

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 I/PM i.	Proportion of target women attending their first prenatal care visit by 36 weeks gestation.
Measurement type	Individual <sup>1</sup> , 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 who answered the pertinent questions.
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 &gt;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.

Benchmark I: Improved Maternal and Newborn Health	
Construct	ii. Parental Use of Alcohol, Tobacco, or Illicit Drugs
Performance Measure B I/PM ii.	Proportion of target women smoking at intake who decreased their cigarette use by 36 weeks gestation.
Measurement type	Individual <sup>1</sup> , 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 who answered the pertinent questions.
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 &gt; 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 are using NFP.

<b>Benchmark I: Improved Maternal and Newborn Health</b>	
<b>Construct</b>	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 <sup>2</sup> , 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 who answered the pertinent questions.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain at an acceptable level the proportion of women who attend a postpartum checkup with a medical provider by 8 weeks postpartum, comparing target women in Cohort 1 to target women in Cohort 2.</p> <p><i>Calculation:</i> (Number of target women in Cohort 1 who attend a postpartum checkup with a medical provider by 8 weeks postpartum) divided by (Number of target women in Cohort 1).</p> <p>The same calculation will be computed for target women in Cohort 2.</p> <p>To demonstrate improvement, Cohort 2 should be &gt; 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. Cohort 1 - 7/1/12 to 11/30/13; Cohort 2 - 2/1/13 to 9/30/14.
	<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 post-birth enrollment.

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 <sup>1</sup> , 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 who answered the pertinent questions.
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 &gt; 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.

<b>Benchmark I: Improved Maternal and Newborn Health</b>	
<b>Construct</b>	v. Screening for Maternal Depressive Symptoms
Performance Measure B I/PM v.	Proportion of target women screened for depression.
Measurement type	Cross-sectional <sup>3</sup> , 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 who answered the pertinent questions.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain at an acceptable level 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 &gt; 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. Year 1 - 7/1/12 to 6/30/13; Year 2 - 7/1/13 to 9/30/14.
	<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> 6-8 weeks is specified to bypass earlier “baby blues” that normally resolves by 6 weeks postpartum. Allow up to 10 weeks postpartum for data collection.

<b>Benchmark I: Improved Maternal and Newborn Health</b>	
<b>Construct</b>	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 <sup>2</sup> , 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 in Cohort 1 reported having breastfed their child up to 6 months of age.
	<i>Denominator:</i> Number of target women in Cohort 1 who answered the pertinent questions.
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 in Cohort 1 to target women in Cohort 2.</p> <p><i>Calculation:</i> (Number of weeks target women in Cohort 1 reported having breastfed their child up to 6 months of age) divided by (Number of target women in Cohort 1).</p> <p>The same calculation will be computed for target women in Cohort 2.</p> <p>To demonstrate improvement, Cohort 2 should be &gt; 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. Cohort 1 - 7/1/12 to 3/31/14; Cohort 2 - 2/1/13 to 9/30/14.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.

<b>Benchmark I: Improved Maternal and Newborn Health</b>	
<b>Construct</b>	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 <sup>2</sup> , 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 in Cohort 1 receiving at least two well-child visits by 6 months of age.
	<i>Denominator:</i> Number of target children in Cohort 1 who answered the pertinent questions.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain at an acceptable level the proportion of children receiving at least two well-child visits by 6 months of age, comparing target children enrolled in Cohort 1 to target children in Cohort 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 in Cohort 2.</p> <p>To demonstrate improvement, Cohort 2 should be &gt; 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. Cohort 1 - 7/1/12 to 3/31/14; Cohort 2 - 2/1/13 to 9/30/14.
	<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 1:</i> AAP recommends visits by 1, 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> <p><i>Note 3:</i> We are allowing up to 2 weeks after birth as an upper limit for the target population to allow for HFA perinatal enrollment.</p>

<b>Benchmark I: Improved Maternal and Newborn Health</b>	
<b>Construct</b>	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 <sup>1</sup> , 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, who answered the pertinent questions; index children whose mothers are enrolled by child age 2 months, uninsured at age 2 months, and still enrolled at age 12 months, who answered the pertinent questions.
	<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 &gt; 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; that is when women lose pregnancy Medi-Cal coverage.

<b>Benchmark Area II: Prevention of Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of ED Visits</b>	
<b>Construct</b>	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 <sup>2</sup> , 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 and answered the pertinent questions.
	<i>Numerator:</i> Number of ED visits from all causes among target children in Cohort 1.
	<i>Denominator:</i> Number of target children in Cohort 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 in Cohort 1 to target children in Cohort 2.</p> <p><i>Calculation:</i> (Number of ED visits from all causes among target children in Cohort 1) divided by (Number of target children in Cohort 1).</p> <p>This calculation will also be computed for target children in Cohort 2.</p> <p>To demonstrate improvement, Cohort 2 should be &lt; 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. Cohort 1 - 7/1/12 to 4/30/14; Cohort 2 - 2/1/13 to 9/30/14.
	<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.

<b>Benchmark Area II: Prevention of Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of ED Visits</b>	
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 <sup>2</sup> , outcome
Operational definition (target population, numerator, denominator)	<i>Target population:</i> Women with index child 6 months of age and enrolled by index child's birth, who answered the pertinent questions.
	<i>Numerator:</i> Number of ED visits from all causes among target women in Cohort 1.
	<i>Denominator:</i> Number of target women in Cohort 1.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Decrease in the average number of ED visits comparing target women in Cohort 1 to target women in Cohort 2</p> <p><i>Calculation:</i> (Number of ED visits from all causes among target women in Cohort 1) divided by (Number of target women in Cohort 1)</p> <p>This calculation will also be computed for target women in Cohort 2.</p> <p>To demonstrate improvement, Cohort 2 should be &lt; 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. Cohort 1 - 7/1/12 to 4/30/14; Cohort 2 - 2/1/13 to 9/30/14.
	<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> We will not be using data collected at Intake because Intake could be prenatal, and many women visit hospitals/EDs while pregnant for legitimate reasons. "Birth" includes up to 2 weeks after birth to allow for HFA perinatal enrollment.

<b>Benchmark Area II: Prevention of Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of ED Visits</b>	
<b>Construct</b>	iii. Information Provided or Training of Participants on Prevention of Child Injuries
Performance Measure B II/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 <sup>3</sup> , 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 at an acceptable level 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 in Year 2.</p> <p>To demonstrate improvement, Year 2 should be &gt; 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 are reported after those visits. Year 1 - 7/1/12 to 6/30/13; Year 2 - 7/1/13 to 9/30/14.
	<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> Compatible with NFP's data-collection schedule.

<b>Benchmark Area II: Prevention of Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of ED Visits</b>	
<b>Construct</b>	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 <sup>2</sup> , outcome
Operational definition ( <i>target population, numerator, denominator</i> )	<i>Target population:</i> Enrolled index children who are 6 months of age whose mothers were enrolled by child's birth and answered the pertinent questions.
	<i>Numerator:</i> Number of injury incidents requiring medical treatment among target children in Cohort 1.
	<i>Denominator:</i> Number of target children in Cohort 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 in Cohort 1 to those in Cohort 2.</p> <p><i>Calculation:</i> (Number of injury incidents requiring medical treatment among target children in Cohort 1) divided by (Number of target children in Cohort 1).</p> <p>This calculation will also be used to compute for target children in Cohort 2.</p> <p>To demonstrate improvement, Cohort 2 should be &lt; 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 6 months. Cohort 1 - 7/1/12 to 4/30/14; Cohort 2 - 2/1/13 to 9/30/14.
	<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 "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.

<b>Benchmark Area II: Prevention of Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of ED Visits</b>	
<b>Construct</b>	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 <sup>2</sup> , 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 in Cohort 1.
	<i>Denominator:</i> Number of target children in Cohort 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 in Cohort 1 to target children enrolled in Cohort 2.</p> <p><i>Calculation:</i> (Number of target children with reported suspected maltreatment among target children in Cohort 1) divided by (Number of target children in Cohort 1).</p> <p>This calculation will also be used to compute for target children in Cohort 2.</p> <p>To demonstrate improvement, Cohort 2 should be &lt; 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. Cohort 1 - 7/1/12 to 9/30/14; Cohort 2 - 2/1/13 to 2/28/15.
	<i>Data analysis schedule:</i> Data will be analyzed for CQI and reported on annually.

<b>Benchmark Area II: Prevention of Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of ED Visits</b>	
<b>Construct</b>	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 <sup>2</sup> , 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 in Cohort 1.
	<i>Denominator:</i> Number of target children in Cohort 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 in Cohort 1 to target children in Cohort 2.</p> <p><i>Calculation:</i> (Number of target children with reported substantiated maltreatment among target children in Cohort 1) divided by (Number of target children in Cohort 1).</p> <p>This calculation will also be used to compute for target children in Cohort 2.</p> <p>To demonstrate improvement, Cohort 2 should be &lt; 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. Cohort 1 - 7/1/12 to 9/30/14; Cohort 2 - 2/1/13 to 2/28/15.
	<i>Data analysis schedule:</i> Data will be analyzed for CQI and reported on annually.

<b>Benchmark Area II: Prevention of Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of ED Visits</b>	
<b>Construct</b>	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 <sup>2</sup> , 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 in Cohort 1.
	<i>Denominator:</i> Number of target children in Cohort 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 in Cohort 1 to target children in Cohort 2.</p> <p><i>Calculation:</i> (Number of target children with first-time substantiated maltreatment among target children in Cohort 1) divided by (Number of target children in Cohort 1).</p> <p>This calculation will also be used to compute for target children in Cohort 2.</p> <p>To demonstrate improvement, Cohort 2 should be &lt; 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. Cohort 1 - 7/1/12 to 9/30/14; Cohort 2 - 2/1/13 to 2/28/15.
	<i>Data analysis schedule:</i> Data will be analyzed for CQI and reported on annually.

<b>Benchmark III: Improvements in School Readiness and Achievements</b>	
<b>Construct</b>	i. Parent support for children's learning and development
Performance Measure B III/PM i.	Proportion of women with improvement in the "Parental Involvement" HOME Inventory subscale score.
Measurement type	Individual <sup>1</sup> , outcome
Operational definition ( <i>target population, numerator, denominator</i> )	<i>Target population:</i> Enrolled women with a completed HOME Inventory score for the "Parental Involvement" subscale 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 "Parental 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	<i>Definition of improvement:</i> Increase in the score for the "Parental Involvement" subscale among target women.
	<i>Calculation:</i> (Number of women whose observed score for the "Parental Involvement" subscale was greater at 18 months than at 6 months of the child's age) divided by (Number of target women).  To demonstrate improvement, the proportion should be > 0.
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.

<b>Benchmark III: Improvements in School Readiness and Achievements</b>	
<b>Construct</b>	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 <sup>3</sup> , 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 answered the pertinent questions.
	<i>Numerator:</i> Number of target women with whom both an ASQ-3 and ASQ-SE test results 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 at an acceptable level 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 &gt; Year 1.</p>
Data source	Home visitor report.
Measurement tool	NFP/HFA forms.
Reliability/Validity	<u>N/A</u>
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. Year 1 - 7/1/12 to 6/30/13; Year 2 - 7/1/13 to 9/30/14.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.

<b>Benchmark III: Improvements in School Readiness and Achievements</b>	
<b>Construct</b>	iii. Parenting behaviors and parent-child relationship
Performance Measure B III/PM iii.	Proportion of women with improvement in the HOME Inventory's Parental Responsivity subscale scores.
Measurement type	Individual <sup>1</sup> , outcome
Operational definition ( <i>target population, numerator, denominator</i> )	<i>Target population:</i> Enrolled women with a completed HOME Inventory score for "Parental Responsivity" 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" 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" subscale among target women.</p> <p><i>Calculation:</i> (Number of target women whose observed score for the "Responsivity" 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 &gt; 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.

<b>Benchmark III: Improvements in School Readiness and Achievements</b>	
<b>Construct</b>	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 <sup>3</sup> , 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 at an acceptable level 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 &gt; 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. Year 1 - 7/1/12 to 6/30/13; Year 2 - 7/1/13 to 9/30/14.
	<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> 6-8 weeks is specified to bypass earlier “baby blues” that normally resolves by 6 weeks postpartum. Allow up to 10 weeks postpartum for data collection.

<b>Benchmark III: Improvements in School Readiness and Achievements</b>	
<b>Construct</b>	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 "Communication" subscale by 6 months of age.
Measurement type	Cross-sectional <sup>3</sup> , 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 with 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 at an acceptable level the proportion of target children screened with 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 with 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 &gt; 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. Year 1 - 7/1/12 to 6/30/13; Year 2 - 7/1/13 to 9/30/14.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.

<b>Benchmark III: Improvements in School Readiness and Achievements</b>	
<b>Construct</b>	vi. Child's general cognitive skills
Performance Measure B III/PM vi.	The proportion of target children who receive the ASQ-3 developmental assessment "Problem Solving" subscale by 6 months of age.
Measurement type	Cross-sectional <sup>3</sup> , 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 with 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 at an acceptable level the proportion of target children screened with 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 with 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 &gt; 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 ( <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. Year 1 - 7/1/12 to 6/30/13; Year 2 - 7/1/13 to 9/30/14.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.

<b>Benchmark III: Improvements in School Readiness and Achievements</b>	
<b>Construct</b>	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 <sup>3</sup> , 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 at an acceptable level 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 &gt; 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. Year 1 - 7/1/12 to 6/30/13; Year 2 - 7/1/13 to 9/30/14.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.

<b>Benchmark III: Improvements in School Readiness and Achievements</b>	
<b>Construct</b>	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 <sup>3</sup> , 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 at an acceptable level 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 &gt; 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. Year 1 - 7/1/12 to 6/30/13; Year 2 - 7/1/13 to 9/30/14.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.

<b>Benchmark III: Improvements in School Readiness and Achievements</b>	
<b>Construct</b>	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 "Gross Motor" subscale by 6 months of age.
Measurement type	Cross-sectional <sup>3</sup> , 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 using the "Gross Motor" 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 at an acceptable level the proportion of target children screened using the "Gross Motor" subscale by 6 months of age during Year 1 compared to during Year 2.</p> <p><i>Calculation:</i> (Number of target children screened using the "Gross Motor" 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 &gt; Year 1.</p>
Data source	Client self-report/Home Visitor Observation.
Measurement tool	ASQ-3, Gross Motor 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 and observe the participant's behavior.
	<i>Data collection schedule:</i> Infancy 6 months. Year 1 - 7/1/12 to 6/30/13; Year 2 - 7/1/13 to 9/30/14.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.

<b>Benchmark IV: Domestic Violence</b>	
<b>Construct</b>	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 <sup>3</sup> , process
Operational definition ( <i>target population, numerator, denominator</i> )	<i>Target population:</i> Women enrolled for 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 at an appropriate level 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 &gt; 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 ( <i>person responsible, schedule, analysis</i> )	<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. Year 1 - 7/1/12 to 6/30/13; Year 2 - 7/1/13 to 9/30/14.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.

<b>Benchmark IV: Domestic Violence</b>	
<b>Construct</b>	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 <sup>3</sup> , 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 at an appropriate level 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 &gt; 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. Year 1 - 7/1/12 to 6/30/13; Year 2 - 7/1/13 to 9/30/14.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	Referral must be within 1 week of the positive screen.

<b>Benchmark IV: Domestic Violence</b>	
<b>Construct</b>	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 <sup>3</sup> , 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 with 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 at an appropriate level 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 with a safety plan within 1 week of a positive screen) 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 &gt; 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. Year 1 - 7/1/12 to 6/30/13; Year 2 - 7/1/13 to 9/30/14.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	Safety plan must be completed within 1 week of the positive screen.

<b>Benchmark V: Family Economic Self-Sufficiency</b>	
<b>Construct</b>	i. Household Income and Benefits
Performance Measure B V/PM i.	Proportion of target women who increased their income.
Measurement type	Individual <sup>1</sup> , 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, who answered the pertinent questions.
	<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 &gt; 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	<u>Note:</u> Income only, not including benefits.

<b>Benchmark V: Family Economic Self-Sufficiency</b>	
<b>Construct</b>	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 <sup>1</sup> , 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, who answered the pertinent questions.
	<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 &gt; 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 enrolled part-time to full-time and/or attaining a higher level of education.</p>

<b>Benchmark V: Family Economic Self-Sufficiency</b>	
<b>Construct</b>	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 <sup>1</sup> , 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, who answered the pertinent questions; index children whose mothers are enrolled by child age 2 months, uninsured at age 2 months, and still enrolled at age 12 months, who answered the pertinent questions.
	<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 &gt; 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	<u>Note:</u> Start point for comparison is Infancy 2 months

Anticipated Challenges	because that is when women lose pregnancy Medi-Cal (Medicaid) coverage.
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<b>Benchmark VI: Coordination and Referrals for the Other Community Resources and Supports</b>	
<b>Construct</b>	i. Number of Families Identified for Necessary Services
Performance Measure B VI/PM i.	The proportion of mothers/children screened for needed services using the screening tools identified in other benchmark areas.
Measurement type	Cross-sectional <sup>3</sup> , process
Operational definition ( <i>target population, numerator, denominator</i> )	<i>Target population:</i> Women/index children still enrolled when the child is 6 months of age.
	<i>Numerator:</i> Number of target women/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/target children during Year 1.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain at an acceptable level 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/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/children during Year 1).</p> <p>This calculation will also be computed for target women/children during Year 2.</p> <p>To assess improvement, Year 2 should be <math>\geq</math> 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. Year 1 - 7/1/12 to 6/30/13; Year 2 - 7/1/13 to 9/30/14.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.

<b>Benchmark VI: Coordination and Referrals for the Other Community Resources and Supports</b>	
<b>Construct</b>	ii. Number of families that required services and received a referral to available community resources
Performance Measure B VI/PM ii.	The proportion of identified service needs that received a referral to community resources.
Measurement type	Cross-Sectional <sup>3</sup> , process
Operational definition ( <i>target population, numerator, denominator</i> )	<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 at an acceptable level 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 <math>\geq</math> 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 ( <i>person responsible, schedule, analysis</i> )	<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). Year 1 - 7/1/12 to 6/30/13; Year 2 - 7/1/13 to 9/30/14.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.
Comments or Anticipated Challenges	Only the first positive screen for a given tool per participant/index child will be counted. Referrals must be within 1 week of positive screens.

<b>Benchmark VI: Coordination and Referrals for the Other Community Resources and Supports</b>	
<b>Construct</b>	iii. Number of completed referrals
Performance Measure B VI/PM v.	The proportion of referrals to identified service needs that are completed.
Measurement type	Cohort, process
Operational definition ( <i>target population, numerator, denominator</i> )	<i>Target population:</i> Women and index children still enrolled at child age 8 months who received one or more referrals through 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 through 6 months of the child's age that were completed by 8 months of the child's age among target women and target children in Cohort 1.
	<i>Denominator:</i> Number of referrals to identified service needs made through 6 months of the child's age among target women and target children in Cohort 1.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase in the proportion of referrals to identified service needs made through 6 months of the child's age that were completed by 8 months of the child's age comparing target women and target children in Cohort 1 to target women and target children in Cohort 2.</p> <p><i>Calculation:</i> (Number of referrals made through 6 months of the child's age that were completed by 8 months of the child's age among target women and target children in Cohort 1) divided by (Number of referrals made through 6 months of the child's age among target women and target children in Cohort 1).</p> <p>This calculation will also be computed for target women and target children in Cohort 2.</p> <p>To assess improvement, Cohort 2 should be &gt;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. Cohort 1 - 7/1/12 to 5/31/14; Cohort 2 - 2/1/13 to 9/30/14.
	<i>Data analysis schedule:</i> Data will be analyzed every three months for CQI and reported on annually.

Comments or Anticipated Challenges	Only the first positive screen for a given tool per participant/index child will be counted.
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<b>Benchmark VI: Coordination and Referrals for the Other Community Resources and Supports</b>	
<b>Construct</b>	iv. MOUs: Number of Memoranda of Understanding or other formal agreements with other social service agencies in the community
Performance Measure B VI/PM 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 <sup>1</sup> , 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 &gt;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	Very few programs are able to make formal agreements with their county/LHJ MCAH program. Most have informal agreements, such as “data sharing agreements” or “letters of agreement.” We are counting these “informal” agreements in this construct.

<b>Benchmark VI: Coordination and Referrals for the Other Community Resources and Supports</b>	
<b>Construct</b>	v. 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 VI/PM 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 <sup>1</sup> , 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 &gt;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.