

California Department of Public Health
Center for Family Health
Maternal, Child and Adolescent Health Division

California Home Visiting Benchmark Plan

Benchmark I: Improved Maternal and Newborn Health	
Construct	i. Prenatal Care
Performance Measure B /PM i.	Proportion of target women attending their first prenatal care visit by 36 weeks gestation.
Measurement type	Individual ¹ , outcome
Operational definition (<i>target population, numerator, denominator</i>)	<i>Target population:</i> Women enrolled by 28 weeks gestation, had not yet received prenatal care at enrollment, and were still enrolled at 36 weeks gestation.
	<i>Numerator:</i> Number of target women attending their first prenatal care visit by 36 weeks gestation.
	<i>Denominator:</i> Number of target women.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase in the proportion of women who had not yet attended a prenatal care visit at pregnancy intake that reported attending a prenatal care visit by 36 weeks gestation.</p> <p><i>Calculation:</i> (Number of target women attending their first prenatal care visit by 36 weeks gestation) divided by (Number of target women).</p> <p>Improvement will be demonstrated by a resulting proportion >0.</p>
Data source	Client self-report.
Measurement tool	NFP/HFA forms.
Reliability/Validity	N/A
Data Collection & Analysis Plan (<i>person responsible, schedule, analysis</i>)	<i>Person responsible:</i> Home visitor.
	<i>Data collection schedule:</i> Pregnancy Intake; 36 weeks gestation.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	<i>Note:</i> Throughout this document: Year 1 = the first day our first family is enrolled through one year later; and Year 2 = begins 12 months after Year 1 start date through one year later.

Benchmark I: Improved Maternal and Newborn Health	
Construct	ii. Parental Use of Alcohol, Tobacco, or Illicit Drugs
Performance Measure B /PM ii.	Proportion of target women smoking at intake who decreased their cigarette use by 36 weeks gestation.
Measurement type	Individual ¹ , outcome
Operational definition (<i>target population, numerator, denominator</i>)	<i>Target population:</i> Women who reported smoking at intake, were enrolled by 28 weeks gestation, and were still enrolled at 36 weeks gestation.
	<i>Numerator:</i> Number of target women who reduced the number of cigarettes smoked in a typical day between pregnancy intake and 36 weeks gestation.
	<i>Denominator:</i> Number of target women.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Decrease in the number of cigarettes target women smoked on a typical day from pregnancy intake to 36 weeks gestation.</p> <p><i>Calculation:</i> (Number of target women who reduced the number of cigarettes smoked on a typical day between pregnancy intake and 36 weeks gestation) divided by (Number of target women).</p> <p>Improvement will be demonstrated by a resulting proportion > 0.</p>
Data source	Client self-report and home visitor observation.
Measurement tool	NFP/HFA forms.
Reliability/Validity	N/A.
Data Collection & Analysis Plan (<i>person responsible, schedule, analysis</i>)	<i>Person responsible:</i> Home visitor.
	<i>Data collection schedule:</i> Pregnancy Intake; 36 weeks gestation.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	<u>Note:</u> NFP uses these time periods and 75% of the CHVP sites will be using NFP.

Benchmark I: Improved Maternal and Newborn Health	
Construct	iii. Preconception Care
Performance Measure B I/PM iii.	Proportion of target women attending a postpartum checkup with a medical provider by 8 weeks postpartum.
Measurement type	Cohort ² , outcome
Operational definition (<i>target population, numerator, denominator</i>)	<i>Target population:</i> Women enrolled by birth of index child who were still enrolled at 8 weeks postpartum.
	<i>Numerator:</i> Number of target women enrolled in Year 1* who attend a postpartum checkup with a medical provider by 8 weeks postpartum.
	<i>Denominator:</i> Number of target women enrolled in Year 1.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain** the proportion of women who attend a postpartum checkup with a medical provider by 8 weeks postpartum, comparing target women enrolled in Year 1 to target women enrolled in Year 2.</p> <p><i>Calculation:</i> (Number of target women enrolled in Year 1 who attend a postpartum checkup with a medical provider by 8 weeks postpartum) divided by (Number of target women enrolled in Year 1).</p> <p>The same calculation will be computed for target women who enrolled in Year 2.</p> <p>To demonstrate improvement, Cohort 2 should be > Cohort 1.</p>
Data source	Client self-report.
Measurement tool	NFP/HFA forms.
Reliability/Validity	N/A
Data Collection & Analysis Plan (<i>person responsible, schedule, analysis</i>)	<i>Person responsible:</i> Home visitor.
	<i>Data collection schedule:</i> Infancy 2 months.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	<p>*Year is always defined as starting with first enrollment of MIECHV clients.</p> <p>"Birth" includes up to 2 weeks after birth to allow for HFA post-birth enrollment.</p> <p>**Maintain only applies at or above 90%</p>

Benchmark I: Improved Maternal and Newborn Health	
Construct	iv. Inter-Birth Intervals
Performance Measure B I/PM iv.	Proportion of target women who were not using contraception when their child was 6 months of age and then reported using contraception when their child was 12 months of age.
Measurement type	Individual ¹ , outcome
Operational definition (<i>target population, numerator, denominator</i>)	<i>Target population:</i> Women enrolled by 6 months of the index child's age, not using contraception when child was 6 months of age, and still enrolled when the index child is 12 months of age.
	<i>Numerator:</i> Number of target women who were not using contraception at 6 months of the child's age and reported using contraception at 12 months of the child's age.
	<i>Denominator:</i> Number of target women.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase in the proportion of women using contraception by 12 months of their child's age among women not using it at 6 months of their child's age.</p> <p><i>Calculation:</i> (Number of target women who were not using contraception at 6 months of their child's age and then reported using contraception at 12 months of their child's age) divided by (Number of target women).</p> <p>Improvement would be demonstrated by a resulting proportion > 0.</p>
Data source	Client self-report.
Measurement tool	NFP/HFA forms.
Reliability/Validity	N/A
Data Collection & Analysis Plan (<i>person responsible, schedule, analysis</i>)	<i>Person responsible:</i> Home visitor.
	<i>Data collection schedule:</i> Infancy 6 months; Infancy 12 months.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	

Benchmark I: Improved Maternal and Newborn Health	
Construct	v. Screening for Maternal Depressive Symptoms
Performance Measure B I/PM v.	Proportion of target women screened for depression.
Measurement type	Cross-sectional ³ , process
Operational definition (<i>target population, numerator, denominator</i>)	<i>Target population:</i> Women enrolled by 6 weeks postpartum and still enrolled at 8 weeks postpartum.
	<i>Numerator:</i> Number of target women during Year 1 who are screened for depression between 6 and 8 weeks postpartum.
	<i>Denominator:</i> Number of target women in Year 1.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain* in the proportion of target women screened for depression between 6 and 8 weeks postpartum between Years 1 and 2.</p> <p><i>Calculation:</i> (Number of target women screened for depression between 6 and 8 weeks postpartum in Year 1) divided by (Number of target women in Year 1).</p> <p>This calculation will also be computed for target women in Year 2.</p> <p>To demonstrate improvement, Year 2 should be > Year 1.</p>
Data source	Client self-report.
Measurement tool	Edinburgh Postnatal Depression Scale.
Reliability/Validity	The widely used EPDS has an internal consistency reliability of .87 with a sensitivity of 95% and a specificity of 93%.
Data Collection & Analysis Plan (<i>person responsible, schedule, analysis</i>)	<i>Person responsible:</i> Home visitor will administer the tool.
	<i>Data collection schedule:</i> Infancy 2 months
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	<p>*Maintain only applies at or above 90%.</p> <p><u>Note:</u> 6-8 weeks is specified to bypass earlier “baby blues” that normally resolves by 6 weeks postpartum.</p>

Benchmark I: Improved Maternal and Newborn Health	
Construct	vi. Breastfeeding
Performance Measure B I/PM vi.	Average number of weeks target women breastfed their infant up to 6 months of their child's age.
Measurement type	Cohort ² , outcome
Operational definition (<i>target population, numerator, denominator</i>)	<i>Target population:</i> Prenatally enrolled women still enrolled when their index child is 6 months of age.
	<i>Numerator:</i> Number of weeks target women who enrolled in Year 1 reported having breastfed their child up to 6 months of age.
	<i>Denominator:</i> Number of target women enrolled in Year 1.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase in the average number of weeks mothers breastfed their child up to 6 months of age comparing target women who enrolled in Year 1 to target women who enrolled in Year 2.</p> <p><i>Calculation:</i> (Number of weeks target women who enrolled in Year 1 reported having breastfed their child up to 6 months of age) divided by (Number of target women enrolled in Year 1).</p> <p>The same calculation will be computed for target women who enrolled in Year 2.</p> <p>To demonstrate improvement, Cohort 2 should be > Cohort 1.</p>
Data source	Client self-report.
Measurement tool	NFP/HFA forms.
Reliability/Validity	N/A
Data Collection & Analysis Plan (<i>person responsible, schedule, analysis</i>)	<i>Person responsible:</i> Home visitor.
	<i>Data collection schedule:</i> Infancy 6 months.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	

Benchmark I: Improved Maternal and Newborn Health	
Construct	vii. Well-Child Visits
Performance Measure B I/PM vii.	Proportion of target children receiving at least two well-child visits by 6 months of age.
Measurement type	Cohort ² , outcome
Operational definition (<i>target population, numerator, denominator</i>)	<i>Target population:</i> Index children enrolled by 1 week of age and still enrolled at 6 months of age.
	<i>Numerator:</i> Number of target children enrolled in Year 1 receiving at least two well-child visits by 6 months of age.
	<i>Denominator:</i> Number of target children enrolled in Year 1.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain* the proportion of children receiving at least two well-child visits by 6 months of age, comparing target children enrolled in Year 1 to target children enrolled in Year 2.</p> <p><i>Calculation:</i> (Number of target children receiving at least two well-child visits by 6 months of age) divided by (Number of target children).</p> <p>The same calculation will be computed for target children who enroll in Year 2.</p> <p>To demonstrate improvement, Cohort 2 should be > Cohort 1.</p>
Data source	Client self-report.
Measurement tool	NFP/HFA forms.
Reliability/Validity	N/A
Data Collection & Analysis Plan (<i>person responsible, schedule, analysis</i>)	<i>Person responsible:</i> Home visitor.
	<i>Data collection schedule:</i> Infancy 6 months.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	<p>*Maintain only applies at or above 90%.</p> <p><i>Note 1:</i> AAP recommends visits by 1 month, and at 2, 4, and 6 months (in addition to later). Our goal is for target children to receive at least half of the four recommended visits.</p> <p><i>Note 2:</i> We are stopping at 6 months to enable a reasonable number of target children in Cohort 2 to reach the measurement time point for federal reporting by 9/30/14.</p>

Benchmark I: Improved Maternal and Newborn Health	
Construct	viii. Maternal and Child Health Insurance Status
Performance Measure B I/PM viii.	Proportion of target women and target children who did not have health insurance when the child was 2 months of age and reported having health insurance when the child was 12 months of age.
Measurement type	Individual ¹ , outcome
Operational definition (<i>target population, numerator, denominator</i>)	<i>Target population:</i> Women enrolled by index child age 2 months, uninsured at child age 2 months, and still enrolled at child age 12 months; and index children whose mothers are enrolled by child age 2 months, uninsured at age 2 months, and still enrolled at age 12 months.
	<i>Numerator:</i> Number of target women plus number of target children who did not have health insurance when the child was 2 months of age and then reported having health insurance when the child was 12 months of age.
	<i>Denominator:</i> Number of target women plus number of target children.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase in the proportion of target women and target children who did not have health insurance when the child was 2 months of age and then reported having health insurance when the child was 12 months of age.</p> <p><i>Calculation:</i> (Number of target women plus number of target children who did not have health insurance when the child was 2 months of age and then reported having health insurance when the child was 12 months of age) divided by (Number of target women plus target children).</p> <p>To demonstrate improvement, the resulting proportion should be > 0.</p>
Data source	Client self-report.
Measurement tool	NFP/HFA-forms.
Reliability/Validity	N/A
Data Collection & Analysis Plan (<i>person responsible, schedule, analysis</i>)	<i>Person responsible:</i> Home visitor.
	<i>Data collection schedule:</i> Infancy 2 months; Infancy 12 months.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.

Benchmark Area II: Prevention of Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of ED Visits	
Construct	i. Visits for Children to Emergency Department from All Causes
Performance Measure B II/PM i.	Number of times target children visit the emergency department (ED) between birth and 6 months of age.
Performance type	Cohort ² , outcome
Operational definition (<i>target population, numerator, denominator</i>)	<i>Target population:</i> Enrolled index children who are 6 months of age and whose mothers were enrolled by child's birth.
	<i>Numerator:</i> Number of ED visits from all causes among target children enrolled in Year 1.
	<i>Denominator:</i> Number of target children enrolled in Year 1.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Decrease in the average number of ED visits per child comparing target children enrolled in Year 1 to target children enrolled in Year 2.</p> <p><i>Calculation:</i> (Number of ED visits from all causes among target children enrolled in Year 1) divided by (Number of target children enrolled in Year 1).</p> <p>This calculation will also be computed for target children who enrolled in Year 2.</p> <p>To demonstrate improvement, Cohort 2 should be < Cohort 1.</p>
Data source	Client self-report.
Measurement tool	NFP/HFA forms.
Reliability/Validity	N/A
Data Collection & Analysis Plan (<i>person responsible, schedule, analysis</i>)	<i>Person responsible:</i> Home Visitor.
	<i>Data collection schedule:</i> Infancy 6 months.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	"Birth" includes up to 2 weeks after birth to allow for HFA perinatal enrollment.

Benchmark Area II: Prevention of Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of ED Visits	
Construct	ii. Visits of Mothers to Emergency Departments from All Causes
Performance Measure B II/PM ii.	Number of times target women visit the emergency department (ED) in previous 6 months.
Performance type	Cohort ² , outcome
Operational definition (target population, numerator, denominator)	<i>Target population:</i> Women enrolled by index child's birth, with index children who are 6 months of age.
	<i>Numerator:</i> Number of ED visits from all causes among target women enrolled in Year 1.
	<i>Denominator:</i> Number of target women enrolled in Year 1.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Decrease in the average number of ED visits comparing target women enrolled in Year 1 to target women enrolled in Year 2</p> <p><i>Calculation:</i> (Number of ED visits from all causes among target women enrolled in Year 1) divided by (Number of target women enrolled in Year 1)</p> <p>This calculation will also be computed for target women who enrolled in Year 2.</p> <p>To demonstrate improvement, Cohort 2 should be < Cohort 1.</p>
Data source	Client self-report.
Measurement tool	NFP/HFA forms.
Reliability/Validity	N/A
Data Collection & Analysis Plan (person responsible, schedule, analysis)	<i>Person responsible:</i> Home visitor.
	<i>Data collection schedule:</i> Infancy 6 months.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	<u>Note:</u> Using NFP's data-collection schedule and we will not be using data collected at Intake because Intake could be prenatal and this construct may get misconstrued as many women visit hospitals/EDs while pregnant. "Birth" includes up to 2 weeks after birth to allow for HFA perinatal enrollment.

Benchmark Area II: Prevention of Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of ED Visits	
Construct	iii. Information Provided or Training of Participants on Prevention of Child Injuries
Performance Measure B I/PM iii.	Proportion of target women who are provided child safety information or training by the time their child is 6 months of age.
Performance type	Cross-sectional ³ , process
Operational definition (<i>target population, numerator, denominator</i>)	<i>Target population:</i> Enrolled women who have index children who are 6 months of age.
	<i>Numerator:</i> Number of target women during Year 1 who receive information/training on prevention of child injuries from the home visitor.
	<i>Denominator:</i> Number of target women during Year 1.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain* the proportion of target women who were provided information/training on the prevention of child injuries from the home visitor during Year 1 compared to during Year 2.</p> <p><i>Calculation:</i> (Number of target women during Year 1 who receive information on prevention of child injury topics from the home visitor) divided by (Number of target women during Year 1).</p> <p>This calculation will also be computed for target women who enrolled during Year 2.</p> <p>To demonstrate improvement, Year 2 should be > Year 1.</p>
Data source	Home visitor report.
Measurement tool	HFA/NFP forms.
Reliability/Validity	N/A
Data Collection & Analysis Plan (<i>person responsible, schedule, analysis</i>)	<i>Person responsible:</i> Home Visitor.
	<i>Data collection schedule:</i> Curriculum topics that are addressed during home visits reported after those visits.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	<p><u>Note:</u> Compatible with NFP's data-collection schedule.</p> <p>* Maintain only applies at or above 90%.</p>

Benchmark Area II: Prevention of Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of ED Visits	
Construct	iv. Incidence of Child Injuries Requiring Medical Treatment
Performance Measure B II/PM iv.	Average number per child of injuries requiring medical treatment.
Performance type	Cohort ² , outcome
Operational definition (<i>target population, numerator, denominator</i>)	<i>Target population:</i> Enrolled index children who are 12 months of age whose mothers were enrolled by child's birth.
	<i>Numerator:</i> Number of injury incidents requiring medical treatment among target children enrolled in Year 1.
	<i>Denominator:</i> Number of target children enrolled in Year 1.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Decrease in the average number per child of injury incidents requiring medical treatment comparing target children enrolled in Year 1 to those enrolled in Year 2.</p> <p><i>Calculation:</i> (Number of injury incidents requiring medical treatment among target children enrolled in Year 1) divided by (Number of target children enrolled in Year 1).</p> <p>This calculation will also be used to compute for target children who enrolled in Year 2.</p> <p>To demonstrate improvement, Cohort 2 should be < Cohort 1.</p>
Data source	Client self-report; HV observation.
Measurement tool	NFP/HFA forms.
Reliability/Validity	N/A
Data Collection & Analysis Plan (<i>person responsible, schedule, analysis</i>)	<i>Person responsible:</i> Home Visitor.
	<i>Data collection schedule:</i> Infancy 12 months.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	<i>Note:</i> Using "injury incidents" to clarify that we're counting incidents and not counting more than one injury per incident. "Birth" includes up to 2 weeks after birth to allow for HFA perinatal enrollment.

Benchmark Area II: Prevention of Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of ED Visits	
Construct	v. Reported Suspected Maltreatment for children in the program
Performance Measure B II/PM v.	Proportion of target children with a referral to CPS for suspected maltreatment by 12 months of age.
Performance type	Cohort ² , outcome
Operational definition (<i>target population, numerator, denominator</i>)	<i>Target population:</i> Enrolled index children who are 12 months of age.
	<i>Numerator:</i> Number of target children with a referral to CPS for suspected maltreatment among target children enrolled in Year 1.
	<i>Denominator:</i> Number of target children enrolled in Year 1.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Decrease in the proportion of target children with reported suspected maltreatment, comparing target children enrolled in Year 1 to target children enrolled in Year 2.</p> <p><i>Calculation:</i> (Number of target children with reported suspected maltreatment among target children enrolled in Year 1) divided by (Number of target children enrolled in Year 1).</p> <p>This calculation will also be used to compute for target children who enrolled in Year 2.</p> <p>To demonstrate improvement, Cohort 2 should be < Cohort 1.</p>
Data source	State and county CPS administrative records.
Measurement tool	State and county administrative records.
Reliability/Validity	N/A
Data Collection & Analysis Plan (<i>person responsible, schedule, analysis</i>)	<i>Person responsible:</i> CHVP
	<i>Data collection schedule:</i> Annually
	<i>Data analysis schedule:</i> Data will be analyzed for CQI and reported on annually.
Comments or Anticipated Challenges	

Benchmark Area II: Prevention of Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of ED Visits	
Construct	vi. Reported Substantiated Maltreatment for children in the program
Performance Measure B II/PM vi.	Proportion of target children with substantiated maltreatment by 12 months of age.
Performance type	Cohort ² , outcome
Operational definition (<i>target population, numerator, denominator</i>)	<i>Target population:</i> Enrolled index children who are 12 months of age.
	<i>Numerator:</i> Number of target children with reported substantiated maltreatment among target children enrolled in Year 1.
	<i>Denominator:</i> Number of target children enrolled in Year 1.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Decrease in the proportion of target children with reported substantiated maltreatment comparing target children enrolled in Year 1 to target children enrolled in Year 2.</p> <p><i>Calculation:</i> (Number of target children with reported substantiated maltreatment among target children enrolled in Year 1) divided by (Number of target children enrolled in Year 1).</p> <p>This calculation will also be used to compute for target children who enrolled in Year 2.</p> <p>To demonstrate improvement, Cohort 2 should be < Cohort 1.</p>
Data source	State and county CPS administrative records.
Measurement tool	State and county administrative records.
Reliability/Validity	N/A
Data Collection & Analysis Plan (<i>person responsible, schedule, analysis</i>)	<i>Person responsible:</i> CHVP
	<i>Data collection schedule:</i> Annually
	<i>Data analysis schedule:</i> Data will be analyzed for CQI and reported on annually.
Comments or Anticipated Challenges	

Benchmark Area II: Prevention of Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of ED Visits	
Construct	vii. First-Time Victims of Maltreatment for Children in the program
Performance Measure B II/PM vii.	Proportion of target children with first-time substantiated maltreatment by 12 months of age.
Performance type	Cohort ² , outcome
Operational definition (<i>target population, numerator, denominator</i>)	<i>Target population:</i> Enrolled index children who are 12 months of age.
	<i>Numerator:</i> Number of target children with first-time substantiated maltreatment among target children enrolled in Year 1.
	<i>Denominator:</i> Number of target children enrolled in Year 1.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Decrease in the proportion target children with first-time substantiated maltreatment comparing target children enrolled in Year 1 to target children enrolled in Year 2.</p> <p><i>Calculation:</i> (Number of target children with first-time substantiated maltreatment among target children enrolled in Year 1) divided by (Number of target children enrolled in Year 1).</p> <p>This calculation will also be used to compute for target children who enrolled in Year 2.</p> <p>To demonstrate improvement, Cohort 2 should be < Cohort 1.</p>
Data source	State and county CPS administrative records.
Measurement tool	State and county administrative records.
Reliability/Validity	N/A
Data Collection & Analysis Plan (<i>person responsible, schedule, analysis</i>)	<i>Person responsible:</i> CHVP
	<i>Data collection schedule:</i> Annually
	<i>Data analysis schedule:</i> Data will be analyzed for CQI and reported on annually.
Comments or Anticipated Challenges	

Benchmark III: Improvements in School Readiness and Achievements	
Construct	i. Parent support for children's learning and development
Performance Measure B III/PM i.	Proportion of women with improvement in specific HOME Inventory subscale scores.
Measurement type	Individual ¹ , outcome
Operational definition (<i>target population, numerator, denominator</i>)	<i>Target population:</i> Enrolled women with a completed HOME Inventory when the index child is 6 months of age and again at 18 months of age.
	<i>Numerator:</i> Number of target women whose observed scores for the "Learning Materials" or "Parenting Involvement" subscale improved between 6 and 18 months of the child's age.
	<i>Denominator:</i> Number of target women.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase in the scores for "Learning Materials" or "Parenting Involvement" subscale among target women.</p> <p><i>Calculation:</i> (Number of women whose observed score for the "Learning Materials" or observed score for the "Parenting Involvement" subscale was greater at 18 months than at 6 months of the child's age) divided by (Number of target women).</p> <p>To demonstrate improvement, the proportion should be > 0.</p>
Data source	Data will be collected during a home visit through client observation and questionnaire.
Measurement tool	HOME Inventory.
Reliability/Validity	HOME Inventory: Cronbach's alphas were .84 and ranged from .49 to .78 for the six subscales. Test-retest reliability: coefficient of .94 on a normative sample at 12 months (with a two-week interval). Inter-rater reliability: the Kappa statistics for inter-rater reliability between teams of pediatricians and research assistants ranged from .76 to 1.0.
Data Collection & Analysis Plan (<i>person responsible, schedule, analysis</i>)	<i>Person responsible:</i> Home Visitor will administer the questionnaire and observe the participant's behavior.
	<i>Data collection schedule:</i> Infancy 6 months; Toddler 18 months.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	

Benchmark III: Improvements in School Readiness and Achievements	
Construct	ii. Parent knowledge of child development and of their child's developmental progress
Performance Measure B III/PM ii.	Proportion of women with whom the home visitor reviewed ASQ-3 and ASQ-SE test results.
Measurement type	Cross-sectional ³ , process
Operational definition (<i>target population, numerator, denominator</i>)	<i>Target population:</i> Enrolled women with an index child who is 6 months of age, who were screened by home visitor with both ASQ-3 and ASQ-SE tools.
	<i>Numerator:</i> Number of target women with whom both an ASQ-3 and ASQ-SE test result were reviewed by the home visitor by infancy 6 mos. during Year 1.
	<i>Denominator:</i> Number of target women during Year 1.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain* the proportion of women with whom both ASQ-3 and ASQ-SE test results were reviewed by the home visitor during Year 1 compared to during Year 2.</p> <p><i>Calculation:</i> (Number of target women with whom both ASQ-3 and ASQ-SE test results were reviewed during Year 1) divided by (Number of target women during Year 1).</p> <p>This calculation will also be computed for target women with an index child who is 6 months of age in Year 2.</p> <p>To demonstrate improvement, Year 2 should be > Year 1.</p>
Data source	Data will be collected during a home visit through a standardized instrument.
Measurement tool	ASQ-3; ASQ-SE; Review of measurement tools.
Reliability/Validity	<u>ASQ-3:</u> The internal consistency coefficient alpha for each individual developmental area ranged from .51 to .87. Its test-retest reliability ranged from .75 to .82. The overall sensitivity was 86.1%; the overall specificity was 85.6%. <u>ASQ-SE:</u> The overall internal consistency coefficient alpha was .82. The overall positive predictive value was 26.8%. The overall test-retest agreement was 94%.
Data Collection & Analysis Plan (<i>person responsible, schedule, analysis</i>)	<i>Person responsible:</i> Home Visitor will discuss the ASQ score meanings with target women.
	<i>Data collection schedule:</i> Infancy 6 months.
	<i>Data analysis schedule:</i> Data will be analyzed every

	three months for CQI and reported on annually.
Comments or Anticipated Challenges	*Maintain only applies at or above 90%.

Benchmark III: Improvements in School Readiness and Achievements	
Construct	iii. Parenting behaviors and parent-child relationship
Performance Measure B III/PM iii.	Proportion of women with improvement in specific HOME Inventory subscale scores.
Measurement type	Individual ¹ , outcome
Operational definition (<i>target population, numerator, denominator</i>)	<i>Target population:</i> Enrolled women with a completed HOME Inventory when the index child is 6 months of age and again at 18 months of age.
	<i>Numerator:</i> Number of target women whose observed score for the “Responsivity” or “Acceptance” subscale improved between 6 and 18 months of the child’s age.
	<i>Denominator:</i> Number of target women.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase in the score for the “Responsivity” or “Acceptance” subscale among target women.</p> <p><i>Calculation:</i> (Number of target women whose observed score for the “Responsivity” or observed score for the “Acceptance” subscale was greater at 18 months than at 6 months of the child’s age) divided by (Number of target women).</p> <p>To demonstrate improvement, the proportion should be > 0.</p>
Data source	Data will be collected during a home visit through client observation and questionnaire.
Measurement tool	HOME Inventory
Reliability/Validity	<u>HOME Inventory:</u> Cronbach’s alphas were .84 and ranged from .49 to .78 for the six subscales. Test-retest reliability: coefficient of .94 on a normative sample at 12 months (with a two-week interval). Inter-rater reliability: the Kappa statistics for inter-rater reliability between teams of pediatricians and research assistants ranged from .76 to 1.0.
Data Collection & Analysis Plan (<i>person responsible, schedule, analysis</i>)	<i>Person responsible:</i> Home Visitor will administer the questionnaire and observe the participant’s behavior.
	<i>Data collection schedule:</i> Infancy 6 months; Toddler 18 months.
	<i>Data analysis schedule:</i> Data will be analyzed every

	three months for CQI and reported on annually.
Comments or Anticipated Challenges	

Benchmark III: Improvements in School Readiness and Achievements	
Construct	iv. Parent emotional well-being or parenting stress
Performance Measure B III/PM iv.	Proportion of target women screened for depression.
Measurement type	Cross-sectional ³ , process
Operational definition (<i>target population, numerator, denominator</i>)	<i>Target population:</i> Women enrolled by 6 weeks postpartum and still enrolled at 8 weeks postpartum.
	<i>Numerator:</i> Number of target women during Year 1 who are screened for depression between 6 and 8 weeks postpartum.
	<i>Denominator:</i> Number of target women in Year 1.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain* the proportion of target women screened for depression between 6 and 8 weeks postpartum between Years 1 and 2.</p> <p><i>Calculation:</i> (Number of target women screened for depression between 6 and 8 weeks postpartum in Year 1) divided by (Number of target women in Year 1).</p> <p>This calculation will also be computed for target women in Year 2.</p> <p>To demonstrate improvement, Year 2 should be > Year 1.</p>
Data source	Client self-report.
Measurement tool	Edinburgh Postnatal Depression Scale (EPDS).
Reliability/Validity	The widely used EPDS has an internal consistency reliability of .87 with a sensitivity of 95% and a specificity of 93%.
Data Collection & Analysis Plan (<i>person responsible, schedule, analysis</i>)	<i>Person responsible:</i> Home visitor will administer the tool.
	<i>Data collection schedule:</i> Infancy 2 months.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	<p>*Maintain only applies at or above 90%.</p> <p><u>Note:</u> 6-8 weeks is specified to bypass earlier “baby blues” that normally resolves by 6 weeks postpartum.</p>

Benchmark III: Improvements in School Readiness and Achievements	
Construct	v. Child's communication, language and emergent literacy
Performance Measure B III/PM v.	The proportion of target children who receive the ASQ-3 developmental assessment by 6 months of age.
Measurement type	Cross-sectional ³ , process
Operational definition (<i>target population, numerator, denominator</i>)	<i>Target population:</i> Index children enrolled who are 6 months of age.
	<i>Numerator:</i> Number of target children screened in the "Communication" subscale by 6 months of age during Year 1.
	<i>Denominator:</i> Number of target children during Year 1.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain* the proportion of target children screened in the "Communication" subscale by 6 months of age during Year 1 compared to during Year 2.</p> <p><i>Calculation:</i> (Number of target children screened in the "Communication" subscale by 6 months of age during Year 1) divided by (Number of target children during Year 1).</p> <p>This calculation will also be computed for target children in Year 2.</p> <p>To demonstrate improvement, Year 2 should be > Year 1.</p>
Data source	Data will be collected during a home visit through client self-report/Home Visitor Observation.
Measurement tool	ASQ-3; Communication Subscale.
Reliability/Validity	The internal consistency coefficient alpha for each individual developmental area ranged from .51 to .87. Its test-retest reliability ranged from .75 to .82. The overall sensitivity was 86.1%; the overall specificity was 85.6%.
Data Collection & Analysis Plan (<i>person responsible, schedule, analysis</i>)	<i>Person responsible:</i> Home Visitor will administer the questionnaire.
	<i>Data collection schedule:</i> Infancy 6 months.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	*Maintain only applies at or above 90%.

Benchmark III: Improvements in School Readiness and Achievements	
Construct	vi. Child's general cognitive skills
Performance Measure B III/PM vi.	The proportion of target children who receive the ASQ-3 developmental assessment by 6 months of age.
Measurement type	Cross-sectional ³ , process
Operational definition (target population, numerator, denominator)	<i>Target population:</i> Index children enrolled who are 6 months of age.
	<i>Numerator:</i> Number of target children who are screened in the "Problem Solving" subscale by 6 months of age during Year 1.
	<i>Denominator:</i> Number of target children during Year 1.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain* the proportion of target children screened in the "Problem Solving" subscale by 6 months of age during Year 1 compared to during Year 2.</p> <p><i>Calculation:</i> (Number of target children screened in the "Problem Solving" subscale by 6 months of age during Year 1) divided by (Number of target children during Year 1).</p> <p>This calculation will also be computed for target children in Year 2.</p> <p>To demonstrate improvement, Year 2 should be > Year 1.</p>
Data source	Data will be collected during a home visit through client self-report/Home Visitor Observation.
Measurement tool	ASQ-3; Problem Solving Subscale.
Reliability/Validity	The internal consistency coefficient alpha for each individual developmental area ranged from .51 to .87. Its test-retest reliability ranged from .75 to .82. The overall sensitivity was 86.1%; the overall specificity was 85.6%.
Data Collection & Analysis Plan (person responsible, schedule, analysis)	<i>Person responsible:</i> Home Visitor will administer the questionnaire and observe the participant's behavior.
	<i>Data collection schedule:</i> Infancy 6 months.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	*Maintain only applies at or above 90%.

Benchmark III: Improvements in School Readiness and Achievements	
Construct	vii. Child's positive approaches to learning including attention
Performance Measure B III/PM vii.	The proportion of target children who receive the ASQ-SE developmental assessment at 6 months of age.
Measurement type	Cross-sectional ³ , process
Operational definition (target population, numerator, denominator)	<i>Target population:</i> Index children enrolled who are 6 months of age.
	<i>Numerator:</i> Number of target children who are screened using the ASQ-SE at 6 months of age during Year 1.
	<i>Denominator:</i> Number of target children during Year 1.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain* the proportion of target children screened using the ASQ-SE at 6 months of age during Year 1 compared to during Year 2.</p> <p><i>Calculation:</i> (Number of target children screened using the ASQ-SE at 6 months of age during Year 1) divided by (Number of target children during Year 1).</p> <p>This calculation will also be computed for target children in Year 2.</p> <p>To demonstrate improvement, Year 2 should be > Year 1.</p>
Data source	Data will be collected during a home visit through client self-report/Home Visitor Observation.
Measurement tool	ASQ-SE.
Reliability/Validity	The overall internal consistency coefficient alpha was .82. The overall positive predictive value was 26.8%. The overall test-retest agreement was 94%.
Data Collection & Analysis Plan (person responsible, schedule, analysis)	<i>Person responsible:</i> Home Visitor will administer the questionnaire and observe the participant's behavior.
	<i>Data collection schedule:</i> Infancy 6 months.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	*Maintain only applies at or above 90%.

Benchmark III: Improvements in School Readiness and Achievements	
Construct	viii. Child's social behavior, emotion regulation, and emotional well-being
Performance Measure B III/PM viii.	The proportion of target children who receive the ASQ-SE developmental assessment at 6 months of age.
Measurement type	Cross-sectional ³ , process
Operational definition (<i>target population, numerator, denominator</i>)	<i>Target population:</i> Index children enrolled who are 6 months of age.
	<i>Numerator:</i> Number of target children who are screened using the ASQ-SE at 6 months of age during Year 1.
	<i>Denominator:</i> Number of target children during Year 1.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain* the proportion of target children screened using the ASQ-SE at 6 months of age during Year 1 compared to during Year 2.</p> <p><i>Calculation:</i> (Number of target children screened using the ASQ-SE at 6 months of age during Year 1) divided by (Number of target children during Year 1).</p> <p>This calculation will also be computed for target children in Year 2.</p> <p>To demonstrate improvement, Year 2 should be > Year 1.</p>
Data source	Data will be collected during a home visit through client self-report/Home Visitor Observation.
Measurement tool	ASQ-SE.
Reliability/Validity	The overall internal consistency coefficient alpha was .82. The overall positive predictive value was 26.8%. The overall test-retest agreement was 94%.
Data Collection & Analysis Plan (<i>person responsible, schedule, analysis</i>)	<i>Person responsible:</i> Home Visitor will administer the questionnaire and observe the participant's behavior.
	<i>Data collection schedule:</i> Infancy 6 months.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	*Maintain only applies at or above 90%.

Benchmark III: Improvements in School Readiness and Achievements	
Construct	ix. Child's physical health and development.
Performance Measure B III/PM ix.	The proportion of target children who receive the ASQ-3 developmental assessment by 6 months of age.
Measurement type	Cross-sectional ³ , process
Operational definition (target population, numerator, denominator)	<i>Target population:</i> Index children enrolled who are 6 months of age.
	<i>Numerator:</i> Number of target children screened using both the "Gross Motor" and "Fine Motor" subscales by 6 months of age during Year 1.
	<i>Denominator:</i> Number of target children during Year 1.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain* the proportion of target children screened using both the "Gross Motor" and "Fine Motor" subscales by 6 months of age during Year 1 compared to during Year 2.</p> <p><i>Calculation:</i> (Number of target children screened using both the "Gross Motor" and "Fine Motor" subscales by 6 months of age during Year 1) divided by (Number of target children during Year 1).</p> <p>This calculation will also be computed for target children in Year 2.</p> <p>To demonstrate improvement, Year 2 should be > Year 1.</p>
Data source	Client self-report/Home Visitor Observation.
Measurement tool	ASQ-3, Gross Motor & Fine Motor subscales.
Reliability/Validity	The internal consistency coefficient alpha for each individual developmental area ranged from .51 to .87. Its test-retest reliability ranged from .75 to .82. The overall sensitivity was 86.1%; the overall specificity was 85.6%.
Data Collection & Analysis Plan (person responsible, schedule, analysis)	<i>Person responsible:</i> Home Visitor will administer the questionnaire and observe the participant's behavior.
	<i>Data collection schedule:</i> Infancy 6 months.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated	*Maintain only applies at or above 90%.

Challenges	
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Benchmark IV: Domestic Violence	
Construct	i. Screening for Domestic Violence
Performance Measure B IV/PM i.	Proportion of women who were screened for domestic violence (DV) within 6 months of enrollment.
Measurement type	Cross-sectional ³ , process
Operational definition (target population, numerator, denominator)	<i>Target population:</i> Women enrolled for at least 6 months.
	<i>Numerator:</i> Number of target women in Year 1 who were screened for DV using the WEB within 6 months of enrollment.
	<i>Denominator:</i> Number of target women in Year 1.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain* the proportion of women screened for DV within 6 months of enrollment during Year 1 compared to Year 2.</p> <p><i>Calculation:</i> (Number of target women in Year 1 who were screened for DV using the WEB within 6 months of enrollment) divided by (Number of target women in Year 1).</p> <p>This calculation will also be computed for target women in Year 2.</p> <p>To demonstrate improvement, Year 2 should be > Year 1.</p>
Data source	Data will be collected during home visit using the WEB tool.
Measurement tool	Women's Experience with Battering (WEB).
Reliability/Validity	The WEB scale has been validated to assess domestic violence with high sensitivity (86%) and specificity (91%).
Data Collection & Analysis Plan (person responsible, schedule, analysis)	<i>Person responsible:</i> Home Visitor will administer the tool to the participant.
	<i>Data collection schedule:</i> Home visitor will collect data by 6 months of enrollment.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	*Maintain only applies at or above 90%.

Benchmark IV: Domestic Violence	
Construct	ii. Number of Referrals Made to Relevant Domestic Violence Services
Performance Measure B IV/PM ii.	Proportion of women receiving at least one referral to a relevant DV service following a positive screen for DV.
Measurement type	Cross-sectional ³ , process
Operational definition (<i>target population, numerator, denominator</i>)	<i>Target population:</i> Enrolled women with a positive screen for domestic violence.
	<i>Numerator:</i> Number of target women in Year 1 who were referred for DV services.
	<i>Denominator:</i> Number of target women in Year 1.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain* the proportion of target women referred for DV services during Year 1 compared to during Year 2.</p> <p><i>Calculation:</i> (Number of target women in Year 1 who were referred for DV services) divided by (Number of target women in Year 1).</p> <p>This calculation will also be computed for target women in Year 2.</p> <p>To demonstrate improvement, Year 2 should be > Year 1.</p>
Data source	Data will be collected from home visitor report.
Measurement tool	N/A
Reliability/Validity	N/A
Data Collection & Analysis Plan (<i>person responsible, schedule, analysis</i>)	<i>Person responsible:</i> Home Visitor will be responsible for recording data.
	<i>Data collection schedule:</i> Home visitor will record data following a positive DV screen for DV.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	*Maintain only applies at or above 90%.

Benchmark IV: Domestic Violence	
Construct	iii. Number of Families for Which a Safety Plan Was Completed
Performance Measure B IV/PM iii.	Proportion of women with a safety plan following a positive screen for DV.
Measurement type	Cross-sectional ³ , process
Operational definition (<i>target population, numerator, denominator</i>)	<i>Target population:</i> Enrolled women with a positive screen for domestic violence.
	<i>Numerator:</i> Number of target women in Year 1 who now have a safety plan.
	<i>Denominator:</i> Number of target women in Year 1.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain* the proportion of target women with a safety plan completed during Year 1 compared to during Year 2.</p> <p><i>Calculation:</i> (Number of target women in Year 1 who now have a safety plan) divided by (Number of target women in Year 1).</p> <p>This calculation will also be computed for women in Year 2.</p> <p>To demonstrate improvement, Year 2 should be > Year 1.</p>
Data source	Data will be collected from home visitor report.
Measurement tool	N/A
Reliability/Validity	N/A
Data Collection & Analysis Plan (<i>person responsible, schedule, analysis</i>)	<i>Person responsible:</i> Home Visitor will be responsible for recording data.
	<i>Data collection schedule:</i> Home visitor will record data following a positive DV screen.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	* Maintain only applies at or above 90%.

Benchmark V: Family Economic Self-Sufficiency	
Construct	i. Household Income and Benefits
Performance Measure B V/PM i.	Proportion of target women who increased their income.
Measurement type	Individual ¹ , outcome
Operational definition (<i>target population, numerator, denominator</i>)	<i>Target population:</i> Enrolled women with an index child who is 12 months of age.
	<i>Numerator:</i> Number of target women whose income increased from intake to when their child is 12 months of age.
	<i>Denominator:</i> Number of target women.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase in the proportion of women who increased their income from intake to when their child is 12 months of age.</p> <p><i>Calculation:</i> (Number of target women who increased their income from intake to when their child is 12 months of age) divided by (Number of target women).</p> <p>To demonstrate improvement, the proportion should be > 1.</p>
Data source	Client self-report.
Measurement tool	NFP/HFA forms.
Reliability/Validity	N/A
Data Collection & Analysis Plan (<i>person responsible, schedule, analysis</i>)	<i>Person responsible:</i> Home Visitor will administer the questionnaire.
	<i>Data collection schedule:</i> Intake; Infancy 12 months.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	<u>Note:</u> Income only, not including benefits.

Benchmark V: Family Economic Self-Sufficiency	
Construct	ii. Employment or Education of Adult Members of the Household
Performance Measure B V/PM ii.	Proportion of target women who increased their educational attainment and/or their employment status*.
Measurement type	Individual ¹ , outcome
Operational definition (<i>target population, numerator, denominator</i>)	<i>Target population:</i> Enrolled women with an index child who is 12 months of age.
	<i>Numerator:</i> Number of target women who increased their educational attainment and/or their employment status from intake to when their child is 12 months of age.
	<i>Denominator:</i> Number of target women.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase in the proportion of target women who increased their educational attainment and/or their employment status from intake to when their child is 12 months of age.</p> <p><i>Calculation:</i> (Number of target women who increased their educational attainment and/or their employment status from intake to when their child is 12 months of age) divided by (Number of target women).</p> <p>To demonstrate improvement, the proportion should be > 0.</p>
Data source	Client self-report.
Measurement tool	NFP/HFA forms.
Reliability/Validity	N/A
Data Collection & Analysis Plan (<i>person responsible, schedule, analysis</i>)	<i>Person responsible:</i> Home Visitor will administer the questionnaire.
	<i>Data collection schedule:</i> Intake; Infancy 12 months.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	<p><i>Note:</i> Measure based on how the models currently collect this information.</p> <p>*An improvement for employment would be defined as working more hours or going from unemployed to any employment; for education it would be defined as going from not enrolled to enrolled, enrolled part-time to full-time and/or attaining a higher level of education.</p>

Benchmark V: Family Economic Self-Sufficiency	
Construct	iii. Health Insurance Status
Performance Measure B V/PM iii.	Proportion of target women and target children who did not have health insurance when their child was 2 months of age and reported having health insurance when same child was 12 months of age.
Measurement type	Individual ¹ , outcome
Operational definition (<i>target population, numerator, denominator</i>)	<i>Target population:</i> Women enrolled by index child age 2 months, uninsured at child age 2 months, and still enrolled at child age 12 months; and index children whose mothers are enrolled by child age 2 months, uninsured at age 2 months, and still enrolled at age 12 months.
	<i>Numerator:</i> Number of target women plus number of target children who did not have health insurance when the child was 2 months of age and then reported having health insurance when the child was 12 months of age.
	<i>Denominator:</i> Number of target women plus number of target children.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase in the proportion of target women and target children who did not have health insurance when the child was 2 months of age and then reported having health insurance when the child was 12 months of age.</p> <p><i>Calculation:</i> (Number of target women plus number of target children who did not have health insurance when the child was 2 months of age and then reported having health insurance when the child was 12 months of age) divided by (Number of target women plus target children).</p> <p>To demonstrate improvement, the resulting proportion should be > 0.</p>
Data source	Client self-report.
Measurement tool	NFP/HFA-forms.
Reliability/Validity	N/A
Data Collection & Analysis Plan (<i>person responsible, schedule, analysis</i>)	<i>Person responsible:</i> Home visitor.
	<i>Data collection schedule:</i> Infancy 2 months; Infancy 12 months.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	<i>Note:</i> Start point for comparison is Infancy 2 months because that is when women lose pregnancy Medi-Cal

	(Medicaid) coverage.
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Benchmark VI: Coordination and Referrals for the Other Community Resources and Supports	
Construct	i. Number of Families Identified for Necessary Services
Performance Measure B VIPM i.	The proportion of mothers/children screened for needed services using the screening tools identified in other benchmark areas.
Measurement type	Cross-sectional ³ , process
Operational definition (<i>target population, numerator, denominator</i>)	<i>Target population:</i> Women and index children who are still enrolled when the child is 6 months of age.
	<i>Numerator:</i> Number of target women and target children during Year 1 that received all scheduled and eligible screenings through 6 months of the child's age.
	<i>Denominator:</i> Number of target women with target children who are 6 months of age during Year 1.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain* the proportion of target mothers/children screened for needed services using the screening tools identified in other benchmark areas when their child is 6 months of age during Year 1 compared to Year 2.</p> <p><i>Calculation:</i> (Number of target women and target children during Year 1 that received all scheduled and eligible screenings through 6 months of the child's age) divided by (Number of target women and children during Year 1).</p> <p>This calculation will also be computed for target women and children during Year 2.</p> <p>To assess improvement, Year 2 should be >= to Year 1.</p>
Data source	ASQ-3, ASQ-SE, HOME, EPDS, and WEB. See individual constructs.
Measurement tool	ASQ-3, ASQ-SE, HOME, EPDS, and WEB. See individual constructs
Reliability/Validity	See individual constructs.
Data Collection & Analysis Plan (<i>person responsible, schedule, analysis</i>)	<i>Person responsible:</i> Home Visitor will administer the screening tools and observe the participant's behavior.
	<i>Data collection schedule:</i> See individual constructs.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	* Maintain only applies at or above 90%.

Benchmark VI: Coordination and Referrals for the Other Community Resources and Supports	
Construct	ii. Number of families that required services and received a referral to available community resources
Performance Measure B VVPM ii.	The proportion of identified service needs that received a referral to community resources.
Measurement type	Cross-Sectional ³ , process
Operational definition (target population, numerator, denominator)	<i>Target population:</i> Women and index children who are still enrolled when the index child is 6 months of age and who have a service need identified via screening tools noted in other benchmark areas.
	<i>Numerator:</i> Number of referrals (for target women and target children) to identified service needs through 6 months of the child's age during Year 1.
	<i>Denominator:</i> Number of identified service needs through 6 months of the child's age during Year 1.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain* the proportion of identified service needs that were referred to services during Year 1 compared to during Year 2.</p> <p><i>Calculation:</i> (Number of referrals to identified service needs for target women and target children through 6 months of the child's age during Year 1) divided by (Number of identified service needs through 6 months of the child's age during Year 1).</p> <p>This calculation will also be computed for target women and target children at 6 months of age during Year 2.</p> <p>To assess improvement, Year 2 should be \geq to Year 1.</p>
Data source	Data will be collected from home visitor report.
Measurement tool	Screening tools as identified in other benchmark areas and referral forms.
Reliability/Validity	See other benchmark areas for validity/reliability of identified screening tools.
Data Collection & Analysis Plan (person responsible, schedule, analysis)	<i>Person responsible:</i> Home Visitor will be responsible for recording data.
	<i>Data collection schedule:</i> Ongoing throughout program (see reporting schedule for identified screening tools).
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	** Maintain only applies at or above 90%.

Benchmark VI: Coordination and Referrals for the Other Community Resources and Supports	
Construct	iii. MOUs: Number of Memoranda of Understanding or other formal agreements with other social service agencies in the community
Performance Measure B VIPM iii.	The number of MOUs or other formal agreements between the local HV programs and local social services agencies in the community.
Measurement type	Individual ¹ , outcome
Operational definition (<i>target population, numerator, denominator</i>)	<i>Target population:</i> Local HV programs.
	<i>Numerator:</i> Number of local HV programs that increased the number of MOUs or other formal agreements with other social service agencies in the community from Program Implementation to one year post-Implementation.
	<i>Denominator:</i> Number of local HV programs.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase in the number of MOUs or other formal agreements with other social service agencies in the community from Implementation to one year post-Implementation.</p> <p><i>Calculation:</i> (Number of local HV programs that increased the number of MOUs or other formal agreements with other social service agencies in the community from Program Implementation to one year post-Implementation) divided by (Number of local HV programs.).</p> <p>To assess improvement, the proportion should be >0.</p>
Data source	Local program activity/progress reports/survey.
Measurement tool	N/A
Reliability/Validity	N/A
Data Collection & Analysis Plan (<i>person responsible, schedule, analysis</i>)	<i>Person responsible:</i> Information will be recorded by LHJ MCAH Director.
	<i>Data collection schedule:</i> Data will be reported at program implementation, annually thereafter.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	

Benchmark VI: Coordination and Referrals for the Other Community Resources and Supports	
Construct	iv. Information sharing: Number of agencies with which the home visiting provider has a clear point of contact in the collaborating community agency that includes regular sharing of information between agencies
Performance Measure B VIPM iv.	The number of agencies with which the home visiting provider has a clear point of contact in the collaborating community agency that includes regular sharing of information between agencies.
Measurement type	Individual ¹ , outcome
Operational definition (<i>target population, numerator, denominator</i>)	<i>Target population:</i> Local HV programs.
	<i>Numerator:</i> Number of local HV programs that increased the number of contacts with collaborating community agencies from Program Implementation to one year post-Implementation.
	<i>Denominator:</i> Number of local HV programs.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase in the number of local HV programs with which the home visiting provider has a clear point of contact with the collaborating agency from Program Implementation to one year post-Implementation.</p> <p><i>Calculation:</i> (Number of local HV programs that increased the number of contacts with collaborating community agencies from Program Implementation to one year post-Implementation) divided by (Number of local HV programs).</p> <p>To assess improvement, the proportion should be >0.</p>
Data source	Local program activity/progress reports/survey.
Measurement tool	N/A
Reliability/Validity	N/A
Data Collection & Analysis Plan (<i>person responsible, schedule, analysis</i>)	<i>Person responsible:</i> LHJ MCAH Director and home visitor.
	<i>Data collection schedule:</i> At program Implementation; annually thereafter.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	

Benchmark VI: Coordination and Referrals for the Other Community Resources and Supports	
Construct	v. Number of completed referrals
Performance Measure B VVPM v.	The proportion of referrals to identified service needs that are completed.
Measurement type	Cohort ² , process
Operational definition (<i>target population, numerator, denominator</i>)	<i>Target population:</i> Women and index children still enrolled at child age 12 months who received one or more referrals by child age 6 months to service needs identified via screening tools noted in other benchmark areas).
	<i>Numerator:</i> Number of referrals to identified service needs made by 6 months of the child's age that were completed by 12 months of the child's age among target women and target children enrolled in Year 1.
	<i>Denominator:</i> Number of referrals to identified service needs made by 6 months of the child's age among target women and target children enrolled in Year 1.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase in the proportion of referrals to identified service needs made by 6 months of the child's age that were completed by 12 months of the child's age comparing target women and target children enrolled in Year 1 to target women and target children enrolled in Year 2.</p> <p><i>Calculation:</i> (Number of referrals made by 6 months of the child's age that were completed by 12 months of the child's age among target women and target children enrolled in Year 1) divided by (Number of referrals made by 6 months of the child's age among target women and target children enrolled in Year 1).</p> <p>This calculation will also be computed for target women and target children who enrolled in Year 2.</p> <p>To assess improvement, Cohort 2 should be > Cohort 1.</p>
Data source	Data will be collected from home visitor report.
Measurement tool	Screening tools as identified in other benchmark areas and referral forms.
Reliability/Validity	See other benchmark areas for validity/reliability of identified screening tools.
Data Collection & Analysis Plan (<i>person responsible, schedule, analysis</i>)	<i>Person responsible:</i> Home Visitor will be responsible for recording data.
	<i>Data collection schedule:</i> Ongoing through-out program beginning at intake.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.

Comments or Anticipated Challenges	
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