

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<br>( <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<br>( <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. A “typical day” is the past 48 hours for NFP, and an average day in the past month for HFA.   |

| <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<br>( <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.   |

| <b>Benchmark I: Improved Maternal and Newborn Health</b>                          |   |
|---|---|
| <b>Construct</b>  | 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<br>( <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<br>( <i>target population, numerator, denominator</i> )    | <i>Target population:</i> Women enrolled by 6 weeks postpartum and still enrolled at 10 weeks postpartum.  |
|   | <i>Numerator:</i> Number of target women during Year 1 who are screened for depression between birth and 10 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 birth and 10 weeks postpartum between Years 1 and 2.</p> <p><i>Calculation:</i> (Number of target women screened for depression between birth and 10 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  |  |

| <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<br>( <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 2 weeks 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><u>Note 1:</u> 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><u>Note 2:</u> 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 <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<br>( <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  | <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.   |

| <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<br>( <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<br>( <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<br>( <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<br>( <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  | <p><i>Definition of improvement:</i> Increase in the score for the "Parental Involvement" subscale among target women.</p> <p><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).</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<br>( <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<br>( <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 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<br>( <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<br>( <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<br>( <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<br>( <i>target population, numerator, denominator</i> )    | <i>Target population:</i> Women enrolled by 6 weeks postpartum and still enrolled at 10 weeks postpartum.  |
|   | <i>Numerator:</i> Number of target women during Year 1 who are screened for depression between birth and 10 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 birth and 10 weeks postpartum between Years 1 and 2.</p> <p><i>Calculation:</i> (Number of target women screened for depression between birth and 10 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  |  |

| <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<br>( <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<br>( <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<br>( <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<br>( <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<br>( <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<br>( <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<br>( <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<br>( <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<br>( <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<br>( <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<br>( <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<br>( <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 before or following a positive screen for DV.   |
| Measurement type   | Cross-sectional <sup>3</sup> , process   |
| Operational definition<br>( <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<br>( <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 6 weeks following, or at any time before a 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<br>( <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<br>( <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 following, or at any time before a 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<br>( <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<br>( <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<br>( <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. |
|------------------------|---|

| <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<br>( <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 types of 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 types of 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   | Cohort, process   |
| Operational definition<br>( <i>target population, numerator, denominator</i> )                 | <i>Target population:</i> Women and index children who are still enrolled when the index child is 8 months of age and who have a service need identified via screening tools noted in other benchmark areas.  |
|  | <i>Numerator:</i> Number of referrals to identified service needs through 6 months of the child's age among enrollees and index children in Cohort 1, still in the program at child age 8 months.   |
|  | <i>Denominator:</i> Number of identified service needs through 6 months of the child's age in Cohort 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 among target women and target children in Cohort 1 compared to Cohort 2.</p> <p><i>Calculation:</i> (Number of referrals to identified service needs among target women and target children through 6 months of the child's age in Cohort 1) divided by (Number of identified service needs through 6 months of the child's age in Cohort 1).</p> <p>This calculation will also be computed for target women and target children at 6 months of age in Cohort 2.</p> <p>To assess improvement, Cohort 2 should be <math>\geq</math> to 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<br>( <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). Cohort 1 - 7/1/12 to 5/31/14; Cohort 2 - 2/1/13 to 9/30/14 (10/31/14).   |
|  | <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 6 weeks after or at any time before a positive screen.  |

| <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<br>( <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 (entire cohort will be completed by 10/31/14, but we report as above).   |

|                                    |   |
|------------------------------------|---|
|                                    | <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.              |

| <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 proportion of local HV programs that increased the number of MOUs or other formal or informal written agreements between the local HV programs and local social services agencies in the community.   |
| Measurement type   | Individual <sup>1</sup> , outcome   |
| Operational definition<br>( <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 or informal written agreements with other social service agencies in the community from the first year of program implementation to the second year of implementation.  |
|  | <i>Denominator:</i> Number of local HV programs.  |
| Definition of improvement and calculation  | <p><i>Definition of improvement:</i> Increase in the proportion of local HV programs that increased the number of MOUs or other formal or informal written agreements with other social service agencies in the community from the first year of implementation to the second year of implementation.</p> <p><i>Calculation:</i> (Number of local HV programs that increased the number of MOUs or other formal or informal written agreements with other social service agencies in the community from the first year of program implementation to the second year of 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 one year post-program implementation, and annually thereafter.  |
|  | <i>Data analysis schedule:</i> Data will be analyzed after the second year of implementation.   |
| 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 support.” We are counting these “informal” written 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 proportion of local HV programs that increased the number of collaborating community agencies with which the home visiting provider has a clear point of contact to whom the HV provider can make a “warm referral” by phone or in person on a participant’s behalf.  |
| Measurement type   | Individual <sup>1</sup> , outcome   |
| Operational definition<br>( <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 the first year of program implementation to the second year of implementation.   |
|  | <i>Denominator:</i> Number of local HV programs.  |
| Definition of improvement and calculation  | <p><i>Definition of improvement:</i> Increase in the proportion of local HV programs that increased the number of collaborating community agencies with which the home visiting provider has a clear point of contact to whom the HV provider can make a “warm referral” from the first year of program implementation to the second year of implementation.</p> <p><i>Calculation:</i> (Number of local HV programs that increased the number of collaborating community agencies with which the HV provider has a clear point of contact, from the first year of program implementation to the second year of 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> Data will be reported at one year post-program implementation, and annually thereafter.  |
|  | <i>Data analysis schedule:</i> Data will be analyzed after the second year of implementation.   |