, Columbia University.

Contact information: National Center for Children and Families, Teachers College, Columbia University.

Measure 12: Developmental Screening

Measure 18: Completed Developmental Referrals

1. Achenbach System of Empirically-Based Assessment (ASEBA)

Standardized multi-report assessment of social-emotional development for children ages 18-60 months; consists of 99 items of the child behavior checklist plus an additional language development survey; data collected from multiple respondents (parents, teachers, child) to capture variations in child functioning from one context to another.

Achenbach, T., and Rescorla, L. (1999). *Achenbach System of Empirically-Based Assessment (ASEBA)*. Burlington, VT: Research Center for Children, Youth, & Families.

Contact information: ASEBA.

Tel: 802.656.8313 or 802.656.3456

Web: www.ASEBA.org

2. Adaptive Behavior Assessment System – 2nd edition (ABAS-II)

Measure of behavioral functioning of children ages birth to 5 years; 2 functional scales: Functional Communication and Social Skills; and 8 clinical scales Aggression, Anxiety, Attention Problems, Atypicality, Depression, Hyperactivity, Somatization, and Withdrawal.

Harrison, P. L., and Oakland, T. (2003). *Adaptive Behavior Assessment System – Second Edition*. San Antonio, TX: The Psychological Corporation.

Contact information: Pearson, 19500 Bulverde Road, San Antonio, TX 78259.

Tel: 800.627.7271; Fax: 800.232.1223

Web: http://www.pearsonassessments.com/hai/Images/pdf/ABAS-II/ABAS_JournalTestReview.pdf and <http://www.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=015-8004-507>

3. Ages and Stages Questionnaires: A Parent-Completed, Child Monitoring System, 3rd Edition (ASQ)

30-item standardized caregiver-report measure assessing child development in the first 5 years; 5 domains: Communication, Gross Motor, Fine Motor, Problem-Solving, and Personal-Social.

Squires, J., and Bricker, D. (2009). *Ages and Stages Questionnaires: A parent-completed child monitoring system, third edition*. Baltimore, MD: Paul Brookes.

Contact information: Paul H. Brookes Publishing Co., Post Office Box 10624, Baltimore, MD 21285.

Web: www.brookespublishing.com

4. AGS Early Screening Profiles

Observational measure that screens the five major developmental areas: cognitive, language, motor, self-help, and social development for children ages 2-6 years.

Harrison, P. L., Kaufman, A. S., Kaufman, N. L., Bruininks, R. H., Rynders, J., Ilmer, S., Sparrow, S. S., and Cicchetti, D. V. (1990). AGS Early Screening Profiles. *Journal of Psychoeducational Assessment*, 13: 101-104.

Harrison, P. L., Kaufman, A. S., Kaufman, N. L., Bruininks, R. H., Rynders, J., Ilmer, S., Sparrow, S. S., and Cicchetti, D. V. (1990). *Early Screening Profiles Manual*. Circle Pines, MN: American Guidance Service.

Telzrow, C. (1995). Review of the AGS Early Screening Profiles. In J. C. Conoley and J. C. Impara (Eds.), *Twelfth Mental Measurements Yearbook* (pp. 63-65). Lincoln, NE: Buros Institute of Mental Measurements.

Contact information: Pearson, 19500 Bulverde Road, San Antonio, TX 78259

Tel: 800.627.7271; Fax: 800.232.1223

Web: http://www.pearsonassessments.com/haiweb/cultures/en-us/productdetail.htm?pid=PAa3500&Community=AI_EC_Screening

5. AIMS: Developmental Indicators of Emotional Health

Self-report, observational, and interview format measure that assesses the emotional well-being of young children (ages 0-5) across 4 areas of emotional health: Attachment, Interaction, Mastery (physical, cognitive, linguistic, emotional, social abilities), and Social Support.

Marsh, J., and Partridge, S. (June 1992). *Project AIMS: Training manual for health professionals in well-child care settings*. Portland, ME: University of Southern Maine.

Contact information: Edmund S. Muskie Institute of Public Affairs, University of Southern Maine, 96 Falmouth Street, Portland, Maine 04103

Tel: 207.780.4430

Web: <http://www.developingchild.org/>

6. Assessment, Evaluation, and Programming System (AEPS) Measurement for Birth to Three Years

Observational and caregiver report measure to assess developmental capabilities of children birth to 3 years of age; assesses developmental functioning across 6 domains: Fine Motor, Gross Motor, Adaptive, Cognitive, Social-Communication, and Social Development.

Cripe, J., Slentz, K., and Bricker, D. (1993). *AEPS curriculum for birth to three years, volume 2*. Baltimore, MD: Paul H. Brookes Publishing Co., Inc.

Contact information: Paul H. Brookes Publishing Co.

Tel: 800.638.3775

Web: www.brookespublishing.com

7. Bayley Scale for Infant Development (BSID-II)

Assesses basic brain function, ability to comprehend and express and intellectual processes in children 0-2 years.

Bayley, N. (1993). *Bayley Scales of Infant Development, Second edition (BSID-II)*. San Antonio, TX: The Psychological Corporation.

Black, M. M. and Matula, K. (1999). *Essentials of Bayley Scales of Infant Development II Assessment*. San Antonio, TX: The Psychological Corporation.

Contact information: Psychological Assessment Resources, Inc. (PAR), 16204 N. Florida Avenue, Lutz, FL 33549

Tel: 800.331.8378; Fax: 800.727.9329

Web: www3.parinc.com/products/product.aspx?Productid=BSID-II

8. Battelle Developmental Inventory Screening Test

Developmental assessment for birth to 8 years; 2 types of assessments: full version and screening test; 96 items in shorter version; results indicate whether advisable to administration of full version; 5 domains of 341 items in full version.

Newborg, J., Stock, J., and Wnek, L. (1984). *Battelle Developmental Inventory Screening Test*. Allen, TX: LINC Associates.

Contact information: Riverside Publishing Co.

Tel: 800.323.9540.

Web: <http://www.riversidepublishing.com/products/bdi2/scoring.html>

9. Bayley Infant and Nuerodevelopmental Screener (BINS)

Standardized direct child assessment for children 1 month – 42 months of age; assessed impairment or delays; 3 scales: Mental Scale, Motor Scale, and Behavior Rating Scale.

Aylward, G. P. (1995). *Bayley Infant and Nuerodevelopmental Screener*. San Antonio, TX: The Psychological Corporation.

Contact information: Pearson, 19500 Bulverde Road, San Antonio, TX 78259

Tel: 800.627.7271; Fax: 800.232.1223

Web: <http://www.pearsonassessments.com/>

10. Behavior Problems Index (BPI): Total

28-item parent report measure assessing problem behaviors in children; provides a total summary score, plus 4 subscale scores: Antisocial Behavior, Anxious/Depressed Mood, Hyperactive Behavior, and Peer Conflict/ Socially Withdrawn.

Zill, N. (1990). *The Behavior Problems Index*. Washington, DC: Child Trends.

Peterson, J. L., and Zill, N. (1986). Marital Disruption, Parent-Child Relationships, and Behavior Problems in Children. *Journal of Marriage and Family*, 48(2), 295.

Baker, P. C., Keck, C. K., Mott, F. L., and Quinlan, S. V. (1993). *NLSY Child Handbook (Rev. ed.)*. Columbus: The Ohio State University, Center for Human Resources Research.

Contact information: Child Trends, 4301 Connecticut Avenue, NW, Suite 100, Washington DC 20008

Web: www.childtrends.org;

http://tarc.aecf.org/initiatives/mc/mcid/resources_instrument.php?inst_id=200156

11. Behavior Rating Inventory of Executive Function-Preschool Version (BRIEF-PV)

63-item self-report measure assessing child executive functions within the context of his or her everyday environments--both home and preschool; 3 clinical scales: Inhibitory Self-Control, Flexibility, and Emergent Metacognition; and one global scale: Global Executive Composite.

Gioia, G. A., Espy, K. A., and Isquith, P. K. (2003). *Behavior Rating Inventory of Executive Function-Preschool Version (BRIEF-PV)*. Odessa, FL: Psychological Assessment Resources, Inc.

Web: http://portal.wpspublish.com/portal/page?_pageid=53,69604&_dad=portal&_schema=PORTAL

12. Brief Infant-Toddler Social Emotional Assessment (BITSEA)

60-item standardized self-report; a screening version of longer ITSEA (195 items); screening tool for developmental delays; detects social-emotional behavior problems and competences; for children 12-36 months.

Carter, A. S., and Briggs-Gowan, M. (2005). *ITSEA BITSEA: The Infant-Toddler and Brief Infant Toddler Social Emotional Assessment*. PsychCorp: San Antonio, TX. Contact information: Pearson, 19500 Bulverde Road, San Antonio, TX 78259

Tel: 800.627.7271; Fax: 800.232.1223

Web: <http://www.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=015-8007-352&Mode=summary>

13. Brigance Diagnostic Inventory of Early Development (BDIED)

Criterion-based measure comprised of structured tasks, observations, and interviewing to assess multiple domains of child development for children ages 0-7 years; assesses of 200 skills across 1 domain; 4 versions: Infant Toddler, Early Preschool, Preschool, and K and 1st.

Brigance, A. H. (1978). *Diagnostic inventory of early development*. North Billerica, MA: Curriculum

Associates.

Brigance, A. H. (1991). *Brigance Diagnostic Inventory of Early Development: Revised*. North Billerica, MA: Curriculum Associates.

Bagnato, S. J., Neisworth, J. T., and Muson, S. M. (1997). *Linking assessment and early intervention: An authentic curriculum-based approach*. Baltimore, MD: Brookes.

Contact information: Curriculum Associates

Tel: 800.225.0248

Web: <http://www.curriculumassociates.com/products/subjects.asp?topic=CECO>

14. Carey Temperament Scales (CTS)

Standardized self-report questionnaire completed by the caregiver; up to 100 items per scale; 5 scales: Early Infant Temperament Questionnaire (EITQ) for infants ages 1 to 4 months; the Revised Infant Temperament Questionnaire (RITQ) for infants ages 4 to 8 months (and applicable, but not normed, for ages 9 to 11 months); the Toddler Temperament Scale (TTS) for children ages 1 to 2 years; the Behavioral Style Questionnaire (BSQ) for children 3 to 12; and Middle Childhood Temperament Questionnaire (MCTQ), for children ages 3 to 12.

Carey, W.B. (2000). *The Carey Temperament Scales Test Manual*. Scottsdale, AZ: Behavioral-Developmental Initiatives.

Contact information: Behavioral-Developmental Initiatives

Tel: 800.405.2313

Web: www.b-di.com

15. Carolina Curriculum for Infant and Toddlers with Special Needs (CCITSN)

Observational measure designed for use with infants from birth to 2 years developmental age who have mild to severe special needs; 6 developmental domains (cognition, communication, social/adaptation, fine motor, and gross motor) divided into 26 teaching areas (or sequences).

Johnson-Martin, N., Jens, K., Attermeier, S., and Hacker, B. (2001). *The Carolina Curriculum for Infants and Toddlers with Special Needs, Second Edition*. Baltimore, MD: Paul H. Brookes Publishing Co.

Contact information: Paul H. Brookes Publishing Co

Tel: 800.638.3775

Web: www.brookespublishing.com

16. Child Behavior Checklists (CBCL)

112-item standardized self-report measure assessing caregiver report of child problem behavior and social competence; 3 scales: Internalizing Behaviors, Externalizing Behaviors, and Total Problems (**The Language Development Survey can be ordered as a supplement to the Child Behavior Checklist – see language development domain.)

Achenbach, T.M., and Rescorla, L.A. (2001). *Manual for ASEBA School-Age Forms and Profiles*. Burlington, VT: University of Vermont, Research Center for Children, Youth and Families.

Contact information: 1 South Prospect Street, Room 6436, Burlington, VT 05401-3456

Tel: 802.656.8313; Fax: 802.656.2608

Email: mail@ASEBA.org

Web: <http://www.aseba.org/2007%20Catalog.pdf>

17. Children's Behavior Rating Scale (CBRS)

20-item non-standardized self-report measure assessing perceptions of child problem behaviors.

Hudson, W. W., and Hudson, M. K. (1990). *Children's Behavior Rating Scale (CBRS)*. Tallahassee, FL: WALMYR.

Contact information: WALMYR Publishing Company, PO Box 12217, Tallahassee, FL 32317-2217

Tel: 850.383.0045; Fax: 850.383.0970

Web: <http://www.walmyr.com/index.html> and <http://www.walmyr.com/CBRSSAMP.pdf>

18. Child Development Inventory (CDI)

300-item assessment to be completed by parents to assess child development for ages 2 to 6 in the following domains: social, self-help, gross motor, fine motor, expressive language, language comprehension, letters, and numbers.

Ireton, H. and Glascoe F.P. (1995). Assessing children's development using parents' reports: The Child Development Inventory. *Clinical Pediatrics*, 34: 248-55.

Doig, K.B., Macias, M.M., Saylor, C.F., Craver, J.R., and Ingram, P.E. (1999). The child development inventory: A developmental outcome measure for follow-up of the high-risk infant. *Journal of Pediatrics*, 135: 358-362.

Contact information: Behavior Science Systems, Inc., Child Development Review, PO Box 19512, Minneapolis, MN 55419

Tel: 612.850.8700

Web: <http://childdevrev.com/specialiststools/child-development-inventory>

19. Denver Developmental Screening Test II (DDST)

125-item self-report measure that assesses development in children birth to 6 years; also includes a Pre-screening Development Questionnaire consisting of 91 items from the full version.

Frankenburg, W. K., and Dodds, J. B. (1967). The Denver Developmental Screening Test. *Journal of Pediatrics*, 71: 181.

Frankenburg, W. K., Dodds, J., Archer, P., Bresnick, B., Maschka, P., and Edelman, N. (1996). *The DENVER II Technical Manual*. Denver, CO: Denver Developmental Materials.

Frankenburg, W. K., Dodds, J., Archer, P. et al. (1992). The Denver II: A major revision and restandardization of the Denver Developmental Screening Test. *Pediatrics*, 89:91-97.

Contact information: Denver Developmental Materials, Inc.

Tel: 800.419.4729.

Web: www.denverii.com

20. Developmental Indicators for the Assessment of Learning, Fourth Edition (DIAL-4)

Early childhood screening assessment for children ages 2 to 6 in the following areas: motor, language, concepts, self-help, and social development.

Mardell-Czudnowski, C. and Goldenberg, D.S. (2011). *Test review: Developmental Indicators for the Assessment of Learning, Fourth edition*. Bloomington, MN: NCS Pearson.

Contact information: Pearson Clinical Assessment, Suite 1001, Level 10, 151 Castlereagh Street, Sydney NSW 2000

Email: info@pearsonclinical.com.au

Web: <https://www.pearsonclinical.com.au/products/view/477>

21. Developmental Observation Checklist System (DOCS)

Self-report measure assessing children birth to 6 years of age with respect to general development, adjustment behavior, and parent stress and support.

Hresko, W. P., Miguel, S. A., Sherbenou, R. J., and Burton, S. D. (1994). *Developmental Observation Checklist System: A Systems Approach to Assessing Very Young Children Examiner's Manual*. Austin, TX: Pro-Ed.

Contact information: Pro-Ed.

Tel: 800.897.3202.

Web: <http://www.proedinc.com/customer/productView.aspx?ID=826>

22. Developmental Profiles II

186-item direct observation and/or parent report measure that comprehensively assesses motor, language, personal/self-help, social, and intellectual development for children from birth through 9 years; assesses functional, developmental age level of child.

Alpern, G., Boll, T., and Shearer, M. (2000). *Developmental Profile II Manual*. Los Angeles, CA: Western Psychological Services.

Contact information: Western Psychological Services

Tel: 800.648.8857

Web: www.wpspublish.com

23. Devereux Early Childhood Assessment (DECA)

37-item observational measure that assesses for behavioral problems and protective factors for children 2-5 years.

LeBuffe, P. A., and Naglieri, J. A. (1999). *Devereux Early Childhood Assessment (DECA)*. Lewisville, NC: Kaplan Press.

Naglieri, J. A., LeBuffe, P. A., and Pfeiffer, S. I. (1995). *The Devereux Scales of Mental Disorders*. San Antonio, TX: The Psychological Corporation.

Contact information: Kaplan Press

Tel: 800.334.2014

Web: www.kaplanco.com

24. Early Coping Inventory (ECI)

48-item observation instrument; used for assessing the coping-related behavior of children whose chronological or developmental age is between 4 and 36 months; 3 coping clusters: Sensorimotor Organization, Reactive Behavior, and Self-Initiated Behavior.

Zeitlin, S., Williamson, G.G., and Szczepanski, M. (1988). *Early Coping Inventory: A Measure of Adaptive Behavior*. Bensenville, Illinois: Scholastic Testing Service.

Contact information: Scholastic Testing Service, Inc.

Tel: 800.642.6787

Web: <http://ststesting.com/COPI.html>

25. Early Learning Accomplishment Profile (E-LAP), Revised Edition

Standardized observational measure assessing development in 6 domains for children birth to 36 months; appropriate for all children, including those with disabilities.

Glover, E. M., Preminger, J. L., and Sanford, A. R. (1995). *Early Learning Accomplishment Profile Revised Edition (E-LAP)*. Lewisville, NC: Kaplan Press.

Contact information: Kaplan Press

Tel: 800.334.2014

Web: <http://www.kaplanco.com/store/trans/productDetailForm.asp?CatID=17%7CEA1035%7C0&PID=13649>

26. Early Screening Profiles (ESP)

Assessment to measure cognitive, language, motor, self-help, and social development among children ages 2 to 6.

Lenkarski, S., Singer, M., Peters, M., and McIntosh, D. (2001). Utility of the early screening profiles in identifying preschoolers at risk for cognitive delays. *Psychology in the Schools*, 38: 17-24.

Contact information: Pearson, Attn: Inbound Sales & Customer Support, PO Box 599700, San Antonio, TX 78259.

Tel: 800.627.7271

Web: <http://www.pearsonclinical.com/childhood/products/100000089/early-screening-profiles-esp.html#tab-details>

27. Emotionality, Activity and Sociability (EAS) Temperament Survey for Children

Parent-report measure examining child temperament in 3 domains: Emotionality, Activity, and Sociability for children ages 18 months and up.

Buss, A. H., and Plomin, R. (1984). *Temperament: Early Developing Personality Traits*. Hillsdale, NJ: Lawrence Erlbaum Associates.

Web: <http://www.eduweb.vic.gov.au/edulibrary/public/earlychildhood/learning/outcomes-final-vicuni.pdf> and http://www.nscollegeprep.cps.k12.il.us/ncphs/depts/social_science/jhealy/Temperment.pdf

28. Eyberg Child Behavior Inventory (ECBI)

36-item standardized self-report measure assessing caregiver report of problem behaviors in children; for children ages 2-16; 2 scales: Problem and Intensity.

Eyberg, S. and Pincus, D. (1999). *Eyberg Child Behavior Inventory & Sutter-Eyberg Student Behavior Inventory-Revised: Professional Manual*. Odessa, FL: Psychological Assessment Resources.

Contact information: Psychological Assessment Resources, 16204 North Florida Ave., Lutz, FL 33549

Tel: 800.331.8378; Fax: 800.727.9329

Web: www.parinc.com

29. Functional Emotional Assessment Scale (FEAS)

Observational measure of parent-child interactions to screen for delays and social-emotional development; for children 7-48 months.

Greenspan, S. I., Degangi, G., and Wieder, S. W. (2001). *Functional Emotional Assessment Scale (FEAS) for infancy and early childhood: Clinical and research applications*. Bethesda, MD: Interdisciplinary Council on developmental and Learning Disorders.

DeGangi, G. (2000). *Pediatric disorders of regulation in affect and behavior: A therapist's guide to assessment and treatment*. San Diego, CA: Academic Press.

Contact information: The Interdisciplinary Council on Developmental and Learning Disorders.

Web: www.icdl.com and http://www.acf.hhs.gov/programs/opre/ehs/perf_measures/reports/resources_measuring/res_meas_cdir.html

30. Griffiths Mental Development Scales – Revised: Birth to 2 years

Assessment to measure locomotor, personal-social, hearing and language, eye and hand coordination, and performance among infants and toddlers ages birth to 2 years.

Biasini, A., Monti, F., Gianstefani, I., Bertozzi, L., Agostini, F., and Neri, E. (2015). Griffiths mental development scales as a tool for the screening of motor disability in premature infants: Is it worth it? *Journal of Clinical Neonatology*, 4: 22-25.

Luiz, D.M., Foxcroft, C.D., and Povey, J.L. (2006). The Griffiths Scales of Mental Development: A factorial validity study. *South African Journal of Psychology*, 36: 192-214.

Huntley, M. (1996). *Griffiths Mental Development Scales – Revised: Birth to 2 years*. Thames, UK: Association for Research in Infant and Child Development.

Contact information: Hogrefe Ltd., Hogrefe House, Albion Place, Oxford OX1 1QZ

Web: <http://www.hogrefe.co.uk/gmds-0-2.html>

31. Hawaii Early Learning Profile (HELP) Checklist

Comprehensive non-standardized observational measure assessing development across 6 domains (Cognitive, Language, Gross Motor, Fine Motor, Social-Emotional, and Self-Help) in children ages 0-3.

Furuno, S., O'Reilly, K. A., Hosaka, C. M., Inatsuka, T. T., Zeisloft-Falbey, B., and Allman, T. (1988). *Hawaii Early Learning Profile checklist (HELP)*. Palo Alto, CA: VORT Corporation.

Furuno, S., O'Reilly, K. A., Hosaka, C. M., Inatsuka, T. T., Zeisloft-Falbey, B., and Allman, T. (1988). HELP checklist Hawaii early learning profile. *Mental Measurements Yearbook*, 11.

Parks, S. (1999). *Inside HELP: Administration and Reference Manual, 1997 Revision*. Palo Alto, CA: VORT Corporation.

VORT Corporation. (1994). *Using HELP effectively*. Palo Alto, CA: VORT Corporation.

Contact information: VORT Corporation, P.O. Box 60132, Palo Alto, CA 94306

Tel: 650.322.8282

Web: <http://www.vort.com/products/151.html>

32. Infant and Toddler Development Assessment (IDA)

Multi-phase assessment process consisting of two or more professionals; uses interviews, parent self-report, and direct observation to screen for developmental delays in children ages 0-42 months.

Provence, S., Erikson, J., Vater, S., and Palmeri, S. (1995). *Infant-Toddler Developmental Assessment (IDA) Administration Manual*. Itaska, IL: Riverside Publishing.

Contact information: Riverside Publishing Co.

Tel: 800.323.9540

Web: <http://www.riverpub.com/products/ida/index.html>

33. Infant and Toddler Social and Emotional Assessment (ITSEA)

166-item standardized parent self-report or provider-report form; 17 subscales across 4 domains: Externalizing, Internalizing, Dysregulation, and Compliance; available in a brief form.

Carter, A. S., and Briggs-Gowan, M. (1993). *The Infant–Toddler Social and Emotional Assessment (ITSEA)*. *Unpublished Measure*. Yale University Department of Psychology, New Haven, CT. University of Massachusetts Boston Department of Psychology, Boston, MA.

Carter, A.S., and Briggs-Gowan, M. (2000). *The Infant–Toddler Social and Emotional Assessment (ITSEA)*. *Unpublished Manual*. University of Massachusetts Boston Department of Psychology, Boston, MA. Yale University, New Haven, CT.

Contact information: ITSEA project office at ITSEA@yale.edu. Available by request at alice.carter@umb.edu.

Web: <http://www.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=015-8007-387>

34. Infant Development Inventory (IDI)

Inventory to assess the development of infants ages birth to 18 months with regards to the following areas: social, self-help, gross motor, fine motor, and language.

Creighton, D.E. and Suave, R.S. (1988). Minnesota Infant Development Inventory in the developmental screening of infants at eight months. *Journal of Behavioural Science*, 20: 424-433.

Contact information: Behavior Science Systems, Inc., Child Development Review, PO Box 19512, Minneapolis, MN 55419

Tel: 612.850.8700

Web: <http://childdevrev.com/specialiststools/infant-development-inventory>

35. Infant-Toddler and Family Instrument (ITFI)

35-question interview and 38-item checklist to ask caregivers about their child's characteristics, daily activities, health, development, and family life.

Apfel, N.H. and Provence, S. (2001). *Manual for the Infant-toddler and Family Instrument (ITFI)*. Baltimore, MD: Brookes Publishing.

Contact information: Brookes Publishing, PO Box 10624, Baltimore, MD 21285.

Tel: 800.638.3775

Web: <http://products.brookespublishing.com/Infant-Toddler-and-Family-Instrument-ITFI-P531.aspx>

36. Infant Toddler Symptom Checklist

Screen for regulatory and sensory disorders among infants ages 7 to 30 months to measure self-regulation, attention, modulation of sleep/wake status, responses to sensory stimulation, attachment, and emotional functioning.

DeGangi, G., Poisson, S., Sickel, R., and Wiener, A. (1999). *Infant/Toddler Symptom Checklist: A screening tool for parents*. San Antonio, TX: Psychological Corporation.

Contact information: Pearson Clinical Assessment, Suite 1001, Level 10, 151 Castlereagh Street, Sydney NSW 2000

Email: info@pearsonclinical.com.au

Web: <https://www.pearsonclinical.com.au/products/view/323>

37. Kaufman Brief Intelligence Test (KBIT)

Standardized assessment tool measuring verbal and nonverbal intelligence for children ages 4 and up; comprised of two subsets: Vocabulary (expressive vocabulary and definitions) and Matrices (ability to perceive relationships & complete analogies).

Kaufman, A. S., and Kaufman, N. L. (1990). *Kaufman Brief Intelligence Test Manual*. Circle Pines, MN: American Guidance Service.

Contact information: Pearson, 19500 Bulverde Road, San Antonio, TX 78259

Tel: 800.627.7271; Fax: 800.232.1223

Web: http://portal.wpspublish.com/portal/page?_pageid=53,69521&_dad=portal&_schema=PORTAL

38. MacArthur-Bates Communicative Development Inventories (CDI)

Parent-report forms for assessing early language and communication skills in infants and young children ages 8 to 30 months.

Fenson, L., Dale, P. S., Reznick, J. S., Thal, D., Bates, E., Hartung, J. P., Pethick, S., and Reilly, J. S. (1993). *The MacArthur Communicative Development Inventories: User's Guide and Technical Manual*. San Diego: Singular Publishing Group.

Web: www.brookespublishing.com/cdi

39. McCarthy Scales of Children's Abilities (MSCA)

Assess cognitive development and motor skills of children ages 2 ½ - 8 ½ across 5 scales: Verbal, Quantitative, Perceptual-Performance, Memory, and Motor Scales; parts of this test included in the McCarthy Screening Test used to assess school readiness in the early grades.

McCarthy, D. (1972). *McCarthy Scales of Children's Abilities*. New York: Psychological Corporation.

McCarthy, D. (1972). *Manual for the McCarthy Scales of Children's Abilities*. New York: Psychological Corporation.

Wortham, S. C. (1990). *Tests and measurement in early childhood education*. Columbus, OH: Merrill Publishing Co.

Contact information: The Psychological Corporation

Web: <http://www.harcourt.com/index.html> and <http://www.healthline.com/galecontent/mccarthy-scales-of-childrens-abilities-msca>

40. Modified Checklist for Autism in Toddlers (M-CHAT)

23-item screening assessment for toddlers between 16 and 30 months to assess for autism spectrum disorders.

Chlebowski, C., Robins, D.L., Barton, M.L., and Fein, D. (2013). Large-scale use of the Modified Checklist for Autism in Toddlers in low-risk toddlers. *Pediatrics*, 131: e1121-1127. PMID:23530174.

Robins, D., Fein, D., and Barton, M. (1999). *The Modified Checklist for Autism in Toddlers (M-CHAT)*. Storrs, CT: University of Connecticut.

Web: <http://mchatscreen.com/>

41. Mullen Scales of Early Learning

Series of five scales assessing gross motor, visual reception, fine motor, expressive language, and receptive language in children ages birth to 68 months.

Akshoomoff, N. (2006). Use of the Mullen Scales of Early Learning for the assessment of young children with autism spectrum. *Child Neuropsychology*, 12: 269-277.

Mullen, E.M. (1995). *Mullen Scales of Early Learning: AGS edition*. Circle Pines, MN: American Guidance Service.

Contact information: Pearson, Attn: Inbound Sales & Customer Support, PO Box 599700, San Antonio, TX 78259

Tel: 800.627.7271

Web: <http://www.pearsonclinical.com/childhood/products/100000306/mullen-scales-of-early-learning.html#tab-details>

42. National Survey of Early Childhood Health (NSECH)

Standardized interview that assesses child health for children ages 19 to 35 months from the caregiver.

Blumberg, S. J., Olson, L., Osborn, L., Srinath, K. P., and Harrison, H. (2002). Design and operation of the National Survey of Early Childhood Health, 2000. National Center for Health Statistics. *Vital Health Stat*, 1(40). PDF Version (2.3 MB)

Halfon, N., Olson, L., Inkelas, M., Mistry, R., Sareen, H., Lange, L., Hochstein, M., and Wright, J. (2002). Summary statistics from the National Survey of Early Childhood Health, 2000. National Center for Health Statistics. *Vital Health Stat*, 15(3). PDF Version (3.4 MB).

Blumberg, S. J., Halfon, N., and Olson, L. M. (2004). The National Survey of Early Childhood Health. *Pediatrics*, 113: S1899-1906.

Hayman, L., and Callister, L. (2005). Racial and ethnic disparities in early childhood health and healthcare. *American Journal of Maternal Child Nursing*, 30:276.

Contact information: Marcie Cynamon, Project Director, National Center for Health Statistics, 6525 Belcrest Road, Room 850, Hyattsville, Maryland 20782

Tel: 301.458.4174

Email: MCynamon@cdc.gov

Web: http://www.cdc.gov/nchs/data/slits/survey_sech00.pdf

43. Ounce of Prevention Scale

Observational functional assessment that enables caregivers and families to understand and enhance young children's (birth to 3 years) development, particularly social and emotional development.

Meisels, S. J. (2001). Fusing assessment and intervention: Changing parents' and providers' views of young children. *Zero to Three*, 21(4): 4-10.

Meisels, S. J., Dombro, A. L., Marsden, D. B., Weston, D. R., and Jewkes, A. M. (in draft). *The Ounce Scale*. Ann Arbor, MI: Rebus.

Contact information: Pearson Early Learning

Tel: 800.552.2259

Web: <http://www.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=PAaOunce>

44. Parents' Evaluation of Developmental Status (PEDS)

Screeners for children birth to age 8 to elicit and address parental concerns related to children's language motor, self-help, early academic skills, behavior and social-emotional/mental health.

Gustawan, I.W., and Machfudz, S. (2010). Validity of parents' evaluation of developmental status (PEDS) in detecting developmental disorders in 3-12 month old infants. *Paediatrica Indonesiana*, 50: 6-10.

Glascoc, F.P. (2013). *Collaborating with Parents, 2nd Edition*. Nolensville, Tennessee: PEDSTest.com, LLC.

Contact information: PEDSTest.com, 1013 Austin Court, Nolensville, TN 37135

Tel: 877.296.9972

Email: evpress@pedstest.com

Web: <http://www.pedstest.com/>

45. Pediatric Quality of Life

23-item parent or child report that assesses health-related quality of life in healthy and non-healthy children and adolescents ages 5 to 18 across 4 scales: Physical, Emotional, Social, and School Functioning; Infant scales available for infants 1 to 24 months.

Varni, J. W., Limbers, C. A., Neighbors, K., Schulz, K., Lieu, J. E. C., Heffer, R. W., Tuzinkiewicz, K., Mangione-Smith, R., Zimmerman, J. J., and Alonso, E. M. (2011). The PedsQL™ Infant Scales: Feasibility, internal consistency reliability and validity in healthy and ill infants. *Quality of Life Research*, 20: 45-55.

Varni, J. W., Limbers, C. A., and Burwinkle, T.M. (2007). How young can children reliably and validly self-report their health-related quality of life?: An analysis of 8,591 children across age subgroups with the PedsQL™ 4.0 Generic Core Scales. *Health and Quality of Life Outcomes*, 5(1): 1-13.

Email: cberne@mapi.fr

Web: <http://www.pedsql.org/index.html>

46. Preschool and Early Childhood Functional Assessment Scale – PECFAS (CAFAS for preschool children)

A measure of functional impairment related to behavioral, emotional, psychological, or psychiatric problems for children ages 3-7 who have not yet entered school full-time; 7 subscales: School/Daycare, Home, Community, Behavior Toward Others, Moods/Emotions, Self-Harmful Behavior, and Thinking/ Communication; two additional subscales to assess the caregiving environment: Material Needs and Family/Social Support.

Hodges, K. (2003). *CAFAS Manual for training coordinators, clinical administrators, and data managers, second edition*. Ann Arbor, MI: Kay Hodges.

Web: <http://www.fasoutcomes.com/Content.aspx?ContentID=13>

47. Preschool Language Scale-Fourth Edition (PLS-4)

Standardized direct assessment that identifies language disorders in children ages 2 weeks to 6 years; 2 subscales: Auditory Comprehension and Expressive Communication.

Zimmerman, I. L., Steiner, V. G., and Pond, R. E. (1992). *Preschool Language Scale - 3: Examiner's Manual*. San Antonio, TX: The Psychological Corporation.

Contact information: The Psychological Corporation

Tel: 800.872.1726

Web: www.psychcorp.com

48. Temperament and Atypical Behavior Scale (TABS)

55-item checklist completed by caregivers covering temperament, attention, social behavior, play, vocal and oral behavior, sense and movement, self-stimulation and self-injury, and neurobehavioral state to identify temperament and self-regulation issues.

Neisworth, J.T., Bagnato, S.J., Salvia, J., and Hunt, F.M. (1999). *TABS manual for the Temperament and Atypical Behavior Scale: Early childhood indicators of developmental dysfunction*. Baltimore, MD: Brookes Publishing Company.

Contact information: Brookes Publishing Company, PO Box 10624, Baltimore, MD 21285

Tel: 800.638.3775

Web: <http://products.brookespublishing.com/Temperament-and-Atypical-Behavior-Scale-TABS-Assessment-Tool-P526.aspx>

49. Vineland Adaptive Behavior Scales (VABS)

Assesses personal and social functioning in infants and toddlers through structured interviews with caregivers; standardized; widely used to screen for mental retardation or other handicaps; 4 behavior domains: Communication, Daily Living Skills, Socialization, and Motor Skills.

Sparrow, S. S., Balla, D. A., and Cicchetti, D. V. (1984). *Vineland Adaptive Behavior Scales Interview Edition Expanded Form Manual*. Circle Pines, MN: American Guidance Service.

Contact information: American Guidance Service

Tel: 800.328.2560

Web: <http://psychcorp.pearsonassessments.com/HAIWEB/Cultures/enus/Productdetail.htm?Pid=Vineland-II>

50. Vineland Social-Emotional Early Childhood Scales (VSEECs)

122-item interviewer assisted parent report; assesses social-emotional functioning in children (0-5 years) through structured interviews with caregivers; standardized assessment; 3 scales: Interpersonal Relationships, Play and Leisure Time, and Coping Skills; and provides an overall Social-Emotional Composite Score.

Sparrow, S. S., Balla, D. A., and Cicchetti, D. V. (1998). *Vineland Social-Emotional Early Childhood Scales/Vineland SEEC*. Circle Pines, MN: American Guidance Service.

Sparrow, S. S., Balla, D. A., and Cicchetti, D. V. (2001). *Vineland SEEC ASSIST (Automated System for Scoring and Interpreting Standardized Tests)*. Circle Pines, MN: American Guidance Service, Inc.

Contact information: American Guidance Service

Tel: 800.328-2560

Web: www.agsnet.com/index.asp and <http://www.pearsonassessments.com/haiweb/cultures/en-us/productdetail.htm?pid=paa3600&mode=summary>

51. Woodcock-Johnson III

Standardized self-assessment measuring language proficiency in the four domains of reading, writing, speaking, and listening.

Mather, N., and Woodcock, R. W. (2001). *Examiner's Manual: Woodcock-Johnson III Tests of Cognitive Abilities*. Itasca, IL: Riverside Publishing.

McGrew, K. S., and Woodcock, R.W. (2001). *Technical Manual: Woodcock-Johnson III*. Itasca, IL: Riverside Publishing.

Schrank, F. A., and Woodcock, R. W. (2001). *WJ III Compuscore and Profiles Program (computer software)*. Itasca, IL: Riverside Publishing.

Contact information: Riverside Publishing

Tel: 800.323.9540

Web: www.woodcock-johnson

Measure 14: Intimate Partner Violence Screening

Measure 19: Intimate Partner Violence Referrals

9. Abuse Assessment Screen (AAS)

5-question screen involving open-ended questions to assess intimate partner violence.

Deshpande, N.A. and Lewis-O'Connor, A. (2013). Screening for intimate partner violence during pregnancy. *Reviews in Obstetrics and Gynecology*, 6:141-148.

Web: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4002190/figure/F5/>

10. Abuse Within Intimate Relationships Scale (AIRS)

26-item scale that measures perpetration of psychological and physical abuse; 5 subscales:

Emotional Abuse, Deception, Verbal Abuse, Overt Violence, and Restrictive Violence.

Borjesson, W. I., Aarons, G. A., and Dunn, M. E. (2003). Development and confirmatory factor analysis of the Abuse Within Intimate Relationship Scale. *Journal of Interpersonal Violence*, 8: 295–309.

Contact information: Psychological Assessment Resources, Inc., 16204 N. Florida Avenue, Lutz, FL 33549.

Tel: 800.383.6595

Web: www.parinc.com

11. Abusive Behavior Inventory (ABI)

30-item scale completed by male batterer that measures the frequency of perpetration of physical and psychological abusive behaviors.

Shepard, M. F., and Campbell, J. A. (1992). The Abusive Behavior Inventory: a measure of psychological and physical abuse. *Journal of Interpersonal Violence*, 7: 291–305.

Contact information: Sage Publications. Used with permission.

Web: <http://www.cdc.gov/ncipc/dvp/Compendium/IPV%20Compendium.pdf>

12. Composite Abuse Scale (CAS)

30-item assessment of partner abuse across 4 subscales: Severe Combined Abuse, Emotional Abuse, Physical Abuse, and Harassment.

Hegarty K., Sheehan M., and Schonfeld C. (1999). A multidimensional definition of partner abuse: development and preliminary validation of the Composite Abuse Scale. *Journal of Family Violence*, 14: 399–415.

Hegarty K., Bush R., and Sheehan M. (2005). The Composite Abuse Scale: further development and assessment of reliability and validity of a multidimensional partner abuse measure in clinical settings. *Violence and Victims*, 20: 529-547.

Contact information: Dr. Kelsey Hegarty at hegarty@unimelb.edu.au

Web: <http://www.cdc.gov/ncipc/dvp/Compendium/IPV%20Compendium.pdf>

13. Conflict Tactics Scales (CTS) - Revised

78-item non-standardized; administered as either self-report or observational measure to assess domestic violence, specific to partner relationship; 3 subscales: Physical Aggression, Psychological Aggression, and Sexual Coercion.

Straus, M. A., Hamby, S. L., Boney-McCoy, S., Sugarman, D. B. (1996). The Revised Conflict Tactics Scale (CTS2): development and preliminary psychometric data. *Journal of Family Issues*, 17: 283–316.

Contact information: Western Psychological Services, 12031 Wilshire Blvd., Los Angeles, CA 90025
Web: <http://www.wpspublish.com> and <http://www.fasttrackproject.org/techrept/c/cft/cft9tech.pdf>

14. Domestic Violence Screening for Pediatric Settings

6-item screen to identify patients experiencing domestic violence during well-child pediatric visits. Siegel, R.M., Hill, T.D., Henderson, V.A., Ernst, H.M., and Boat, B.W. (1999). Screening for domestic violence in the community pediatric setting. *Pediatrics*, 104: 874-77.

Web: pg. 35 http://www.cdc.gov/violenceprevention/pdf/ipv/ipvandsv_screening.pdf

15. Harassment in Abusive Relationships: A Self-Report Scale (HARASS)

45-item self-report measure; 2 scales: OFTEN and DISTRESS scales measure how often a harassing behavior occurs and how distressing the behavior is perceived by the participant.

Sheridan, D. J. (2001). Treating survivors of intimate partner abuse: forensic identification and documentation. In: Olshaker JS, Jackson MC, Smock WS, editors. *Forensic emergency medicine*. Philadelphia, PA: Lippincott, Williams, & Wilkins, 203–228.

Web: <http://www.cdc.gov/ncipc/dvp/Compendium/IPV%20Compendium.pdf>

16. Hurt, Insulted, Threatened with Harm and Screamed (HITS)

5-question assessment asking how often a partner hurt you, insults you, threatens you, and screams at you to form the acronym HITS.

Deshpande, N.A. and Lewis-O'Connor, A. (2013). Screening for intimate partner violence during pregnancy. *Reviews in Obstetrics and Gynecology*, 6:141-148.

Sherin, K.M., Sinacore, J.M., Li, X.Q., et al. (1998). HITS: a short domestic screening tool for use in a family practice setting. *Family Medicine*, 30:508–512.

Web: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4002190/figure/F4/>

17. Index of Psychological Abuse (IPA)

33-item scale measuring degree of ridicule, harassment, isolation, and control experienced in intimate partner relationship.

Sullivan C. M., Bybee, D. I. (1999). Reducing violence using community-based advocacy for women with abusive partners. *Journal of Consulting and Clinical Psychology*, 67: 43–53.

Sullivan C. M., Parisian, J. A., and Davidson, W. S. (1991). *Index of psychological abuse: development of a measure*. Poster presentation at the annual conference of the American Psychological Association, San Francisco.

Web: <http://www.cdc.gov/ncipc/dvp/Compendium/IPV%20Compendium.pdf>

18. Measure of Wife Abuse

60-item self-report across 4 factors: Physical, Verbal, Psychological, and Sexual Abuse.

Rodenburg F. A., and Fantuzzo, J.W. (1993). The Measure of Wife Abuse: Steps toward the development of a comprehensive assessment technique. *Journal of Family Violence*, 8: 203-228.
Contact information: Kluwer Academic Publishers.

Web: <http://www.cdc.gov/ncipc/dvp/Compendium/IPV%20Compendium.pdf>

19. Multidimensional Measure of Emotional Abuse

28-item scale that measures restrictive engulfment, hostile withdrawal, denigration, and dominance/intimidation.

Murphy, C. M., and Cascardi, M. (1999). Psychological abuse in marriage and dating relationship. In: Hampton RL, editor. *Family violence: prevention and treatment*. 2nd ed. Thousand Oaks (CA):

Sage; 198–226.

Murphy C. M., and Hoover, S.A. (1999). Measuring emotional abuse in dating relationships as a multifactorial construct. *Violence and Victims*, 14: 39–53.

Web: <http://www.cdc.gov/ncipc/dvp/Compendium/IPV%20Compendium.pdf>

20. Partner Abuse Scale (PAS)

2 versions: PAS-non-physical - 25-item self-report assessment of non-physical abuse experienced in intimate relationship; PAS-physical - 25-item self-report assessment of physical abuse experienced in intimate relationship.

Hudson, W. W. (1997). *The WALMYR assessment scales scoring manual*. Tallahassee, FL: WALMYR Publishing Company.

Contact information: WALMYR Publishing Company, PO Box 12217, Tallahassee, FL 32317.

Tel: 850.383.0045

Email: walmyr@walmyr.com

Web: http://www.cdc.gov/ncipc/dvp/compendium/measuring_ipv_victimization_and_perpetration.htm

21. Profile of Psychological Abuse (PPA)

21-item self-report measure of psychological abuse; 4 subscales: Jealous Control, Ignore, Ridicule Traits, and Criticize Behavior.

Sackett, L. A., Saunders, D. G. (1999). The impact of different forms of psychological abuse on battered women. *Violence and Victims*, 14:105–177.

Web: <http://www.cdc.gov/ncipc/dvp/Compendium/IPV%20Compendium.pdf>

22. Physical Abuse of Partner Scale

25-item scale that measures the magnitude of physical abuse perpetrated against a spouse or partner.

Hudson, W. (1997). *The WALMYR assessment scales scoring manual*. Tallahassee, FL: WALMYR Publishing Company.

Contact information: WALMYR Publishing Company, PO Box 12217, Tallahassee, FL 32317.

Tel: 850.383.0045

Email: walmyr@walmyr.com

23. Safe Dates— Physical Violence Perpetration

16-item scale that measures intimate partner physical violence or abuse perpetration in adolescent dating relationships.

Foshee, V. A., Bauman, K. E., Arriaga, X. B., Helms, R. W., Koch, G. G., and Linder, G. F. (1998). An evaluation of Safe Dates, an adolescent dating violence program. *American Journal of Public Health*, 88: 45–50.

Foshee, V. A., Linder, G. F., Bauman, K. E., et al. (1996). The Safe Dates project: Theoretical basis, evaluation design, and selected baseline findings. *American Journal of Preventive Medicine*, 12: 39–47.

Web: <http://www.cdc.gov/ncipc/dvp/Compendium/IPV%20Compendium.pdf>

24. Safe Dates— Physical Violence Victimization

Measures intimate partner violence and victimization in adolescent dating relationships.

Foshee, V. A., Bauman, K. E., Arriaga, X. B., Helms, R. W., Koch, G. G., and Linder, G. F. (1998). An evaluation of Safe Dates, an adolescent dating violence program. *American Journal of Public*

Health, 88: 45–50.

Foshee, V. A., Linder, G. F., Bauman, K. E., et al. (1996). The Safe Dates project: Theoretical basis, evaluation design, and selected baseline findings. *American Journal of Preventive Medicine*, 12: 39–47.

Web: <http://www.cdc.gov/ncipc/dvp/Compendium/IPV%20Compendium.pdf>

25. Severity of Violence Against Women Scale/Severity of Violence Against Men Scale (SVAWS/SVAMS)

46-item self-report assessment measures threat of abuse and actual physical violence in order to assess the type and severity of violence against victims by intimate partners.

Marshall, L. L. (1992a). Development of the Severity of Violence Against Women Scale. *Journal of Family Violence*, 7: 103–121.

Marshall, L. L. (1992b). The Severity of Violence Against Men Scale. *Journal of Family Violence*, 7: 189–203.

Web: <http://www.cdc.gov/ncipc/dvp/Compendium/IPV%20Compendium.pdf>

26. Sexual Experiences Survey (SES)—Perpetration Version

11-item self-report measure that assesses sexual aggression and victimization.

Koss, M. P., and Gidycz, C. A. (1985). Sexual Experience Survey: reliability and validity. *Journal of Consulting and Clinical Psychology*, 53: 422–423.

Koss, M. P., Gidycz, C. A., and Wisniewski, N. (1987). The scope of rape: incidence and prevalence of sexual aggression and victimization in a national sample of higher education students. *Journal of Consulting and Clinical Psychology*, 55: 162–170.

Koss, M. P., and Oros, C. J. (1982). Sexual Experience Survey: A research instrument investigating sexual aggression and victimization. *Journal of Consulting and Clinical Psychology*, 50: 455–457.

Web: <http://www.cdc.gov/ncipc/dvp/Compendium/IPV%20Compendium.pdf>

27. Sexual Experiences Survey (SES)—Victimization Version

11-item self-report measure that assesses sexual aggression and victimization.

Koss, M. P., and Gidycz, C. A. (1985). Sexual Experience Survey: Reliability and validity. *Journal of Consulting and Clinical Psychology*, 53: 422–423.

Koss, M. P., Gidycz, C. A., and Wisniewski, N. (1987). The scope of rape: incidence and prevalence of sexual aggression and victimization in a national sample of higher education students. *Journal of Consulting and Clinical Psychology*, 55: 162–170.

Koss, M. P., and Oros, C. J. (1982). Sexual Experience Survey: a research instrument investigating sexual aggression and victimization. *Journal of Consulting and Clinical Psychology*, 50: 455–457.

Web: <http://www.cdc.gov/ncipc/dvp/Compendium/IPV%20Compendium.pdf>

28. The Relationship Chart

4-items asking about problems occurring in the household using a picture scale to rate responses.

Wasson, J.H., Jette, A.M., Anderson, J., Johnson, D.J., Nelson, E.C., and Kilo, C.M. (2000). Routine, single-item screening to identify abusive relationships in women. *The Journal of Family Practice*, 49: 1017–22.

Web: http://www.cdc.gov/violenceprevention/pdf/ipv/ipvandsv_screening.pdf

29. Universal Violence Prevention Screening Protocol – Adapted

6-question screening protocol administered by a clinician or self-report to identify relationship abuse.

Heron, S.L., Thompson, M.P., Jackson, E., and Kaslow, N.J. (2003). Do responses to an intimate

partner violence screen predict scores on a comprehensive measure of intimate partner violence in low-income black women? *Annals of Emergency Medicine*, 42: 483-91.
Web: pg. 69 http://www.cdc.gov/violenceprevention/pdf/ipv/ipvandsv_screening.pdf

30. Women Abuse Screening Tool (WAST)

8-question screener to identify women who are victims of abuse.

Brown, J.B., Lent, B., Schmidt, G., and Sas, G. (2000). Application of the Woman Abuse Screening Tool (WAST) and WAST-Short in the family practice setting. *Journal of Family Practice*, 49:896-903.

Web: <http://womanabuse.webcanvas.ca/documents/wast.pdf>

31. Women's Experience with Battering (WEB)

10-item measure of psychological/emotional victimization.

Smith, P., Earp, J., and DeVellis, R. (1995). Measuring battering: development of the Women's Experiences with Battering (WEB) Scale. *Women's Health: Research on Gender, Behavior, and Policy*, 1:273-288.

Smith, P., Smith, J., and Earp, J. (1999). Beyond the measurement trap: a reconstructed conceptualized and measurement of woman battering. *Psychology of Women Quarterly*, 23:177-193.

Smith, P., Thornton, G., DeVellis, R., Earp, J., and Coker, A. (2002). A population-based study of the prevalence and distinctiveness of battering, physical assault, and sexual assault in intimate relationships. *Violence Against Women*, 8:1208-1232.

Contact information: Sage Publications, Thousand Oaks, CA

Appendix C

Guidance on Reporting Index Children

Due to several questions received from grantees, HRSA would like to clarify guidance related to the reporting of index children for the purposes of FY 2017 annual performance reporting. Guidance for reporting index children on Form 1 remains the same as in previous years. As such, all children who meet the definition of an index child who were enrolled in home visiting services during the reporting period should be reported on Form 1.

For the purposes of Form 2, the same standard used for Form 1 will apply. All children who meet the definition of an index child, were enrolled in home visiting services during the reporting period, and meet the inclusion criteria for a given measure should be reported in the appropriate measures contained in Form 2. HRSA acknowledges that this is a change in guidance from previous reporting periods. Due to the potential extent of this change for some grantees, DHVECS is issuing the following guidance:

Grantees must report all index children enrolled in the program, including subsequent pregnancies after enrollment, on Form 2. However, grantees who are unable to meet this requirement for the FY 2017 reporting period (10/1/2016-9/30/2017) may begin implementing this standard for the FY 2018 reporting period (10/1/2017-9/30/2018). This phased-in approach applies only to Form 2. Grantees should indicate in their Performance Measurement Plans how they will report index children on Form 2. All grantees are expected to report all enrollees, including all index children, on Form 1.

Please note that the definition of an index child has been updated to further clarify that multiple index children per family may be enrolled. Grantees should follow programmatic and model-specific guidance related to the enrollment and reporting of multiple index children per household. Guidance related to the identification and reporting of primary caregivers is not impacted by this guidance.

The table on the following page provides clarification on how to report on measures which reference the primary caregiver and index child. Additional clarification is provided below the table for selected measures.

In the table below, the first column lists measures where the unit of measurement is the index child, and the guidance for these measures is to report on all index children, including those from subsequent pregnancies. In the last column, the unit of measurement is the caregiver without reference to the index child. These measures are not impacted by the additional clarification for reporting index children. For the measures listed in the second column, the unit of measurement is the primary caregiver, but the measure references the index child. For some of these measures, the primary caregiver could be counted more than once in the same or subsequent reporting years, depending on the number of index children enrolled. Further HRSA guidance on these measures is provided below the table.

Measures with Index Child as Target Population	Measures with Primary Caregiver as Target Population with a reference to Index Child	Measures with Primary Caregiver as Target Population
Preterm birth (#1)* Breastfeeding (#2) Well-child visits (#4) Safe sleep (#7) Child injury (#8) Child maltreatment (#9) Early language and literacy activities (#11) Developmental screening (#12) Completed developmental referrals (#18)	Depression screening (#3) Postpartum care (#5) Parent-child interaction (#10) Completed depression referrals (#17)	Tobacco cessation referrals (#6) Behavioral concerns (#13) IPV screening (#14) Education (#15) Health Insurance (#16) IPV referrals (#19)

*Births are the target population, including index children and subsequent children

Below is additional clarification for selected measures.

Column 1: Measures with Index Child as Target Population

- Measures 2, 4, 7, 8, 9, 11, 12, 18. These measures need to be reported for all index children, including those from subsequent pregnancies after enrollment in the home visiting program.
- Measure 1: Preterm Birth: This should be reported for each live birth, including those from subsequent pregnancies after enrollment in the home visiting program.

Column 2: Measures with Primary Caregiver as Target Population with a reference to Child

- Measure 3: Depression Screening: This is a one-time measure. Depression screenings do not need to be reported again for primary caregivers with pregnancies that occur after enrollment in the home visiting program.
- Measure 5: Postpartum Care: This is a one-time measure. Postpartum care does not need to be reported again for mothers with subsequent pregnancies that occur after enrollment in the home visiting program.

- Measure 10: Parent-Child Interaction: This measure is for the primary caregiver-index child dyad. It needs to be reported for each dyad that meets the definition of these participants, including index children from subsequent pregnancies.
- Measure 17: Completed Depression Referrals: This is a one-time measure. Completed depression referrals do not need to be reported again for primary caregivers with subsequent pregnancies that occur after enrollment in the home visiting program.

Column 3: Measures with Primary Caregiver as Target Population

- Measures 6, 13, 14, 15, 16, 19. These measures are not affected by the additional clarification for reporting index children.

Appendix D

Guidance on Identifying Missing Data

The Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) revised the Home Visiting Program performance measurement system, which was approved by the Office of Management and Budget (OMB) in March 2016. This guidance includes instructions for the identification of missing data and is one of several technical assistance resources to support Federal Home Visiting Program grantees in adopting and implementing the new performance measures.

Construct/Topic		Indicator	Numerator	Denominator	Missing Data
1	Preterm Birth	(Systems Outcome) Percent of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment	Number of live births (index child or subsequent children among mothers who enrolled in home visiting prenatally before 37 weeks) born before 37 completed weeks of gestation and after enrollment	Number of live births after enrollment who were born to mothers enrolled in home visiting prenatally before 37 weeks	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
2	Breastfeeding	(Systems Outcome) Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age	Number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age	Number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) enrolled in home visiting for at least 6 months	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
3	Depression Screening	Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally)	For those not enrolled prenatally, number of primary caregivers enrolled in home visiting who are screened for depression within the first 3 months since enrollment; for those enrolled prenatally, the number of primary caregivers screened for depression within 3 months of delivery	For those not enrolled prenatally, the number of primary caregivers enrolled in home visiting for at least 3 months; for those enrolled prenatally, the number of primary caregivers enrolled in home visiting for at least three months post delivery	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether the screening occurred using a validated tool, but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.
4	Well Child Visit	Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule	Number of children (index child) enrolled in home visiting who received the last recommended well child visit based on the AAP schedule	Number of children (index child) enrolled in home visiting	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if the home visit occurred but the home visitor did not collect the data. If a home visit did not occur around the

Construct/Topic		Indicator	Numerator	Denominator	Missing Data
					most recent age requiring a well-child visit, then data from the previous expected well-child visit should be reported.
5	Postpartum Care	Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery	Number of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery	Number of mothers who enrolled in home visiting prenatally or within 30 days after delivery and remained enrolled for at least 8 weeks (56 days) after delivery	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
6	Tobacco Cessation Referrals	Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment.	Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment	Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were enrolled for at least 3 months	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether the primary caregiver used tobacco or cigarettes at enrollment since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are known and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.
7	Safe Sleep	Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing or soft bedding	Number of infants (index child aged less than 1 year) enrolled in home visiting whose primary caregiver reports that they are always placed to sleep on their backs, without bed-sharing or soft bedding	Number of infants (index child) enrolled in home visiting who were aged less than 1 year during the reporting period	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
8	Child Injury	(Systems Outcome) Rate of injury-related visits to the Emergency Department (ED) since enrollment among children enrolled in home visiting	Number of parent-reported nonfatal injury-related visits to the ED since enrollment among children (index child) enrolled in home visiting	Number of children (index child) enrolled in home visiting	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
9	Child Maltreatment	(Systems Outcome) Percent of children enrolled in home visiting with at least 1 investigated case of maltreatment	Number of children (index child) enrolled in home visiting with at least 1 investigated case of maltreatment since enrollment	Number of children (index child) enrolled in home visiting	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.

Construct/Topic		Indicator	Numerator	Denominator	Missing Data
		following enrollment within the reporting period			
10	Parent-Child Interaction	Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool	Number of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool	Number of primary caregivers enrolled in home visiting with children reaching the target age range	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether the primary caregiver received an observation of caregiver-child interaction by the home visitor using a validated tool, but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.
11	Early Language and Literacy Activities	Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day	Number of children (index child) enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day	Number of children (index child) enrolled in home visiting	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
12	Developmental Screening	Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool	Number of children (index child) enrolled in home visiting with at least one screening within the AAP-defined age groups during the reporting period	Number of children (index child) enrolled in home visiting reaching the specified time frame during the reporting period	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether the screening occurred using a validated tool, but all other data elements are known, then the child should be included in the denominator (if eligible), but not in the numerator.
13	Behavioral Concerns	Percent of home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning	Number of home visits where primary caregivers enrolled in home visiting were asked if they have any concerns regarding their child's development, behavior, or learning	Total number of home visits during the reporting period	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. If a home visit occurred, but there is no documentation of whether the primary caregiver was asked about behavioral concerns, then the home visit should be included in the denominator (if eligible – i.e., postnatal visit), but not in the numerator.

Construct/Topic		Indicator	Numerator	Denominator	Missing Data
14	IPV Screening	Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) within 6 months of enrollment using a validated tool	Number of primary caregivers enrolled in home visiting who are screened for IPV using a validated tool within 6 months of enrollment	Number of primary caregivers enrolled in home visiting for at least 6 months	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether the screening occurred using a validated tool (including if the screening did not occur because the caregiver was male and they only have validated tools for use among female caregivers), but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.
15	Primary Caregiver Education	(Systems Outcome) Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in, maintained continuous enrollment in, or completed high school or equivalent during their participation in home visiting	Number of primary caregivers who enrolled in, maintained continuous enrollment in, or completed a high school degree or equivalent after enrollment in home visiting (and met the conditions specified in the denominator)	Number of primary caregivers without a high school degree or equivalent at enrollment	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
16	Continuity of Health Insurance Coverage	(Systems Outcome) Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least 6 consecutive months	Number of primary caregivers enrolled in home visiting who reported having health insurance coverage for at least 6 consecutive months since enrollment in home visiting	Number of primary caregivers enrolled in home visiting for at least 6 months	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
17	Completed Depression Referrals	(Systems Outcome) Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts	Number of primary caregivers enrolled in home visiting who received recommended services for depression (and met the conditions specified in the denominator)	Number of primary caregivers enrolled in home visiting who had a positive screen for depression within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally) and were referred for services	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether the screening occurred using a validated tool since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be

Construct/Topic		Indicator	Numerator	Denominator	Missing Data
					included in the denominator (if eligible), but not in the numerator.
18	Completed Developmental Referrals	(Systems Outcome) Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner	Number of children enrolled in home visiting who a) received individualized developmental support from a home visitor; b) were referred to early intervention services and receive an evaluation within 45 days; OR c) were referred to other community services who received services within 30 days (and met the conditions specified in the denominator)	Number of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool)	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether the screening occurred using a validated tool since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.
19	IPV referrals	Percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information to IPV resources	Number of primary caregivers enrolled in home visiting who received referral information to IPV resources (and met the conditions specified in the denominator)	Number of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) within 6 months of enrollment	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether the screening occurred using a validated tool since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.

Appendix E

Content Area Alignment for the Federal Home Visiting Program's Performance Measures

This table summarizes content area alignment for the Federal Home Visiting Program's performance indicators and system outcome measures with other federal measures, national datasets, and indicators from the PEW Home Visiting Data for Performance Initiative. Although many of the content areas align for selected measures, there may be variations in the definition and operationalization of these measures across the data sources.

HRSA/MCHB Federal Home Visiting Performance Indicators		Other HRSA/MCHB Measures				Other Federal Measures		National Datasets				Other
Measure #	Content Area	Title V	HV CoIIN	IM CoIIN	Healthy Start	Medicaid	HP2020	NSCH	NHIS	PRAMS	Other	PEW
1	Preterm Birth	X		X			X	X			NVSS	
2	Breastfeeding	X	X		X		X	X		X	NIS	X
3	Depression Screening		X		X	X	X					
4	Well Child Visit				X	X		X	X			X
5	Postpartum Care			X	X	X	X			X		X
6	Tobacco Cessation Referrals			X		X	X					
7	Safe Sleep	X		X	X		X	X		X		
8	Child Injury	X					X				NHAMCS, NEISS	
9	Child Maltreatment						X				NCANDS	X
10	Parent-Child Interaction											
11	Early Language and Literacy Activities				X		X	X				
12	Developmental Screening	X	X			X	X	X				
13	Behavioral Concerns		X									
14	IPV Screening				X	X						
15	Primary Caregiver Education										SIPP	X
16	Continuity of Health Insurance Coverage								X			

HRSA/MCHB Federal Home Visiting Performance Indicators		Other HRSA/MCHB Measures				Other Federal Measures		National Datasets				Other
Measure #	Content Area	Title V	HV CoIIN	IM CoIIN	Healthy Start	Medicaid	HP2020	NSCH	NHIS	PRAMS	Other	PEW
17	Completed Depression Referrals		X									X
18	Completed Developmental Referrals		X				X	X				X
19	IPV referrals											