

THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

FORM 2 PERFORMANCE INDICATORS AND SYSTEMS OUTCOMES TOOLKIT

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The Maternal, Infant, and Early Childhood Home Visiting Program Form 2 Performance Indicators and Systems Outcomes Toolkit

2022 Update

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The MIECHV Program Form 2 Performance Indicators and Systems Outcomes Toolkit

Awardees funded under the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) 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, as well as 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. MIECHV 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 MIECHV 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 was developed with input from MIECHV awardees, federal partners, representatives of home visiting model developers, content experts, and technical assistance (TA) 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. Awardees began implementing the revised measures in October 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 an evidence-based home visiting model. The revised form also streamlines reporting and reduces the burden for awardees 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 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 awardees; 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 formulas, which will reward high performing awardees.
- **Systems outcome measures** are more distal to the intervention and/or do not have as 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 awardees; and compare the outcomes of service populations with comparable populations using available state or nationally representative data sources.

In 2021, HRSA revised the existing performance measurement system, which the Office of Management and Budget (OMB) approved in July 2021 (see “FY 2022 Annual Performance Reporting Updates” section for more information). Awardees began implementing the revised measures in October 2021. Revisions to Form 2 are described in the table below.

Table 1. Revisions to Form 2

Added new constructs	Optional Measure 1: Substance Use Screening – Performance Indicator Optional Measure 2: Completed Substance Use Referrals - Systems Outcome
Revised existing constructs	Measure 16: Continuity of Health Insurance Coverage- Systems Outcome
Removed constructs	None
Updated Missing Data Guidance	Measure 17: Completed Depression Referrals – Systems Outcome Measure 18: Completed Developmental Referrals – Systems Outcome Measure 19: Intimate Partner Violence Referrals – Performance Indicator

About the Toolkit

The purpose of this document is to support awardees in reporting quality, consistent, and accurate data for each of the standardized measures in Form 2. The toolkit has been updated to reflect the most recent changes to MIECHV reporting requirements (see “FY 2022 Annual Performance Reporting Updates” section for more information). This document

- supplies guidance on how to collect and report performance measures; and
- Includes awardee-populated fields to specify data sources, data collection plans, and modifications to existing processes to address new measures.

This document can also be used by awardees when developing and updating performance measurement plans. These plans should detail how the awardee plans to collect, analyze, and report annually on each of the 19 required and 2 optional Form 2 measures.

Each performance measure includes four sections.

1. **HRSA Data Collection Form.** This is the data collection form as it appears in the Home Visiting Information System (HVIS). 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 awardees may identify what information will be submitted during each annual report.
2. **Measure Details.** This section provides additional information to help operationalize each measure, including 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 provided in this section may be helpful as awardees develop or modify data collection forms and data systems for the new measures. Criteria for identifying and reporting missing data for each measure may also be found in Appendix B.
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 awardees of possible data elements that need to be available in order to calculate the data value for each measure.
4. **Logic Statements for Data Inclusion in Reporting.** This section is intended to aid awardees in reporting data that meet the inclusion criteria for each measure. The section includes a series of logic statements to help identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

Key Terms

Target population. For the purposes of performance measurement reporting, the MIECHV 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. The target population for each measure is included in the Measure Details section.

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. Data elements reflect 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 intended to gather the necessary elements, and the data systems will then provide the appropriate variables for reporting. For example, in order to assess if primary caregivers were screened for IPV within 6 months of enrollment, awardees 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 awardees only collect data on whether an IPV screening was administered (yes/no) without 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. 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. In the example with the fraction representing the proportion of primary caregivers enrolled in home visiting who received an IPV screening, then the denominator is the number of primary caregivers who were enrolled.

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 training requirements that need to be met before staff can administer the tool. HRSA requires awardees to use a validated tool for the following measures – Measure 3: Depression Screening, Measure 10: Parent-Child Interaction, Measure 12: Developmental Screening, and Measure 14: Intimate Partner Violence Screening. The same requirement applies for Optional Measure 1: Substance Use Screening. A list of validated tools by measure is provided in Appendix E.

FY 2022 Annual Performance Reporting Updates

In July 2021, OMB approved updates to the MIECHV Annual Performance Reports ([Form 1](#) and [Form 2](#); OMB NO. 0906-0017). **The updates will take effect with the FY 2022 reporting period, (October 2021 – September 2022).**

Changes are mostly related to data reporting and reflect the proposed changes outlined during the June Virtual All Grantee Meeting Technical Assistance Session titled “Updates and Advancements: What’s New with MIECHV Data and Performance Measurement”.

Copies of updated Forms are available in the [MIECHV Data, Evaluation, and Continuous Quality Improvement \(CQI\) website](#). Additional technical assistance resources, including a webinar recording of the virtual AGM session, a summary of updates, and a list of validated screening tools are available on the MIECHV MALL or by contacting your TARC TA Specialist

Measure 1: Preterm Birth

Measure 1: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator, denominator, and missing data values in HVIS. Any information that may help explain the data should be reported in the notes. Awardees should also enter a table note when the percent of missing data is greater than or equal to 10% that addresses the reason for missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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

5. VALUE FOR REPORTING PERIOD (percentage)

Numerator:

Denominator:

Value: Auto-calculated

6. MISSING DATA

6.a. Definition

Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.

6.b. Value – Enter the number of cases missing from measure calculation:

7. 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.

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.

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:

- Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
- Missing data should not be included in the measure calculation.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

Additional Notes:

- To be included in the reporting period, participants need to have enrolled prior to 37 completed weeks of gestation and delivered the baby during the reporting period. If the participant enrolls prior to 37 weeks in the current reporting period but delivers in the subsequent reporting period, the participant will be included in the subsequent reporting submission. If she enrolls prior to 37 weeks in the previous reporting period but delivers in the current reporting period, she will be included in the current report submission.
- Preterm birth is defined as a birth before the 37 completed weeks of gestation (defined as up to 36 weeks and 6 days). The “37 completed weeks” means 36 weeks and 7 days. (Reference: <http://www.who.int/mediacentre/factsheets/fs363/en/>).

Measure 1: Logic Statements for Data Inclusion in Reporting

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

Measure Definition: Percentage of infants born to mothers enrolled in home visiting prior to 37 completed weeks of gestation (preterm) and delivered in the reporting period.

Inclusion Criteria: To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the child enrolled in home visiting was born during the reporting period, (2) if the primary caregiver enrolled prior to 37 completed weeks of gestation, and (3) the gestational age at the time of birth.

Logic Statements: The following steps will help to identify whom to include in the measure and how to identify missing data:

1. **For each child enrolled in your program at any point during the reporting period, was s/he born during the reporting period?**

Yes – Continue to next question.



No – This child is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



2. **Did the primary caregiver enroll prenatally prior to 37 completed weeks of gestation?**

Yes – Continue to next question.



No – This child is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



3. **What was the gestational age at the time of birth?**

Gestational age at birth determined – Continue to next question.



Gestational age at birth not determined – Include in missing cases for this measure.



4. **Was the child born less than 37 completed weeks of gestation?**

Yes – Include in numerator and denominator for this measure.



No – Include in denominator for this measure, but do not include in numerator.



Information missing – Include in missing cases for this measure.



Measure 2: Breastfeeding

Measure 2: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator, denominator, and missing data values in HVIS. Any information that may help explain the data should be reported in the notes. Awardees should also enter a table note when the percent of missing data is greater than or equal to 10% that addresses the reason for missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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

5. VALUE FOR REPORTING PERIOD (percentage)

Numerator:

Denominator:

Value: Auto-calculated

6. MISSING DATA

6.a. Definition

Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.

6.b. Value – Enter the number of cases missing from measure calculation:

7. NOTES

Measure 2: Details

Target Population: Index children who reached 6 to 12 months of age within the reporting period whose mothers enrolled prenatally and have been enrolled for at least 6 months.

Data Collection Time Point: Home visit at or after the index child reached 6 months and before the child reaches 12 months.

Frequency of Reporting: This measure is assessed in the reporting period for which the index children are between 6 and 12 months during the reporting period. Once an eligible index child has been included in the measure, s/he is excluded from subsequent reporting periods.

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

Validated Tool: NA

Missing Data:

- Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
- Missing data should not be included in the measure calculation.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

Additional Notes:

- In addition to breast milk fed directly from the mother to the infant, breastfeeding also includes feeding the infant pumped or expressed breast milk (Form 1 Key Term Definitions).
- The measure captures if the index child received breastmilk in any amount at 6 months of age, not if the child was continuously or exclusively breastfed for 6 months.
- Since the measure reflects whether the index child received breastmilk at 6 months of age, data collection should occur when the child is older than 6 months, but prior to 12 months.
- This measure may be assessed retrospectively.
- Medical exclusion criteria can be found at <http://www.cdc.gov/breastfeeding/disease/>.

Measure 2: Logic Statements for Data Inclusion in Reporting

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

Measure Definition: Percentage of index children who were breastfed any amount at 6 months of age and whose mothers enrolled in home visiting prenatally.

Inclusion Criteria: To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the index child's mother enrolled prenatally, (2) if the child's age was between 6 and 12 months during the reporting period, (3) if the breastfeeding status was assessed, and (4) if the breastfeeding status was assessed when the child was between 6 and 12 months.

Logic Statements: The following steps will help to identify whom to include in the measure and how to identify missing data:

1. Did the index child's mother enroll in home visiting prenatally?

Yes – Continue to next question.



No – This index child is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



2. Was the index child between 6 to 12 months of age during the reporting period?

Yes – Continue to next question.



No – This index child is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



3. Did the date of the breastfeeding assessment occur between the index child's age of 6 and 12 months?

Yes – Continue to next question.



No – This index child is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



4. Did the breastfeeding assessment indicate the index child received breastmilk in any amount when s/he was 6 months of age?

Yes – Include in numerator and denominator for this measure.



No – Include in denominator for this measure, but do not include in numerator.



Information missing – Include in missing cases for this measure.



Measure 3: Depression Screening

Measure 3: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator, denominator, and missing data values in HVIS. Any information that may help explain the data should be reported in the notes. Awardees should also enter a table note when the percent of missing data is greater than or equal to 10% that addresses the reason for missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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

5. VALUE FOR REPORTING PERIOD (percentage)

Numerator:

Denominator:

Value: Auto-calculated

6. MISSING DATA

6.a. Definition

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 a 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. All cases of missing data should be excluded from the measure calculation.

6.b. Value – Enter the number of cases missing from measure calculation:

7. NOTES

8. MEASUREMENT TOOL UTILIZED

Indicate the validated measurement tool(s) utilized to address this measure

Measure 3: Details

Target Population: Primary caregivers who have been enrolled for at least 3 months.

Data Collection Time Point: Within 3 months after enrollment for those enrolled postnatally and within 3 months post-delivery for those enrolled prenatally.

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.

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

Validated Tool: Awardees must use a validated tool for this measure. Depression should be defined in accordance to the validated depression screening tool's definition of depression.

Missing Data:

- 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.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

Additional Notes:

- This measure captures two target populations with different screening windows. Data from both target populations should be aggregated into one value for this measure.
- The denominator requires screening within 3 months of enrollment if enrolled postnatally, or within 3 months of delivery if enrolled prenatally. Although selected validated tool(s) may allow for other screening windows, the screening for this measure must occur with the MIECHV required windows to meet reporting criteria. In the event that the established data collection window has not closed before the end of the reporting period, the case is not included in the numerator or denominator until the window has closed. However, if data are collected before the window closes, they may be reported in the reporting period in which the data are collected.

Measure 3: Logic Statements for Data Inclusion in Reporting

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

Measure Definition: Percentage of primary caregivers enrolled in home visiting who were 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).

Inclusion Criteria: To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the primary caregiver enrolled postnatally and reached 3 months of enrollment in the reporting period or if the primary caregiver enrolled prenatally and reached 3 months postpartum in the reporting period and (2) if the primary caregiver was screened for depression with a validated tool within 3 months of enrollment for those enrolled postnatally or within 3 months of delivery for those enrolled prenatally.

Logic Statements: The following steps will help to identify whom to include in the measure and how to identify missing data:

1. For each primary caregiver enrolled in your program, did they enroll prenatally or postnatally?

Primary caregiver enrolled prenatally – Continue to next question.



Primary caregiver enrolled postnatally – Continue to question 4.



Information missing – Include in missing cases for this measure.



2. For each primary caregiver who enrolled prenatally, did they reach 3 months postpartum during the reporting period?

Yes – Continue to next question.



No – The primary caregiver is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



3. For each primary caregiver who enrolled prenatally, were they screened for depression with a validated tool within 3 months postpartum?

Yes – Include in the numerator and denominator for this measure.



No – Include in the denominator for this measure, but do not include in the numerator.



Screening information missing – Include in the denominator for this measure, but not in the numerator.



4. For each primary caregiver who enrolled postnatally, did they reach 3 months of enrollment during the reporting period?

Yes – Continue to next question.



No – This primary caregiver is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



5. For each primary caregiver who enrolled postnatally, were they screened for depression using a validated tool within 3 months of enrollment?

Yes – Include in numerator and denominator for this measure.



No – Include in the denominator for this measure, but do not include in the numerator.



Screening information missing – Include in the denominator for this measure, but not the numerator.



Measure 4: Well-Child Visit

Measure 4: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator, denominator, and missing data values in HVIS. Any information that may help explain the data should be reported in the notes. Awardees should also enter a table note when the percent of missing data is greater than or equal to 10% that addresses the reason for missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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

5. VALUE FOR REPORTING PERIOD (percentage)

Numerator:

Denominator:

Value: Auto-calculated

6. MISSING DATA

6.a. Definition

Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if a home visit occurred but the home visitor did not collect the data. All cases of missing data should be excluded from the measure calculation.

6.b. Value – Enter the number of cases missing from measure calculation:

7. NOTES

Measure 4: Details

Target Population: Enrolled index children.

Data Collection Time Point: Data regarding well-child visits will be collected at multiple points in time throughout enrollment to correspond to the AAP recommended schedule. Data may be collected after each scheduled well-child visit or retrospectively at the end of the reporting period

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.

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

Validated Tool: N/A

Missing Data:

- 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.
- Missing data should not be included in the measure calculation.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

Additional Notes:

- All index children who received services for any length of time during the reporting period should be counted in that reporting period.
- 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.
- Awardees 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 to 7 days, 2 to 4 weeks, 2 to 3 months, 4 to 5 months, 6 to 7 months, 9 to 10 months, 12 to 13 months, 15 to 16 months, 18 to 19 months, 2 to 2.5 years, 3 to 3.5 years, and 4 to 4.5 years. These intervals allow for a window for the visits to occur. For instance, the 9-month visit could occur for the index child anytime between 9 to 10 months of age.

Measure 4: Logic Statements for Data Inclusion in Reporting

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

Measure Definition: Percentage of index children enrolled in home visiting who received the last recommended visit based on the AAP schedule.

Inclusion Criteria: Expected well-child visit may be determined using a table of recommended well-child visits based on the AAP schedule. At the end of the reporting period, verify (1) when each index child's last home visit occurred, (2) the child's age at the date of the last home visit, (3) which AAP expected well-child visit should have occurred prior to the last home visit, and (4) if the expected AAP visit was completed. When determining which AAP expected well-child visit should have occurred prior to the last

home visit, keep in mind each well-child visit has a window for completion. The window for data collection should end prior to the last home visit.

Logic Statements: The following steps will help to identify whom to include in the measure and how to identify missing data:

1. For each index child enrolled in your program, was s/he actively enrolled in home visiting for any part of the reporting period?

Yes – Continue to next question.



No – This index child is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



2. When was the last home visit with the family?

Date provided – Continue to next question.



Date not provided – Include in missing cases for this measure.



3. What was the index child’s age at the time of the last home visit with the family?

Index child’s age is known/can be calculated – Continue to next question.



Unable to determine index child’s age – Include in missing cases for this measure.



4. Prior to the last home visit with the family, what was the last expected well-child visit based on AAP recommendations?

Index child’s age range during last expected well-child visit is known/can be calculated – Continue to next question.



Index child’s age range during last expected well-child visit cannot be determined – Include in missing cases for this measure.



5. What was the index child's age at her/his last reported well-child visit?

Index child's age at last well-child visit is known/can be calculated – Continue to next question.



Index child's age at last well-child visit cannot be determined – Include in missing cases for this measure.



6. Did the last reported well-child visit for the index child fall within the age range of the last expected well-child visit?

Yes – Include in numerator and denominator for this measure.



No – Include in denominator for this measure, but do not include in numerator.



Measure 5: Postpartum Care

Measure 5: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator, denominator, and missing data values in HVIS. Any information that may help explain the data should be reported in the notes. Awardees should also enter a table note when the percent of missing data is greater than or equal to 10% that addresses the reason for missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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

5. VALUE FOR REPORTING PERIOD (percentage)

Numerator:

Denominator:

Value: Auto-calculate

6. MISSING DATA

6.a. Definition

Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.

6.b. Value – Enter the number of cases missing from measure calculation:

7. NOTES

Measure 5: Details

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

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

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.

Suggested Data Elements: Mothers 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:

- Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
- Missing data should not be included in the measure calculation.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

Additional Notes:

- This measure captures two target populations. Data from both target populations should be aggregated into one value for this measure.
- A postpartum visit is defined as a visit between the mother and her health care provider to assess her 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 to 6 weeks after delivery. (Reference: Health Resources and Services Administration. Child Health USA 2013: Postpartum Visit and Well-Baby Care. Retrieved from <https://mchb.hrsa.gov/sites/default/files/mchb/data-research/child-health-2013.pdf>)

Measure 5: Logic Statements for Data Inclusion in Reporting

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

Measure Definition: Percentage of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit within 8 weeks (56 days) of delivery by a healthcare provider.

Inclusion Criteria: To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the mother enrolled in home visiting prenatally or within 30 days after delivery, (2) if the mother was 8 weeks (56 days) after delivery at any point in the reporting period, and (3) if a postpartum visit took place on or before 8 weeks (56 days) after delivery.

Logic Statements: The following steps will help to identify whom to include in the measure and how to identify missing data:

1. For each mother enrolled in your program at any point during the reporting period, were they enrolled prenatally or within 30 days after delivery?

Yes – Continue to next question.



No – This mother is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



2. Did the mother reach 8 weeks (56 days) after delivery within the reporting period?

Yes – Continue to next question.



No – This mother is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



3. Did the mother complete a postpartum visit on or before 8 weeks (56 days) after delivery?

Yes – Include in numerator and denominator for this measure.



No – Include in the denominator for this measure, but do not include in the numerator.



Information missing – Include in missing cases for this measure.



Measure 6: Tobacco Cessation Referrals

Measure 6: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator, denominator, and missing data values in HVIS. Any information that may help explain the data should be reported in the notes. Awardees should also enter a table note when the percent of missing data is greater than or equal to 10% that addresses the reason for missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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

5. VALUE FOR REPORTING PERIOD (percentage)

Numerator:

Denominator:

Value: Auto-calculated

6. MISSING DATA

6.a. Definition

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

6.b. Value – Enter the number of cases missing from measure calculation:

7. 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.

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

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

Validated Tool: N/A

Missing Data:

- 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.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

Additional Notes:

- This measure requires all participants to be assessed for tobacco use at the time of enrollment (within 3 months of enrollment), although only those who report tobacco use at the time of enrollment will be included in the measure.
- In the event that the 3 month data collection window has not closed before the end of the reporting period, the case is not included in the numerator or denominator until the window has closed. However, if the data is collected before the window closes, it may be reported in the reporting period in which the data are collected.
- If they were already receiving tobacco cessation services at enrollment, primary caregivers should be excluded from the denominator.
- Home visiting models/programs should determine what constitutes an appropriate referral.
- Tobacco includes combustibles (cigarettes, cigars, pipes, hookahs, and bidis), non-combustibles (chew, dip, snuff, snus, and dissolvable), and ENDS. Awardees must adhere to this definition of tobacco substances, which corresponds with the CDC definition (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6325a3.htm>).

Measure 6: Logic Statements for Data Inclusion in Reporting

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

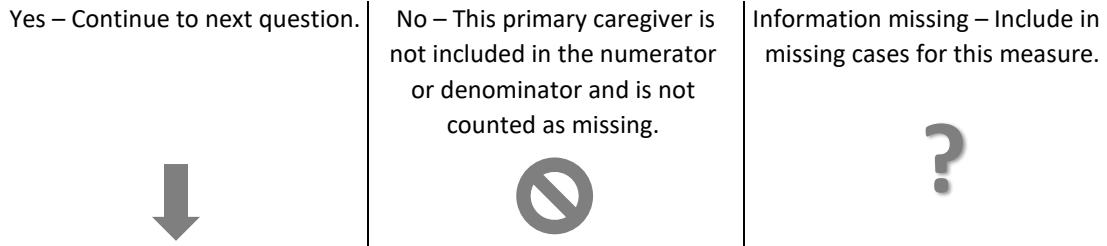
Measure Definition: Percentage of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment.

Inclusion Criteria: To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the primary caregiver reported using tobacco or cigarettes at the

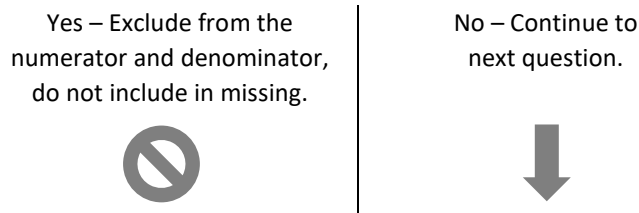
time of enrollment and (2) if the primary caregiver received a referral to tobacco cessation counseling or services within 3 months of enrollment.

Logic Statements: The following steps will help to identify whom to include in the measure and how to identify missing data:

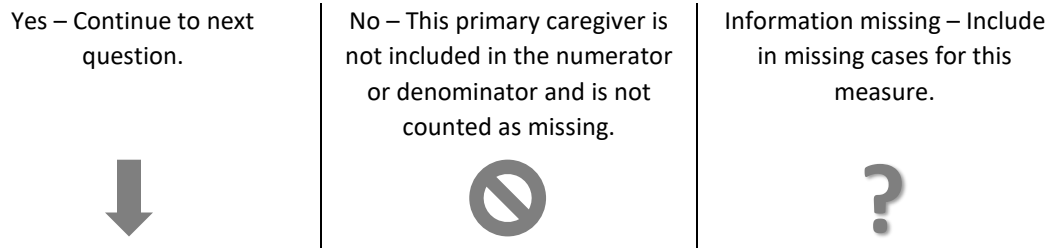
1. For each primary caregiver enrolled in your program, did s/he report tobacco or cigarette use at the time of enrollment?



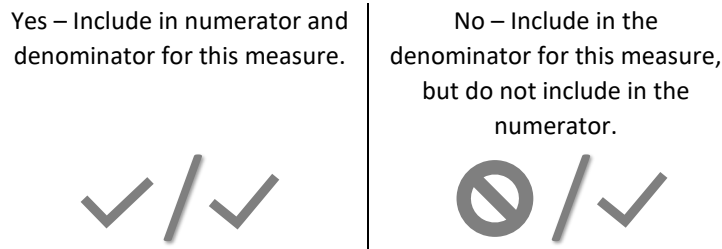
2. For each primary caregiver who indicated “yes” to tobacco use, was s/he already receiving tobacco cessation services?



3. Did the primary caregiver reach 3 months of enrollment during the reporting period?



4. Was the primary caregiver referred to tobacco cessation counseling or services within 3 months of enrollment?



Measure 7: Safe Sleep

Measure 7: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator, denominator, and missing data values in HVIS. Any information that may help explain the data should be reported in the notes. Awardees should also enter a table note when the percent of missing data is greater than or equal to 10% that addresses the reason for missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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

5. VALUE FOR REPORTING PERIOD (percentage)

Numerator:

Denominator:

Value: Auto-calculated

6. MISSING DATA

6.a. Definition

Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.

6.b. Value – Enter the number of cases missing from measure calculation:

7. 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.

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.

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

Validated Tool: N/A

Missing Data:

- Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
- Missing data should not be included in the measure calculation.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data, and if possible, describes plans to reduce the amount of missing data in future reporting.

Additional Notes:

- Safe sleep practices should be measured using primary caregiver's reported sleep practices during the index child's first year and may be measured at various times throughout the year.
- To assess the measure accurately, the primary caregiver should be asked specifically (1) if s/he **always** places the index child to sleep on her/his back and (2) if s/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.
- Safe sleep practices 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 the calculation.

Measure 7: Logic Statements for Data Inclusion in Reporting

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

Measure Definition: Percentage of index children less than 1 year of age enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing or soft bedding. It is important to note in the second statement about bed-sharing and soft bedding, that neither bed-sharing nor soft bedding are considered safe sleep practices. It is not an "either or" statement.

Inclusion Criteria: To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the child enrolled in home visiting was exactly 1 year old or younger at any point during the reporting period, (2) if the primary caregiver was assessed for safe sleep practices at least once during the reporting period, and (3) if the primary caregiver responded affirmatively to all components of the measure.

Logic Statements: The following steps will help to identify whom to include in the measure and how to identify missing data:

1. For each index child enrolled in your program, was s/he exactly 1 year old or younger at any point in the reporting period?

Yes – Continue to next question.



No – This index child is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



2. Did the primary caregiver report that s/he always placed her/his index child to sleep on her/his back and without bed-sharing or soft bedding?

Yes – Include in numerator and denominator for this measure.



No – Include in the denominator for this measure, but do not include in the numerator.



Information missing/safe sleep assessment not completed – Include in missing cases for this measure.



Measure 8: Child Injury

Measure 8: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator, denominator, and missing data values in HVIS. Any information that may help explain the data should be reported in the notes. Awardees should also enter a table note when the percent of missing data is greater than or equal to 10% that addresses the reason for missing data, and if possible, plans to reduce the amount of missing data in future reporting.

1. BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS

CONSTRUCT: Child Injury

2. TYPE OF MEASURE

System Outcome

3. PERFORMANCE MEASURE

Rate of injury-related visits to the Emergency Department (ED) during the reporting period among children enrolled in home visiting

4. SPECIFICATION

NUMERATOR: Number of parent-reported nonfatal injury-related visits to the ED during the reporting period among children (index child) enrolled in home visiting

DENOMINATOR: Number of children (index child) enrolled in home visiting

5. VALUE FOR REPORTING PERIOD (rate)

Numerator:

Denominator:

Value: Auto-calculated

6. MISSING DATA

6.a. Definition

Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.

6.b. Value – Enter the number of cases missing from measure calculation:

7. NOTES

Measure 8: Details

Target Population: Enrolled index children.

Data Collection Time Point: End of reporting period.

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.

Suggested Data Elements: Injury-related emergency department visit, injury-related emergency department visit date.

Validated Tool: N/A

Missing Data:

- Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
- Missing data should not be included in the measure calculation.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

Additional Notes:

- Index child emergency department visits should only be recorded if they occur during enrollment. Visits that occur during the reporting period but prior to enrollment should be excluded.
- Injury-related emergency department visits are defined as injuries resulting from 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. (Reference: Centers for Disease Control and Prevention. National Action Plan for Child Injury Prevention. 2012. Retrieved from https://www.cdc.gov/safecild/pdf/national_action_plan_for_child_injury_prevention.pdf.)
- This measure is reported as a rate. The numerator represents the number of emergency department visits, not the number of children who visited the emergency department.
- To ensure 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.
- The number of emergency department visits is cumulative; the program may need to sum the number of ED visits across multiple data collection time points.

Measure 8: Logic Statements for Data Inclusion in Reporting

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

Measure Definition: Rate of injury-related visits to the Emergency Department (ED) since enrollment for children enrolled in home visiting.

Inclusion Criteria: To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the index child was enrolled in home visiting for any length of time during the reporting period and (2) if the primary caregiver was assessed for nonfatal injury-related ED visits for the child during the reporting period.

Logic Statements: The following steps will help to identify whom to include in the measure and how to identify missing data:

1. For each index child enrolled in your program, was s/he actively enrolled for any part of the reporting period?

Yes – Continue to next question.



No – This index child is not included in the denominator, no visits are included in the numerator, and the case is not counted as missing.



Information missing – Include in missing cases for this measure.



2. How many nonfatal injury-related ED visits did the primary caregiver report the index child had during the reporting period?

Number of ED visits assessed – Include the total number of reported ED visits in the numerator.



Information missing/ED assessment not completed – Include in missing cases for this measure.



Measure 9: Child Maltreatment

Measure 9: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator, denominator, and missing data values in HVIS. Any information that may help explain the data should be reported in the notes. Awardees should also enter a table note when the percent of missing data is greater than or equal to 10% that addresses the reason for missing data, and if possible, plans to reduce the amount of missing data in future reporting.

1. BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS

CONSTRUCT: Child Maltreatment

2. TYPE OF MEASURE

System 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 following enrollment within the reporting period

DENOMINATOR: Number of children (index child) enrolled in home visiting

5. VALUE FOR REPORTING PERIOD (percentage)

Numerator:

Denominator:

Value: Auto-calculated

6. MISSING DATA

6.a. Definition

Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.

6.b. Value – Enter the number of cases missing from measure calculation:

7. NOTES

Measure 9: Details

Target Population: Enrolled index children.

Data Collection Time Point: End of reporting period.

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.

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

Validated Tool: N/A

Missing Data:

- Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
- Missing data should not be included in the measure calculation.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

Additional Notes:

- Data regarding child maltreatment must be collected using administrative data.
- Child maltreatment data should only be recorded if they occur during enrollment. Incidences that occurred during the reporting period but prior to enrollment should be excluded.
- This measure is reported for each reporting period the child is enrolled. Data reported each reporting period reflect the time enrolled during that reporting period only, not cumulatively across all years enrolled.
- Regardless of the disposition or outcome of the investigation, this measure captures children with at least one investigated case of maltreatment. For this measure, investigated cases have an allegation of maltreatment that was screened-in for investigation or assessment and received further investigation. (Reference: U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2017). Child Maltreatment 2015. Available from <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>.) A screened-in report is one that is accepted for investigation or assessment based on the state screen-in criteria. (Reference: Child Welfare Information Gateway. Screening and Intake. Retrieved from <https://www.childwelfare.gov/topics/responding/ia/screening/>.)
- Retrospective data collection and matching are acceptable for this measure if child welfare data is not available during the reporting period.

Measure 9: Logic Statements for Data Inclusion in Reporting

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

Measure Definition: Percentage of index children enrolled in home visiting with at least one investigated case of maltreatment following enrollment and occurring within the reporting period.

Inclusion Criteria: To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the index child was enrolled in home visiting during the reporting period and (2) if child maltreatment data on investigated case of maltreatment was collected from the child welfare agency during the reporting period.

Logic Statements: The following steps will help to identify whom to include in the measure and how to identify missing data:

1. For each index child enrolled in your program, was s/he actively enrolled for any part of the reporting period?

Yes – Continue to next question.



No – This index child is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



2. As reported by the child welfare agency, has the index child had at least one investigated case of maltreatment since enrollment?

Yes – Include in numerator and denominator for this measure.



No – Include in the denominator for this measure, but do not include in the numerator.



Information missing – Include in missing cases for this measure.



Measure 10: Parent-Child Interaction

Measure 10: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator, denominator, and missing data values in HVIS. Any information that may help explain the data should be reported in the notes. Awardees should also enter a table note when the percent of missing data is greater than or equal to 10% that addresses the reason for missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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

5. VALUE FOR REPORTING PERIOD (percentage)

Numerator:

Denominator:

Value: Auto-calculated

6. MISSING DATA

6.a. Definition

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 index child received an observation of caregiver-child interaction by the home visitor using a validated tool, but all other data elements are known, then the index child should be included in the denominator (if eligible), but not in the numerator. All cases of missing data should be excluded from the measure calculation.

6.b. Value – Enter the number of cases missing from measure calculation:

7. NOTES

8. Measurement Tool Utilized

Indicate the validated measurement tool(s) utilized to address this measure

Measure 10: Details

Target Population: Primary caregivers with index children within the target age range of the validated tool selected.

Data Collection Time Point: Based on the administration protocol specified by the validated tool selected and the child's age during the reporting period.

Frequency of Reporting: This measure may be assessed at multiple points in time per eligible primary caregiver and will be determined by the administration protocol of the tool selected. Eligible participants may therefore be included in more than one annual report. If primary caregivers are assessed multiple times per reporting period, only one observation per primary caregiver should be reported.

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

Validated Tool: Awardees must use a validated tool for this measure.

Missing Data:

- 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.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

Additional Notes:

- All primary caregivers with children within the entire target age range of the selected tool should be reported.
- The denominator should only include one primary caregiver per household, regardless of the number of caregivers enrolled.
- If multiple observations using a validated tool are made in the same reporting period, only one observation per primary caregiver should be reported.
- The measure requires screening within the window of the target age range(s) of the selected validated tool(s). If the awardee established data collection window (as informed by the target age range(s) of the selected validated tool(s)) has not closed by the end of the reporting period, the case is not included in the numerator or denominator until the window has closed. However, if the data is collected before the window closes, it may be reported in the reporting period in which the data are collected.

Measure 10: Logic Statements for Data Inclusion in Reporting

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

Measure Definition: Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interactions by the home visitor using a validated tool.

Inclusion Criteria: To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if each primary caregiver enrolled in your program had an index

child who reached the valid age range of the parent-child interaction tool during the reporting period (2) if the primary caregiver received a caregiver-child interaction by the home visitor using a validated tool during the reporting period.

Logic Statements: The following steps will help to identify whom to include in the measure and how to identify missing data:

1. For each primary caregiver enrolled in your program, did any have an index child who reached the valid age range required by the parent-child interaction tool during the reporting period?

Yes – Continue to next question.



No – This primary caregiver is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure if the index child’s age cannot be determined or is missing



2. For each primary caregiver enrolled in your program, did s/he receive a caregiver-child interaction by the home visitor using a validated tool during the reporting period?

Yes – Include in numerator and denominator for this measure.



No – Include in the denominator for this measure, but do not include in the numerator.



Information missing – Include in denominator for this measure, but do not include in numerator.



Measure 11: Early Language and Literacy Activities

Measure 11: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator, denominator, and missing data values in HVIS. Any information that may help explain the data should be reported in the notes. Awardees should also enter a table note when the percent of missing data is greater than or equal to 10% that addresses the reason for missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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

5. VALUE FOR REPORTING PERIOD (percentage)

Numerator:

Denominator:

Value: Auto-calculated

6. MISSING DATA

6.a. Definition

Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.

6.b. Value – Enter the number of cases missing from measure calculation:

7. NOTES

Measure 11: Details

Target Population: Enrolled index children.

Data Collection Time Point: End of reporting period.

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.

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:

- Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
- Missing data should not be included in the measure calculation.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

Additional Notes:

- To accurately assess this measure, caregivers or family members should be asked if they (1) read, (2) told stories, and/or (3) sang songs to their children **every day** during a typical week. The measure asks primary caregivers or other family members to reflect on a typical week and 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.
- Support of early language and literacy activities may be provided by a primary caregiver or other family members and does not need to be the same person each day.
- 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.

Measure 11: Logic Statements for Data Inclusion in Reporting

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

Measure Definition: Percentage of index children enrolled in home visiting with a caregiver or family member who reported that during a typical week s/he read, told stories, and/or sang songs with her/his child daily, every day

Inclusion Criteria: To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the index child was enrolled in home visiting for any length of time during the reporting period and (2) if the caregiver or family member was assessed for engaging in early language and literacy activities with the child.

Logic Statements: The following steps will help to identify whom to include in the measure and how to identify missing data:

1. For each index child enrolled in your program, was s/he actively enrolled for any part of the reporting period?

Yes – Continue to next question.



No – This index child is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



2. Did the caregiver or family member report that during a typical week s/he read, told stories, and/or sang songs with her/his index child daily, every day?

Yes – Include in numerator and denominator for this measure.



No – Include in the denominator for this measure, but do not include in the numerator.



Information missing – Include in missing cases for this measure.



Measure 12: Developmental Screening

Measure 12: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator, denominator, and missing data values in HVIS. Any information that may help explain the data should be reported in the notes. Awardees should also enter a table note when the percent of missing data is greater than or equal to 10% that addresses the reason for missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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

5. VALUE FOR REPORTING PERIOD (percentage)

Numerator:

Denominator:

Value: Auto-calculated

6. MISSING DATA

6.a. Definition

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 a 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. All cases of missing data should be excluded from the measure calculation.

6.b. Value – Enter the number of cases missing from measure calculation:

7. NOTES

8. MEASUREMENT TOOL UTILIZED

Indicate the validated measurement tool(s) utilized to address this measure

Measure 12: Details

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

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

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.

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

Validated Tool: Awardees must use a validated tool that follows the AAP-recommended age intervals to determine when a developmental screening is expected for a given child.

Missing Data:

- 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.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

Additional Notes:

- Developmental delays include delays in any or all areas including cognitive, social, language, sensory, and emotional development. (Reference: 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>.)
- Awardees should 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 when the child is 9-months, 18-months, and 24- or 30-months of age.
- Awardees should refer to the screening window provided by the tool developer. For instance, a tool may require the 9-month screener to be administered between 9 months 0 days and 9 months 30 days.
- In the event that the screening window has not closed before the end of the reporting period, the case is not included in the numerator or denominator until the window has closed. However, if the data is collected before the window closes, it may be reported in the reporting period in which the data are collected.
- AAP guidelines can be found on <http://pediatrics.aappublications.org/content/118/1/405.full>.
- A child may be excluded from the denominator if s/he has a previously identified developmental delay (prior to enrollment or prior to reaching an age-recommended screening, or as a result of a positive screen conducted during a previous reporting period).

Measure 12: Logic Statements for Data Inclusion in Reporting

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

Measure Definition: Percentage of index children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool.

Inclusion Criteria: To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the index child is between the ages of 9 months and 30 months during the reporting period and (2) if the index child was screened for developmental delays with a validated tool during one of the AAP-defined age groups (9-months, 18-months, and 24- or 30-months) during the reporting period.

Logic Statements: The following steps will help to identify whom to include in the measure and how to identify missing data:

1. For each index child enrolled in your program, was s/he between 9 and 30 months of age?

Yes – Continue to next question.



No – The index child is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



2. Was the index child screened for developmental delays with a validated tool during the reporting period?

Yes – Include in the numerator and denominator for this measure.



No – Continue to the next question.



Screening information missing – Include in the denominator for this measure but not the numerator.



3. If the index child was not screened for developmental delays during the reporting period, did s/he have a previous positive screen in a prior reporting period or before being enrolled?

Yes – Exclude from the measure.



No – Include in the denominator for this measure, but not the numerator.



Information missing – Include in the denominator for this measure but not the numerator.



Measure 13: Behavioral Concern Inquiries

Measure 13: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator, denominator, and missing data values in HVIS. Any information that may help explain the data should be reported in the notes. Awardees should also enter a table note when the percent of missing data is greater than or equal to 10% that addresses the reason for missing data, and if possible, plans to reduce the amount of missing data in future reporting.

1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT

CONSTRUCT: Behavioral Concern Inquiries

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 postnatal 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 postnatal home visits during the reporting period

5. VALUE FOR REPORTING PERIOD (percentage)

Numerator:

Denominator:

Value: Auto-calculated

6. MISSING DATA

6.a. Definition

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.

All cases of missing data should be excluded from the measure calculation.

6.b. Value – Enter the number of cases missing from measure calculation:

7. NOTES

Measure 13: Details

Target Population: Postnatal primary caregivers with index children.

Data Collection Time Point: Each home visit throughout 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.

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

Validated Tool: N/A

Missing Data:

- 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.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

Additional Notes:

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

Measure 13: Logic Statements for Data Inclusion in Reporting

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

Measure Definition: Percentage of home visits where primary caregivers were asked if they have any concerns regarding their index children's development, behavior, or learning.

Inclusion Criteria: To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the primary caregiver was postnatal for any length of time during the reporting period, (2) how many home visits occurred during the reporting period in which the primary caregiver was postnatal, and (3) how many home visits the primary caregiver was asked about behavioral concerns with the index child.

Logic Statements: The following steps will help to identify whom to include in the measure and how to identify missing data:

1. Was the primary caregiver postnatal for any length of time during the reporting period?

Yes – Continue to next question.



No – This primary caregiver’s home visits are not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



2. How many home visits occurred during the reporting period in which the primary caregiver was postnatal?

Include the total number of home visits that met this criterion in the denominator.



3. How many home visits occurred in the reporting period in which the primary caregiver was asked if she had any concerns regarding her index child’s development, behavior, or learning?

Include the total number of home visits that met this criterion in the numerator.



Measure 14: Intimate Partner Violence Screening

Measure 14: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator, denominator, and missing data values in HVIS. Any information that may help explain the data should be reported in the notes. Awardees should also enter a table note when the percent of missing data is greater than or equal to 10% that addresses the reason for missing data, and if possible, plans to reduce the amount of missing data in future reporting.

1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT

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) within 6 months of enrollment 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

5. VALUE FOR REPORTING PERIOD (percentage)

Numerator:

Denominator:

Value: Auto-calculated

6. MISSING DATA

6.a. Definition

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 a 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. All cases of missing data should be excluded from the measure calculation.

6.b. Value – Enter the number of cases missing from measure calculation:

7. NOTES

8. 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.

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

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

Validated Tool: Awardees 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 reported 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.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

Additional Notes:

- IPV refers to 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, and familiarity and knowledge about each other's lives. (Reference: Centers for Disease Control and Prevention. Injury Prevention and Control: Division of Violence Prevention, 2021. Retrieved from <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html>)
- All primary caregivers should be screened for IPV regardless of relationship status.
- This measure requires screening within 6 months of enrollment. Although selected validated tool(s) may allow for other screening windows, the screening for this measure must occur with the MIECHV required windows. In the event that the established data collection window has not closed before the end of the reporting period, the case is not included in the numerator or denominator until the window has closed. However, if data are collected before the window closes, they may be reported in the reporting period in which the data are collected.
- Awardees will need to ensure home visitors receive adequate training in the administration of the selected IPV screening tool.

Measure 14: Logic Statements for Data Inclusion in Reporting

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

Measure Definition: Percentage of primary caregivers enrolled in home visiting who are screened for IPV using a validated tool.

Inclusion Criteria: To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the primary caregiver reached 6 months post enrollment during the reporting period and (2) if the primary caregiver was screened for IPV on or before 6 months post enrollment.

Logic Statements: The following steps will help to identify whom to include in the measure and how to identify missing data:

1. For each primary caregiver enrolled in your program, did s/he reach 6 months post enrollment during the reporting period?

Yes – Continue to next question.



No – This primary caregiver is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure



2. Did the primary caregiver receive an IPV screening using a validated tool within 6 months of enrollment?

Yes – Include in numerator and denominator for this measure.



No – Include in the denominator for this measure, but do not include in the numerator.



Screening information missing – Include in the denominator for this measure, but do not include in the numerator.



Measure 15: Primary Caregiver Education

Measure 15: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator, denominator, and missing data values in HVIS. Any information that may help explain the data should be reported in the notes. Awardees should also enter a table note when the percent of missing data is greater than or equal to 10% that addresses the reason for missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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 or maintained continuous enrollment in middle school or high school, or completed high school or equivalent during their participation in home visiting

4. SPECIFICATION

NUMERATOR: Number of primary caregivers who enrolled in or maintained continuous enrollment in middle school or high school, 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

5. VALUE FOR REPORTING PERIOD (percentage)

Numerator:

Denominator:

Value: Auto-calculated

6. MISSING DATA

6.a. Definition

Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.

6.b. Value – Enter the number of cases missing from measure calculation:

7. NOTES

Measure 15: Details

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

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

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. However, once the condition in the numerator is met, the primary caregiver will not be assessed in subsequent reporting periods. 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.

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

Validated Tool: N/A

Missing Data:

- Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
- Missing data should not be included in the measure calculation.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

Additional Notes:

- To be counted in the numerator, one of three conditions must be met for the primary caregiver: (1) did not have a high school diploma or equivalent at enrollment but enrolled in an educational program aimed at attaining a high school diploma or equivalent during the reporting period; (2) did not have a high school diploma or equivalent at enrollment, but was enrolled in and maintained enrollment in an educational program aimed at attaining a high school diploma or equivalent during the reporting period; or (3) did not have a high school diploma or equivalent at enrollment but completed an educational program aimed at attaining a high school diploma or equivalent during the reporting period.
- A caregiver should be included in the denominator until they meet the specifications in the numerator. If a primary caregiver did not have a high school degree or equivalent at enrollment, enrolls in high school after enrollment in home visiting, then drops out (within the same reporting period), they would be included in both the numerator and denominator.
- A primary caregiver enrolled in middle school would be included in the denominator for this measure because they did not have a high school degree at enrollment. This participant will also be included in the numerator as they are enrolled in school on a trajectory to earn a high school diploma.

Measure 15: Logic Statements for Data Inclusion in Reporting

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

Measure Definition: Percentage of primary caregivers who enrolled in home visiting without a high school diploma or equivalent who subsequently enrolled and maintained continuous enrollment in a high school program or completed a diploma or equivalent during their participation in home visiting.

Inclusion Criteria: To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the primary caregiver was assessed for having a high school diploma or equivalent at the time of enrollment and (2) what is the educational status of primary caregiver at or near the end of the reporting period.

Logic Statements: The following steps will help to identify whom to include in the measure and how to identify missing data:

1. For each primary caregiver enrolled in your program, did s/he report not having a high school diploma or equivalent at the time of enrollment?

Yes – Continue to next question.



No – The primary caregiver is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



2. Did the primary caregiver report being enrolled in or completing a high school diploma or equivalent at or near the end of the reporting period?

Yes – Include in numerator and denominator for this measure.



No – Include in the denominator for this measure, but do not include in the numerator.



Information missing – Include in missing cases for this measure.



Measure 16: Continuity of Insurance Coverage

Measure 16: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator, denominator, and missing data values in HVIS. Any information that may help explain the data should be reported in the notes. Awardees should also enter a table note when the percent of missing data is greater than or equal to 10% that addresses the reason for missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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 for at least 6 months who had continuous health insurance coverage for the most recent 6 consecutive months

4. SPECIFICATION

NUMERATOR: Number of primary caregivers enrolled in home visiting who reported having continuous health insurance coverage for the most recent 6 consecutive month's at the most recent data collection time point in the reporting period

DENOMINATOR: Number of primary caregivers enrolled in home visiting for at least 6 months

5. VALUE FOR REPORTING PERIOD (percentage)

Numerator:

Denominator:

Value: Auto-calculated

6. MISSING DATA

6.a. Definition

Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. All cases of missing data should be excluded from the measure calculation.

6.b. Value – Enter the number of cases missing from measure calculation:

7. NOTES

Measure 16: Details

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

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

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

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

Validated Tool: N/A

Missing Data:

- Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
- Missing data should not be included in the measure calculation.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

Additional Notes:

- Continuous health insurance coverage refers to having coverage without any lapses. This measure is specified to capture 6 months of continuous health insurance since enrollment in home visiting.
- Primary caregivers should be assessed for this measure each reporting period as long as they were enrolled during the reporting period and have been enrolled for at least 6 months.
- “Most recent data collection time point” refers to the time point closest to the end of the reporting period according to the data collection schedule(s) identified in the awardee’s Performance Measurement Plan (PMP).
- The data collection time point must occur within the corresponding reporting period.
- The 6 consecutive months of health insurance coverage do not need to be within the same reporting period.
- This could be collected by (1) directly asking primary caregivers how many months they have had continuous health insurance coverage once each reporting year or by (2) tracking health insurance status for each month to compute whether insurance was maintained for at least 6 consecutive months.

Measure 16: Logic Statements for Data Inclusion in Reporting

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

Measure Definition: Percentage of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least 6 consecutive months.

Inclusion Criteria: To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the primary caregiver has been enrolled in the program for 6 or more months and (2) if s/he reported having health insurance coverage for at least 6 consecutive months.

Logic Statements: The following steps will help to identify whom to include in the measure and how to identify missing data:

- 1. For each primary caregiver enrolled in your program during the reporting period, was s/he enrolled in the program for at least 6 months?**

Yes – Continue to next question.



No – This primary caregiver is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



- 2. Did the primary caregiver report having health insurance coverage for the most recent 6 consecutive months at the most recent data collection time point in the reporting period?**

Yes – Include in numerator and denominator for this measure.



No – Include in the denominator for this measure, but do not include in the numerator.



Information missing – Do not include in the numerator or denominator.



Measure 17: Completed Depression Referrals

Measure 17: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator, denominator, and missing data values in HVIS. Any information that may help explain the data should be reported in the notes. Awardees should also enter a table note when the percent of missing data is greater than or equal to 10% that addresses the reason for missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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

5. VALUE FOR REPORTING PERIOD (percentage)

Numerator:

Denominator:

Value: Auto-calculated

6. MISSING DATA

6.a. Definition

Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. Data are also considered missing if there is no documentation of whether a referral was provided. All cases of missing data should be excluded from the measure calculation.

6.b. Value – Enter the number of cases missing from measure calculation:

7. NOTES

8. 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.

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. To assess this measure accurately, participants 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. Since there is no specified time frame for when the receipt of services needs to be completed, the receipt of services may occur in a different reporting period than the screening and/or time of referral. As such, the numerator and denominator do not need to include the same sample as Measure 3 since the receipt of services can take place in a different reporting period than the depression screening.

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.

Missing Data:

- Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. Data are also considered missing if there is no documentation of whether a referral was provided.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

Additional Notes:

- After a positive depression screening, this measure tracks participant receipt of services from a referral agency.
- Recommended referral services refer to 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. (Reference: Home Visiting Collaborative Improvement and Innovation Network.)
- If a data sharing agreement has been established, receipt of services may be assessed through participant self-report or by following up with the referral agency.

Measure 17: Logic Statements for Data Inclusion in Reporting

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

Measure Definition: Percentage of primary caregivers referred to services for a positive screening for depression who have received one or more service contacts.

Inclusion Criteria: To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the primary caregiver screened positive for depressive symptoms with a validated tool within 3 months of enrollment (for those enrolled postnatally) or within 3 months postpartum (for those enrolled prenatally) and (2) if the primary caregiver was referred for services.

Logic Statements: The following steps will help to identify whom to count in the measure and how to identify missing data:

- 1. For each primary caregiver enrolled in your program, did she screen positive for depressive symptoms within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally)?**

Yes – Continue to next question.



No – This primary caregiver is not included in the numerator or denominator and is not counted as missing.



- 2. Did the primary caregiver receive a referral for the positive screening?**

Yes – Continue to next question.



Caregiver refuses referral to services – The primary caregiver is included in the denominator but not the numerator.



No, because the primary caregiver is already receiving services for depressive symptoms – The primary caregiver is not included in the numerator or denominator and is not counted as missing.



Information missing on referral – The primary caregiver is not included in the numerator or denominator and is counted as missing.



- 3. Did the primary caregivers receive recommended services for depressive symptoms?**

Yes – Include in numerator and denominator for this measure.



No – Included in the denominator for this measure, but do not include in the numerator.



Information missing on receipt of services – Include in the denominator for this measure, but not the numerator.



Measure 18: Completed Developmental Referrals

Measure 18: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator, denominator, and missing data values in HVIS. Any information that may help explain the data should be reported in the notes. Awardees should also enter a table note when the percent of missing data is greater than or equal to 10% that addresses the reason for missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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 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)

DENOMINATOR: Number of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool)

5. VALUE FOR REPORTING PERIOD (percentage)

Numerator:

Denominator:

Value: Auto-calculated

6. MISSING DATA

6.a. Definition

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 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. All cases of missing data should be excluded from the measure calculation.

6.b. Value – Enter the number of cases missing from measure calculation:

7. NOTES

8. Measurement Tool Utilized

Indicate the validated measurement tool(s) utilized to address this measure

Measure 18: Details

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

Data Collection Time Point: After positive developmental screening.

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. While this measure is related to Measure 12, this measure tracks the receipt of services in a given reporting period rather than screenings that occurred 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 numerator and denominator do not need to include the same sample as Measure 12 since the developmental screening can take place in a previous reporting period from the receipt of services.

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.

Missing Data:

- 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 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.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

Additional Notes:

- Developmental delays may include delays in any or all areas including cognitive, social, language, sensory, and emotional development. (Reference: 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>.)
- This measure tracks participant receipt of services after a positive developmental screening. To assess this measure accurately, index children who positively screen for a developmental delay should be monitored for services received within the specified time.
- If a data sharing agreement has been established with the referral agency, receipt of services may be assessed through participant self-report or by following up with the referral agency.
- If a child screens positive for developmental delays, that child must be included in this measure, even if s/he is already enrolled in services.
- Positive screenings from any developmental screening can be included in this measure, not just those that align with AAP-recommended screening time points.
- A child may be excluded from the denominator if s/he has a previously identified developmental delay (prior to enrollment) and have never been screened while enrolled in home visiting with a positive result.
- If a client refuses a referral for additional developmental services after a positive screen, they are included in the denominator and not considered missing data.
- Each of the three individual conditions described below can satisfy the numerator. The home visitor may be required to have a developmental screening follow up process that involves

tracking the services the primary caregiver and/or index child received and the dates associated with the follow up. To be counted in the numerator, the index child must meet one of three conditions.

- 1) Received individualized developmental support from a home visitor. This is a home visitor-delivered, specific developmental promotion to address the area of concern. This can include more frequent screenings, 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.
- 2) Received a referral to early intervention services and received an evaluation or individualized service plan within 45 days of that referral. This refers to index 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 needs to be aware of what local criteria are for referring children.
- 3) Received a referral to another community service and received services from that provider within 30 days. 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.

Measure 18: Logic Statements for Data Inclusion in Reporting

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

Measure Definition: Percentage of index children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who received services in a timely manner.

Inclusion Criteria: To determine if participant data should be included in the measure calculation, at the end of the reporting period verify if the index child was screened positive during the reporting period for developmental delays with a validated tool.

Logic Statements: The following steps will help to identify whom to include in the measure and how to identify missing data:

- 1. For each index child enrolled in your program who was screened for developmental delays, did s/he screen positive?**

Yes – Continue to next question.



No – This index child is not included in the numerator or denominator and is not counted as missing.



- 2. For each index child enrolled in your program who screened positive for developmental delays, were one of the following criteria met: a) received individualized developmental support from a home visitor, b) referred to early intervention services and received an evaluation within 45 days, OR c) referred to other community services who received services within 30 days?**

Yes – Include in numerator and denominator for this measure.



No, because the index child was already receiving services or had a previously identified developmental delay (prior to enrollment) and have never been screened while enrolled in home visiting with a positive result) – This child is not included in the numerator or denominator and is not counted as missing.



No, for other reason (including refusal of referral)– Include in denominator for this measure, but do not include in numerator.



Information missing on receipt of services, such as information missing on date of services for (b) or (c) – Count as missing.



Measure 19: Intimate Partner Violence Referrals

Measure 19: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator, denominator, and missing data values in HVIS. Any information that may help explain the data should be reported in the notes. Awardees should also enter a table note when the percent of missing data is greater than or equal to 10% that addresses the reason for missing data, and if possible, plans to reduce the amount of missing data in future reporting.

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 resource

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

5. VALUE FOR REPORTING PERIOD (percentage)

Numerator:

Denominator:

Value: Auto-calculated

6. MISSING DATA

6.a. Definition

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 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. All cases of missing data should be excluded from the measure calculation.

6.b. Value – Enter the number of cases missing from measure calculation:

7. NOTES

8. 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.

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. This measure does not track receipt of referral services, only referrals made for positive IPV screenings.

Although IPV screenings must occur within 6 months of enrollment, there is no specific time frame for when the referral should occur. The referral can occur in a different reporting period than the screening. As such, the numerator and denominator do not need to include the same sample as Measure 14 since the IPV screening can take place in a previous reporting period from the receipt of services.

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.

Missing Data:

- 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 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.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

Additional Notes:

- IPV refers to abuse or aggression that occurs in a romantic relationship. "Intimate partner" refers to both current and former spouses and dating partners. IPV can include any of the following types of behavior: physical violence, sexual violence, stalking, and psychological aggression. (Reference: Centers for Disease Control and Prevention. Injury Prevention and Control: Division of Violence Prevention, 2021. Retrieved from <https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html>)
- All primary caregivers should be screened for IPV regardless of relationship status.
- Awardees will need to ensure home visitors receive adequate training in the administration of the selected IPV screening tool.
- "Received referral information" means the primary caregiver was provided information about IPV community resources by the home visitor.
- Primary caregivers should be included in the denominator when their screening result is positive, even if they were receiving IPV services at enrollment or at the time of the screening.

Measure 19: Logic Statements for Data Inclusion in Reporting

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

Measure Definition: Percentage of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information to IPV resources.

Inclusion Criteria: To determine if participant data should be included in the measure calculation, at the end of the reporting period verify if the primary caregiver screened positive for IPV using a validated tool within the first 6 months of enrollment.

Logic Statements: The following steps will help to identify whom to include in the measure and how to identify missing data:

- 1. For each primary caregiver enrolled in your program, did s/he screen positive for IPV using a validated tool within the first 6 months of enrollment?**

Yes – Continue to next question.



No – The primary caregiver is not included in the numerator or denominator and is not counted as missing.



- 2. Did the primary caregiver receive a referral for IPV resources during the reporting period?**

Yes – Include in numerator and denominator for this measure.



No – Include in the denominator for this measure, but do not include in the numerator.



Referral status missing – Include in the denominator for this measure, but do not include in the numerator.



Optional Measure 1: Substance Use Screening

Optional Measure 1

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator, denominator, and missing data values in HIVIS. Any information that may help explain the data should be reported in the notes. Awardees should also enter a table note when the percent of missing data is greater than or equal to 10% that addresses the reason for missing data, and if possible, plans to reduce the amount of missing data in future reporting.

1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH

CONSTRUCT: SUBSTANCE USE SCREENING

2. TYPE OF MEASURE

Performance Indicator

3. PERFORMANCE MEASURE

Percent of primary caregivers enrolled in home visiting who are screened for both unhealthy alcohol use and drug use using a validated tool within 6 months of enrollment

4. SPECIFICATION

NUMERATOR: Number of primary caregivers enrolled in home visiting who were screened for both unhealthy alcohol use and drug use using validated tool(s) 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:

Denominator:

6. MISSING DATA

6.a. Definition

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 a 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. All cases of missing data should be excluded from the measure calculation.

6.b. Value

Enter the number of cases missing from measure calculation:

7. NOTES

8. Measurement Tool Utilized

Indicate the validated measurement tool(s) utilized to address this measure

Optional Measure 1: Details

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

Data Collection Time Point: 6 months post-enrollment.

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

Suggested Data Elements: Substance Use screening, Substance Use screening date, date of enrollment.

Validated Tool: Awardees must use a validated tool for this measure.

Missing Data:

- 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.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

Additional Notes:

- Primary caregivers must have documentation of screening for both unhealthy alcohol use and unhealthy drug use. Measure specification can be met by using one validated tool that screens for both substances or by using two separate validated screening tools.
- Awardees will need to ensure home visitors receive adequate training in the administration of the selected substance use screening tool.
- Definitions of unhealthy alcohol and drug use should align with each awardee's validated substance use screening tool's definition.

Optional Measure 1: Logic Statements for Data Inclusion in Reporting

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

Measure Definition: Percentage of primary caregivers enrolled in home visiting who are screened for substance use using a validated tool.

Inclusion Criteria: To determine if participant data should be included in the measure calculation, at the end of the reporting period verify if the primary caregiver screened positive for substance use using a validated tool within the first 6 months of enrollment.

Logic Statements: The following steps will help to identify whom to include in the measure and how to identify missing data:

1. For each primary caregiver enrolled in your program, did s/he reach 6 months post enrollment during the reporting period?

Yes – Continue to next question.



No – This primary caregiver is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure



2. Did the primary caregiver receive a substance use screening using a validated tool within 6 months of enrollment?

Yes – Include in numerator and denominator for this measure.



No – Include in the denominator for this measure, but do not include in the numerator.



Screening information missing – Include in the denominator for this measure, but do not include in the numerator.



Optional Measure 2: Completed Substance Use Referrals

Optional Measure 2

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator, denominator, and missing data values in HVIS. Any information that may help explain the data should be reported in the notes. Awardees should also enter a table note when the percent of missing data is greater than or equal to 10% that addresses the reason for missing data, and if possible, plans to reduce the amount of missing data in future reporting.

**1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS
CONSTRUCT: COMPLETED SUBSTANCE USE REFERRALS**

2. TYPE OF MEASURE

Systems Outcome

3. PERFORMANCE MEASURE

Percent of primary caregivers referred to services for a positive screen for substance use who receive one or more service contacts

4. SPECIFICATION

NUMERATOR: Number of primary caregivers enrolled in home visiting who received recommended services for substance use (and met the conditions specified in the denominator)

DENOMINATOR: Number of primary caregivers enrolled in home visiting who had a positive screen for unhealthy alcohol use and/or drug use (measured using a validated tool) within 6 months of enrollment and were referred for services

5. VALUE FOR REPORTING PERIOD (percentage)

Value:

Numerator:

Denominator:

6. MISSING DATA*

6.a. Definition

Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. Data are also considered missing if there is no documentation of whether a referral was provided. All cases of missing data should be excluded from the measure calculation.

6.b. Value – Enter the number of cases missing from measure calculation:

7. NOTES

8. Measurement Tool Utilized

Indicate the validated measurement tool(s) utilized to address this measure

Optional Measure 2: Details

Target Population: Primary caregivers who screened positive for substance use and were referred for services.

Data Collection Time Point: After referral for positive substance use screening.

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. To assess this measure accurately, participants need to be screened for substance use symptoms at the appropriate time points (as specified in Optional Measure 1: Substance Use Screening), receive a referral for a positive screening, and be monitored for receipt of services from the referral agency. Since there is no specified time frame for when the receipt of services needs to be completed, the receipt of services may occur in a different reporting period than the screening and/or time of referral. As such, the numerator and denominator do not need to include the same sample as Optional Measure 1 since the receipt of services can take place in a different reporting period than the substance use screening.

Suggested Data Elements: Date of enrollment, positive substance use screening results, referral for substance use services, substance use services received date.

Validated Tool: The validated depression screening tool used for Optional Measure 1: Substance Use Screening should be indicated when reporting this measure.

Missing Data:

- Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. Data are also considered missing if there is no documentation of whether a referral was provided.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

Additional Notes:

- After a positive substance use screening, this measure tracks participant receipt of services from a referral agency.
- Recommended referral services include services designed to be effective in addressing substance use problems and that have an evidence base to support positive outcomes.
- If a data sharing agreement has been established, receipt of services may be assessed through participant self-report or by following up with the referral agency.

Optional Measure 2: Logic Statements for Data Inclusion in Reporting

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

Measure Definition: Percentage of primary caregivers referred to services for a positive screening for substance use who have received one or more service contacts.

Inclusion Criteria: To determine if participant data should be included in the measure calculation, at the end of the reporting period verify if the primary caregiver screened positive for substance use using a validated tool within the first 6 months of enrollment.

Logic Statements: The following steps will help to identify whom to count in the measure and how to identify missing data:

1. For each primary caregiver enrolled in your program, did s/he screen positive for substance use using a validated tool within the first 6 months of enrollment?

Yes – Continue to next question.



No – This primary caregiver is not included in the numerator or denominator and is not counted as missing.



2. Did the primary caregiver receive a referral for the positive screening?

Yes – Continue to next question.



No, but reason unknown – The primary caregiver is included in the denominator but not the numerator.



No, because the primary caregiver is already receiving services for substance use – The primary caregiver is not included in the numerator or denominator and is not counted as missing.



Information missing – The primary caregiver is not included in the numerator or denominator and is counted as missing.



3. Did the primary caregivers receive recommended services for substance use symptoms?

Yes – Include in numerator and denominator for this measure.



No – Included in the denominator for this measure, but do not include in the numerator.



Information missing – Include in the denominator for this measure, but not the numerator.



Appendix A

Guidance on Reporting Index Children

For the purposes of Form 2, the same standard used for reporting index children 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.

Per the guidance, multiple index children per family may be enrolled. Awardees 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 below 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. 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 concern inquiries (#13) IPV screening (#14) Education (#15) Health Insurance (#16) IPV referrals (#19) Substance Use Screening (Optional Measure #1) Completed Substance Use Referrals (Optional Measure #2)

*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, and optional measures 1 and 2. These measures are not affected by the additional clarification for reporting index children.

Appendix B

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 MIECHV awardees in adopting and implementing the new performance measures. Data identified as missing per the criteria below should be reported as missing in annual awardee data submissions.

No	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

No	Construct/Topic	Indicator	Numerator	Denominator	Missing Data
					the 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.

No	Construct/Topic	Indicator	Numerator	Denominator	Missing Data
9	Child Maltreatment	(Systems Outcome) Percent of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period	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.
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	Number of home visits where primary caregivers enrolled in home visiting were asked if they	Total number of home visits during the reporting period	Data are considered missing if one or more data elements needed to determine inclusion in

No	Construct/Topic	Indicator	Numerator	Denominator	Missing Data
		their child's development, behavior, or learning	have any concerns regarding their child's development, behavior, or learning		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.
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.

No	Construct/Topic	Indicator	Numerator	Denominator	Missing Data
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. Data are also considered missing if there is no documentation of whether a referral was provided.
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. 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. 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.
Optional 1	Substance Use Screening	Percent of primary caregivers enrolled in home visiting who are screened for both unhealthy alcohol use and drug use using a validated tool within 6 months of enrollment	Number of primary caregivers enrolled in home visiting who were screened for both unhealthy alcohol use and drug use using validated tool(s) 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 a screening occurred using a

No	Construct/Topic	Indicator	Numerator	Denominator	Missing Data
					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.
Optional 2	Completed Substance Use Referrals	Percent of primary caregivers referred to services for a positive screen for substance use who receive one or more service contacts	Number of primary caregivers enrolled in home visiting who received recommended services for substance use (and met the conditions specified in the denominator)	Number of primary caregivers enrolled in home visiting who had a positive screen for unhealthy alcohol use and/or drug use (measured using a validated tool) within 6 months of enrollment 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. Data are also considered missing if there is no documentation of whether a referral was provided.

Appendix C

Content Area Alignment for the MIECHV Program's Performance Measures

This table summarizes content area alignment for the MIECHV 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	HP2030	NSCH	NHIS	PRAMS	Other	PEW
1	Preterm Birth	Alignment	N/A	Alignment	N/A	N/A	Alignment	Alignment	N/A	N/A	NVSS	N/A
2	Breastfeeding	Alignment	Alignment	N/A	Alignment	N/A	Alignment	Alignment	N/A	Alignment	NIS	Alignment
3	Depression Screening	N/A	Alignment	N/A	Alignment	Alignment	Alignment	N/A	N/A	N/A	N/A	N/A
4	Well Child Visit	N/A	N/A	N/A	Alignment	Alignment	N/A	Alignment	X	N/A	N/A	Alignment
5	Postpartum Care	N/A	N/A	Alignment	Alignment	Alignment	N/A	N/A	N/A	Alignment	N/A	Alignment
6	Tobacco Cessation Referrals	N/A	N/A	Alignment	N/A	Alignment	Alignment	N/A	N/A	N/A	N/A	N/A
7	Safe Sleep	Alignment	N/A	Alignment	Alignment	N/A	Alignment	Alignment	N/A	Alignment	N/A	N/A
8	Child Injury	Alignment	N/A	N/A	N/A	N/A	Alignment	N/A	N/A	N/A	NHAMCS, NEISS	N/A
9	Child Maltreatment	N/A	N/A	N/A	N/A	N/A	Alignment	N/A	N/A	N/A	NCANDS	Alignment
10	Parent-Child Interaction	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
11	Early Language and Literacy Activities	N/A	N/A	N/A	Alignment	N/A	Alignment	Alignment	N/A	N/A	N/A	N/A
12	Developmental Screening	Alignment	Alignment	N/A	N/A	Alignment	Alignment	Alignment	N/A	N/A	N/A	N/A
13	Behavioral Concerns	N/A	Alignment	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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	HP2030	NSCH	NHIS	PRAMS	Other	PEW
14	IPV Screening	N/A	Alignment	N/A	Alignment	Alignment	N/A	N/A	N/A	N/A	N/A	N/A
15	Primary Caregiver Education	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	SIPP	Alignment
16	Continuity of Health Insurance Coverage	N/A	N/A	N/A	N/A	N/A	N/A	N/A	X	N/A	N/A	N/A
17	Completed Depression Referrals	N/A	Alignment	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Alignment
18	Completed Developmental Referrals	N/A	Alignment	N/A	N/A	N/A	Alignment	Alignment	N/A	N/A	N/A	Alignment
19	IPV referrals	N/A	Alignment	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Measure # 1; Content Area – Preterm Birth

Other HRSA/MCHB Measures - Title V; IM CoIIN

Other Federal Measures – HP2030

National Datasets – NSCH; NVSS

Measure # 2; Content Area – Breastfeeding

Other HRSA/MCHB Measures – Title V; HV CoIIN; Healthy Start

Other Federal Measures – HP2030

National Datasets – NSCH, PRAMS, NIS

Other- PEW

Measure # 3; Content Area – Depression Screening

Other HRSA/MCHB Measures – HV CoIIN; Healthy Start

Other Federal Measures – Medicaid; HP2030

Measure # 4; Content Area – Well Child Visit

Other HRSA/MCHB Measures – Healthy Start

Other Federal Measures - Medicaid

National Datasets – NSCH; NHIS

Other - PEW

- Measure # 5; Content Area – Postpartum Care
 - Other HRSA/MCHB Measures – IM CoIIN; Healthy Start
 - Other Federal Measures – Medicaid;
 - National Datasets – PRAMS, PEW
- Measure # 6; Content Area – Tobacco Cessation Referrals
 - Other HRSA/MCHB Measures – IM CoIIN
 - Other Federal Measures - Medicaid; HP2030
- Measure # 7; Content Area – Safe Sleep
 - Other HRSA/MCHB Measures – Title V; IM CoIIN; Healthy Start
 - Other Federal Measures – HP2030
 - National Datasets – NSCH; PRAMS
- Measure # 8; Content Area – Child Injury
 - Other HRSA/MCHB Measures – Title V
 - Other Federal Measures –HP2030
 - National Datasets – NHAMCS; NEISS
- Measure # 9; Content Area – Child Maltreatment
 - Other Federal Measures – HP2030
 - National Datasets – NCANDS
 - Other - PEW
- Measure # 10; Content Area – Parent-Child Interaction
 - N/A
- Measure # 11; Content Area – Early Language and Literacy Activities
 - Other HRSA/MCHB Measures – Healthy Start
 - Other Federal Measures – HP2030
 - National Datasets -NSCH
- Measure # 12; Content Area – Developmental Screening
 - Other HRSA/MCHB Measures – Title V; HV CoIIN
 - Other Federal Measures – Medicaid; HP2030
 - National Datasets - NSCH
- Measure # 13; Content Area – Behavioral Concerns
 - Other HRSA/MCHB Measures – HV CoIIN
- Measure # 14; Content Area – IPV Screening
 - Other HRSA/MCHB Measures – Healthy Start
 - Other Federal Measures - Medicaid
- Measure # 15; Content Area – Primary Caregiver Education
 - National Datasets – SIPP; PEW

Measure # 16; Content Area – Continuity of Health Insurance Coverage

Other Federal Measures - NHIS

Measure # 17; Content Area – Completed Depression Referrals

Other HRSA/MCHB Measures – HV CoIIN

Other - PEW

Measure # 18; Content Area – Completed Developmental Referrals

Other HRSA/MCHB Measures – HV CoIIN

Other Federal Measures – HP2030

National Datasets – NSCH

Other - PEW

Measure # 19; Content Area – IPV Referrals

N/A

Appendix D

Definition of a MIECHV Household

For the purposes of reporting to HRSA on performance reporting Forms 1, 2, and 4, a “MIECHV household” is defined as a family served during the reporting period by a trained home visitor implementing services with fidelity to the model and that is identified as a MIECHV household at enrollment. HRSA has identified two different methods that can be used to identify MIECHV households that are described below:

1. *Home Visitor Personnel Cost Method:* Families are designated as MIECHV at enrollment based on the designation of the home visitor they are assigned. Using this methodology, recipients designate all families as MIECHV that are served by home visitors for whom at least 25 percent of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding.
2. *Enrollment Slot Method:* Families are designated as MIECHV families based on the slot they are assigned to at enrollment. Using this methodology, recipients identify certain slots as MIECHV-funded and assign families to these slots at enrollment in accordance with the terms of the contractual agreement between the MIECHV state recipient and the LIA regardless of the percentage of the slot funded by MIECHV.

Once designated as a MIECHV household, the household is tracked for the purposes of data collection through the tenure of household participation in the program.

MIECHV Household Status Changes

The revised definition of a MIECHV household includes the following language: “Once designated as a MIECHV family, the family is tracked for the purposes of data collection through the tenure of family participation in the program.” This language was included to encourage continued data collection on MIECHV families for the purpose of documenting outcomes as a benefit for families, programs, and awardees. In addition, the language is meant to limit shifts in participant status, particularly as it relates to temporary changes in participant status, in order to promote stability and consistency in provision of services.

Temporary Household Status Changes

It is HRSA’s understanding that in most circumstances, efforts are taken to minimize changes in participant status (i.e., changing from a MIECHV home visitor/slot to a non-MIECHV home visitor/slot, or vice versa), and any changes that do take place are generally permanent in nature. However, there are some circumstances that may warrant a temporary change in status. For example, a home visitor goes on family leave or extended medical leave, or a position is temporarily vacant, and families may not be able to transfer to another MIECHV home visitor/slot. In these cases, families may need to switch to a non-MIECHV home visitor/slot until they can return to the MIECHV home visitor’s caseload/MIECHV slot. In these instances, if an awardee is deeming the transfer as temporary, HRSA’s MCHB would expect continued data collection and reporting on these families.

- **Forms 1 and 2:** Data should continue to be reported on families, counting data as unknown/missing if it is unable to be provided.

- **Form 4:** Because HRSA’s MCHB would anticipate that the slot for this family is being held for a defined period of time, we expect them to continue to be reported as part of the current caseload numbers in Table A.1, and that they would continue to be reported as currently receiving services in Table A.3.

Permanent Household Status Changes

MIECHV to Non-MIECHV Household Status Change

- **Forms 1 and 2:** If an awardee is considering the status change as permanent, awardees should consider if it is feasible to continue to collect and report MIECHV data.
 - For programs that continue data collection and reporting, awardees should continue to report data for those participants for Forms 1 and 2, while maintaining the family status as “currently receiving services” on Table 17 (Family Engagement).
 - For programs that are not able to continue data collection and reporting for MIECHV, awardees should count families under “stopped services before completion” on Table 17.
- **Form 4:** In both instances these families would no longer be counted towards current caseload numbers in Form 4 and should therefore be reported under “stopped services before completion” on Table A.3.

Non-MIECHV to MIECHV Household Status Change

- **Forms 1 and 2:** If an awardee is considering the status change as permanent, participant information should be collected and reported effective the household status change. If available, participant information prior to household status change should be reported as feasible. If participant information prior to household status change is unavailable, count data as unknown/did not report. The date of enrollment should be used to determine inclusion in Form 1 and 2 reporting.
- **Form 4:** If an awardee is considering the status change as permanent, families should be counted towards current caseload numbers, using the date of enrollment to determine inclusion in new and continuing reporting categories.

Appendix E

Examples of Validated Tools by Measure

To support awardees in identifying validated tools, a list of validated tools is provided below. The list of validated tools in this document does not constitute an endorsement of the tool by the authors, publishers, TA providers, 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: Pearson, 800.627.7271

<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.

Contact: Pearson, 800.627.7271

<https://www.pearsonclinical.com/psychology/products/100000450/brief-symptom-inventory-bsi.html>

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: Counselling Resource, comments@counsellingresource.com

<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: World Health Organization, CIDI-Training@umich.edu

<https://www.hcp.med.harvard.edu/wmhcdi/> 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: DASS Orders, L.Camilleri@unsw.edu.au

<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.

http://med.stanford.edu/content/dam/sm/ppc/documents/DBP/EDPS_text_added.pdf (English and 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.

<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: Western Psychological Services, 800.648.8857

<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.

Contact: Psychology Tools, contact@psychology-tools.com

<https://psychology-tools.com/zung-depression-scale>

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: 303.724.7350, DANCE@ucdenver.edu

2. CHEERS Check-In (CCI)

Observational measure of caregiver-child interactions.

LeCroy & Milligan Associates, Inc. (2017). *Healthy Families America CHEERS Check-In: Validation of an Observational Measure of Parent-Child Interaction*. Tucson, AZ: Author.

LeCroy & Milligan Associates, Inc. (2018). *Healthy Families America CHEERS Check-In: Further Validation of an Observational Measure of Parent-Child Interaction*. Tucson, AZ: Author.

Contact: hfamail@preventchildabuse.org

3. 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.

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

4. Home Observation for Measurement of the Environment (HOME) – 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. (2016). *Home Inventory Administration Manual, Third Edition, 2016*. Little Rock, AR: University of Arkansas at Little Rock.

Contact: 480.965.3094, John Keeney john.keeney@asu.edu or Robert H. Bradley Robert.Bradley@asu.edu

https://theconnectcenter.asu.edu/product-catalog?field_type_of_product1_tid=39

5. **Keys to Interactive Parenting Scale (KIPS)**

A 12-item non-standardized observational measure 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: Marilee Comfort and Phil Gordon, 610.455.1463, info@comfortconsults.com
<http://www.comfortconsults.com/>

6. **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: NCAST, 206.543.8528, pcrp@uw.edu

https://www.pcrprograms.org/index.cfm?fuseaction=category.display&category_ID=2

7. **NCAST Nursing Child Assessment Teaching Scale (NCAST)**

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: NCAST, 206.543.8528, pcrp@uw.edu

https://www.pcrprograms.org/index.cfm?fuseaction=category.display&category_ID=2

8. **Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO and PICCOLO+B)**

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.

For more information on validation and the table of additional PICCOLO guidelines for babies 3 to 9 months old, contact: Lori Roggman, loriroggman@gmail.com

Contact: Brookes Publishing, 800.638.3775

<https://www.brookespublishing.com/product/piccolo/>

9. 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: Jeanne Brooks-Gunn, brooks-gunn@columbia.edu

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: Achenbach System of Empirically Based Assessment, 802.656.5130, mail@ASEBA.org
www.aseba.org

2. Adaptive Behavior Assessment System – 3rd edition (ABAS-3)

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.

du Preez, J. (2017) Adaptive Behavior Assessment System – third edition (ABAS-3). In: The elements of applied psychological practice in Australia: preparing for the National Psychology Examination. Taylor & Francis (Routledge), Milton Park, United Kingdom, pp. 73-76.

Contact: Pearson, 800.627.7271

<https://www.pearsonclinical.com/psychology/products/100001262/adaptive-behavior-assessment-system-third-edition-abas-3.html>

3. **Ages and Stages Questionnaires, 3rd Edition (ASQ-3)**

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: Brookes Publishing, 800.638.3775

<https://www.brookespublishing.com/product/asq-3/>

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: Pearson, 800.627.7271

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

5. **Assessment, Evaluation, and Programming System for Infants and Children (AEPS), 2nd Edition**

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: Brookes Publishing, 800.638.3775

<https://www.brookespublishing.com/product/aeps/>

6. **Bayley Scale for Infant Development (BSID-III)**

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: Pearson, 800.627.7271

<https://www.pearsonclinical.com/childhood/products/100000123/bayley-scales-of-infant-and-toddler-development-third-edition-bayley-iii.html>

7. 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 administer 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: Houghton Mifflin Find Your Rep: <http://hnhco.force.com/relocator>
<http://www.riversidepublishing.com/products/bdi2/scoring.html>

8. Bayley Infant and Neurodevelopmental 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 Neurodevelopmental Screener*. San Antonio, TX: The Psychological Corporation.

Contact: Pearson, 800.627.7271

<https://www.pearsonclinical.com/psychology/products/100000163/bayley-infant-neurodevelopmental-screener-bins-bins.html>

9. 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: Child Trends, 240.223.9200

<https://www.childtrends.org/publications/behavior-problems-index>

10. Behavior Rating Inventory of Executive Function-Preschool Version (BRIEF-P)

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.

Contact: Therapro, Inc., 800.257.5376

<http://www.therapro.com/Browse-Category/Cognitive-Assessments/Behavior-Rating-Inventory-of-Executive-Function-Preschool-Version-BRIEF-P.html>

11. 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: Alice Carter, AliceS.Carter@umb.edu

<https://eprovide.mapi-trust.org/instruments/brief-infant-toddler-social-emotional-assessment>

12. Brigance Diagnostic Inventory of Early Development II (Brigance IED II)

Criterion-based measure comprised of structured tasks, observations, and interviewing to assess multiple domains of child development for children ages 0-7 years; assesses 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: Curriculum Associates, 800.225.0248

<https://www2.curriculumassociates.com/products/detail.aspx?title=BrigIED2>

13. 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: Behavioral-Developmental Initiatives, 800.405.2313

<https://www.b-di.com/ctsindex.html>

14. Carolina Curriculum for Infant and Toddlers with Special Needs, 3rd Edition (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: Brookes Publishing, 800.638.3775

<https://products.brookespublishing.com/The-Carolina-Curriculum-for-Infants-and-Toddlers-with-Special-Needs-CCITSN-Third-Edition-P485.aspx>

15. 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: Achenbach System of Empirically Based Assessment, 802.656.5130, mail@ASEBA.org

<http://www.aseba.org/preschool.html>

16. 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: WALMYR Publishing Company, 850.383.0045

<http://www.walmyr.com/index.html>

17. 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: Behavior Science Systems, Inc., Child Development Review, 612.850.8700

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

18. 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.

www.denverii.com

19. 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: Pearson, 800.627.7271

<https://www.pearsonclinical.com/childhood/products/100000304/dial-4-developmental-indicators-for-the-assessment-of-learning-fourth-edition-dial-4.html>

20. Developmental Profiles 3 (DP-3)

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: Western Psychological Services, 800.648.8857

<https://www.wpspublish.com/store/p/2743/dp-3-developmental-profile-3>

21. 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: deca@devereux.org

<http://www.devereux.org/uploads/deca/elearning/index.htm>

22. 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: Scholastic Testing Service, Inc., 800.642.6787

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

23. Early Learning Accomplishment Profile (E-LAP)

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: Kaplan, 800.334.2014

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

24. 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: Pearson, 800.627.7271

<https://www.pearsonclinical.com/childhood/products/100000089/early-screening-profiles-esp.html>

25. 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: Psychological Assessment Resources, 800.331.8378

<https://www.parinc.com/Products/Pkey/97>

26. 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.

<https://www.amazon.com/Functional-Emotional-Assessment-Infancy-Childhood/dp/0972892516>

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: Hogrefe Ltd., customersupport@hogrefe.co.uk <http://www.hogrefe.co.uk/gmds-0-2.html>

27. 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: VORT Corporation, 888.757.8678

<http://www.vort.com/product.php?productid=13>

28. Infant and Toddler Development Assessment, 2nd Edition (IDA-2)

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: Houghton Mifflin Find Your Rep: <http://hnhco.force.com/relocator>
<http://www.riverpub.com/products/ida/inex.html>

29. 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: Alice Carter, [Alices.Carter@umb.edu](mailto:AliceS.Carter@umb.edu)

<https://eprovide.mapi-trust.org/instruments/infant-toddler-social-emotional-assessment>

30. 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: Behavior Science Systems, Inc., Child Development Review, 612.850.8700

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

31. 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.

<https://www.amazon.com/Manual-Infant-Toddler-Family-Instrument-ITFI/dp/1557664935>

32. Kaufman Brief Intelligence Test, 2nd Edition (KBIT-2)

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: Pearson, 800.627.7271

<https://www.pearsonclinical.com/psychology/products/100000390/kaufman-brief-intelligence-test-second-edition-kbit-2.html>

33. 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.

Contact: Brookes Publishing, 800.638.3775

www.brookespublishing.com/cdi

34. 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: Pearson (United Kingdom), info@pearsonclinical.co.uk

<https://www.pearsonclinical.co.uk/Psychology/ChildCognitionNeuropsychologyandLanguage/ChildGeneralAbilities/McCarthyScalesofChildrensAbilities/McCarthyScalesofChildrensAbilities.aspx>

35. Modified Checklist for Autism in Toddlers, Revised (M-CHAT-R)

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.

Contact: M-CHAT, <https://m-chat.org/en-us/page/what-to-do-next/contact-us>

<https://m-chat.org/en-us/>

36. 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: Pearson, 800.627.7271

<https://www.pearsonclinical.com/childhood/products/100000306/mullen-scales-of-early-learning.html>

37. 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: CDC-INFO, <https://wwwn.cdc.gov/dcs/ContactUs/Form>
http://www.cdc.gov/nchs/data/slait/survey_sech00.pdf

38. 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: PEDStest.com, 877.296.9972, evpress@pedstest.com
<http://www.pedstest.com/>

39. 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.

Contact: jvarni@tamu.edu
<https://eprovide.mapi-trust.org/instruments/pediatric-quality-of-life-inventory>

40. 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.

Contact: Functional Assessment Systems, 800.456.3003
<http://www.fasoutcomes.com/Content.aspx?ContentID=13>

41. Preschool Language Scales, 5th Edition (PLS-5)

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: Pearson, 800.627.7271

<https://www.pearsonclinical.com/language/products/100000233/preschool-language-scales-fifth-edition-pls-5.html?origsearchtext>

42. 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: Brookes Publishing, 800.638.3775

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

43. The Ounce 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: Pearson, 800.627.7271

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

44. Vineland Adaptive Behavior Scales, 3rd Edition (Vineland-3)

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: Pearson, 800.627.7271

<https://www.pearsonclinical.com/psychology/products/100001622/vineland-adaptive-behavior-scales-third-edition--vineland-3.html>

45. Vineland Social-Emotional Early Childhood Scales (Vineland SEECs)

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: Pearson (Canada), cs.canada@pearson.com
<https://www.pearsonclinical.ca/en/products/product-master.html/item-35>

46. Woodcock-Johnson IV, 4th Edition

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: Houghton Mifflin Find Your Rep: <http://hnhco.force.com/relocator>
<https://www.hnhco.com/progrms/woodcock-johnson-iv/overview>

Measure 14: Intimate Partner Violence Screening, Measure 19: Intimate Partner Violence Referrals

1. 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.

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

2. 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: Sage Publications. Used with permission.

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

3. Composite Abuse Scale (Revised)–Short Form (CAS_R-SF)

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: Marilyn Ford-Gilboe, mfordg@uwo.ca
bmjopen-2016-012824supp.pdf

4. Conflict Tactics Scales – Revised (CTS)

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: Western Psychological Services, 800.648.8857

<https://www.wpspublish.com/store/p/2728/cts-conflict-tactics-scales>

5. 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.

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

6. 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.

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

7. Humiliation, Afraid, Rape, Kick, Child (HARK-C)

4-question assessment to reliably identify women experiencing IPV who present in clinical settings. Sohal, H., Eldridge, S., and Feder, G. (2007). The sensitivity and specificity of four questions (HARK) to identify intimate partner violence: A diagnostic accuracy study in general practice. *BMC Family Practice*, 8, 49.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2034562/table/T1/>

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

4-question assessment asking how often a partner hurts 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.

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

9. Ongoing Abuse Screening (OAS)

5 items adapted from the Abuse Assessment Screen (AAS) to assess ongoing physical, sexual, emotional IPV, and fear.

Ernst, A.A., Weiss, S.J., Cham, E., and Marquez, M. (2002). Comparison of three instruments for assessing ongoing intimate partner violence. *Medical Science Monitor*, (8)3, 197-201.

Weiss, S.J., Ernst, A.A., Cham, E., and Nick, T.G. (2003). Development of a screen for ongoing intimate partner violence. *Violence and Victims*, (18)2, 131-141.

<https://www.cdc.gov/violenceprevention/pdf/ipv/ipvandsvscreening.pdf>

10. Partner Violence Screen (PVS)

3-question short screening tool for interpersonal violence.

Koziol-McLain, J., Brand, D., Morgan, D., Leff, M., and Lowenstein, S. R. (2000). Measuring injury risk factors: Question reliability in a statewide sample. *Injury Prevention*, 6, 148-150.

Koziol-McLain, J., Coates, C. J., and Lowenstein, S. R. (2001). Predictive validity of a screen for partner violence against women. *American Journal of Preventive Medicine*, 21(2), 93-100.

Contact: Jane Koziol-McLain, jane.koziol-mclain@aut.ac.nz

11. Profile of Psychological Abuse of Women (PPA)

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

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

<http://www.midss.org/content/profile-psychological-abuse-women>

12. Relationship Assessment Tool (formerly the 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: Futures Without Violence, 415.678.5500, info@futureswithoutviolence.org

<https://www.dropbox.com/s/53yhktumby1nd9k/RAT%20English%20Spanish.pdf?dl=0>

13. 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.

<https://www.cdc.gov/violenceprevention/pdf/ipv/ipvandsvscreening.pdf>

14. 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.

<https://www.cdc.gov/violenceprevention/pdf/ipv/ipvandsvscreening.pdf>

15. Women Abuse Screening Tool (WAST)

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

Brown, J.B., Lent, B., Schmit, 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.

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

Optional Measure 1: Substance Use Screening, Optional Measure 2: Completed Substance Use Referrals

1. The Alcohol Use Disorders Identification Test-Concise (AUDIT-C)

3-item screening instrument for identifying hazardous drinking or active alcohol use disorders.

Bradley, K. A., Bush, K. R., Epler, A. J., Dobie, D. J., Davis, T. M., Sporleder, J. L., Maynard, C., Burman, M. L., & Kivlahan, D. R. (2003). Two Brief Alcohol-Screening Tests From the Alcohol Use Disorders Identification Test (AUDIT): Validation in a Female Veterans Affairs Patient Population. *Archives of Internal Medicine*, 163(7), 821–829.

<https://doiorg.ezproxyhhs.nihlibrary.nih.gov/10.1001/archinte.163.7.82>

Bush K, Kivlahan DR, McDonnell MB, et al (1998). The AUDIT alcohol consumption questions (AUDIT-C): an effective brief screening test for problem drinking. Ambulatory Care Quality Improvement Project (ACQUIP). *Archives of Internal Medicine*. 158 (16):178995.

<https://doi.org/10.1001/archinte.158.16.1789>

Frank, D., DeBenedetti, A.F., Volk, R.J. et al. (2008). Effectiveness of the AUDIT-C as a Screening Test for Alcohol Misuse in Three Race/Ethnic Groups. *Journal of General Internal Medicine* 23(6), 781–787

<https://doi.org/10.1007/s11606-008-0594-0>

<https://cde.drugabuse.gov/instrument/f229c68a-67ce-9a58-e040-bb89ad432be42>

2. The Alcohol Use Disorders Identification Test Self-Report (AUDIT Self-Report Version)

10-item self-report measure for identifying hazardous drinking or active alcohol use disorders.

Bradley, K. A., Bush, K. R., Epler, A. J., Dobie, D. J., Davis, T. M., Sporleder, J. L., Maynard, C., Burman, M. L., & Kivlahan, D. R. (2003). Two Brief Alcohol-Screening Tests From the Alcohol Use Disorders Identification Test (AUDIT): Validation in a Female Veterans Affairs Patient Population. *Archives of Internal Medicine*, 163(7), 821–829.

<https://doiorg.ezproxyhhs.nihlibrary.nih.gov/10.1001/archinte.163.7.82>

Steinbauer, J. R., Cantor, S. B., Holzer III, C. E., & Volk, R. J. (1998). Ethnic and sex bias in primary care screening tests for alcohol use disorders. *Annals of Internal Medicine*, 129(5), 353–362.

<https://doi.org/10.7326/0003-4819-129-5-199809010-00002>

<https://cde.drugabuse.gov/instrument/f3552f38-6bf7-1ae1-e040-bb89ad432ee33>

3. The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)

8-item questionnaire developed by the World Health Organization (WHO) assessing frequency of substance use and related problems.

WHO ASSIST Working Group (2002). The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): development, reliability and feasibility. *Addiction* (Abingdon, England), 97(9), 1183–1194.

<https://doi-org.ezproxyhhs.nihlibrary.nih.gov/10.1046/j.1360-0443.2002.00185.x>

- 4. The Alcohol, Smoking, and Substance Involvement Screening Test- Frequency & Concern Items (ASSIST-FC)**
 2-item version of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST). The ASSIST-FC includes one question on frequency of current use and a second question regarding concern expressed by a friend, relative, or others.
 McRee, B., Babor, T. F., Lynch, M. L., & Vendetti, J. A. (2018). Reliability and Validity of a Two-Question Version of the World Health Organization’s Alcohol, Smoking and Substance Involvement Screening Test: The ASSIST-FC. *Journal of Studies on Alcohol and Drugs*, 79(4), 649–657. <https://doi.org/10.15288/jsad.2018.79.6495>)
- 5. Cut Down, Annoyed, Guilty, Eye opener -Adapted to Include Drugs (CAGE-AID)**
 4-item questionnaire for alcohol and drug problems. The CAGE-AID screener focuses on lifetime use.
 Brown, R. L., & Rounds, L. A. (1995). Conjoint screening questionnaires for alcohol and other drug abuse: criterion validity in a primary care practice. *Wisconsin medical journal*, 94(3), 135–140. <https://www.hiv.uw.edu/page/substance-use/cage-aid6>)
- 6. The Drug Abuse Screening Test (DAST-10)**
 10-item self-report to assess involvement with drugs, excluding alcohol, and drug-related problems.
 Skinner, H. A. (1982). The drug abuse screening test. *Addictive Behaviors*, 7(4), 363–371. [https://doi-org.ezproxyhhs.nihlibrary.nih.gov/10.1016/0306-4603\(82\)90005-3](https://doi-org.ezproxyhhs.nihlibrary.nih.gov/10.1016/0306-4603(82)90005-3)
 Yudko, E., Lozhkina, O., & Fouts, A. (2007). A comprehensive review of the psychometric properties of the Drug Abuse Screening Test. *Journal of Substance Abuse Treatment*, 32(2), 189–198. <https://doi.org/10.1016/j.jsat.2006.08.002https://cde.drugabuse.gov/instrument/e9053390-ee9c-9140-e040-bb89ad433d697>)
- 7. National Institute on Drug Abuse (NIDA) Quick Screen**
 Tool consisting of a single question screening for substance use in 4 category types (alcohol, tobacco products, prescription drugs for non-medical reasons, illegal drugs) for adults.
<https://archives.drugabuse.gov/publications/resource-guide-screening-drug-use-in-general-medical-settings/nida-quick-screen8>)
- 8. Parents, Partners, Past and Pregnancy (The 4Ps) Plus**
 5-question screen for alcohol, tobacco, marijuana, and illicit drug use developed for obstetrical patients.
 Chasnoff, I. J., Wells, A.M., McGourty, R. ., & Bailey, L.K. (2007). Validation of the 4P’s 7Plus© screen for substance use in pregnancy validation of the 4P’s Plus. *Journal of Perinatology*, 27(12), 744–748. <https://doi.org/10.1038/sj.jp.7211823https://www.ntiupstream.com/4psabout9>)
- 9. Tolerance Annoyance Cut Down Eye Opener (T-ACE)**
 4-item questionnaire originally developed to screen for risk drinking among pregnant individuals.
 Sokol, R. J., Martier, S. S., & Ager, J. W. (1989). The T-ACE questions: practical prenatal of risk-drinking. *American Journal of Obstetrics and Gynecology*, 160(4), 863–870. [https://doi.org/10.1016/0002-9378\(89\)90302-510](https://doi.org/10.1016/0002-9378(89)90302-510))

10. Tolerance, Worried, Eye-opener, Amnesia, Cut Down (TWEAK)

5-item tool originally developed to screen for risk drinking during pregnancy.

Russell, M. (1994). New Assessment Tools for Risk Drinking During Pregnancy: T-ACE, TWEAK, and Others. *Alcohol Health and Research World*, 18(1), 55–61.

https://pubs.niaaa.nih.gov/publications/assessingalcohol/instrumentpdfs/74_tweak.pdf

11. Used, Neglected, Cut Down, Objected Preoccupied, Emotional Discomfort (UNCOPE)*

6-item tool developed to identify risk for abuse and dependency for alcohol and other drugs.

<https://ncsacw.samhsa.gov/files/TrainingPackage/MOD2/ExampleScreenQuestionsUNCOPE.pdf>