



West Virginia Department of Health and Human Resources  
Bureau for Public Health  
Office of Maternal, Child and Family Health  
**West Virginia Home Visitation Program**



## BENCHMARKS

Benchmark 1: Improved Maternal and Newborn Health	
Construct	Prenatal Care
Performance Measure	Percentage of pregnant women who begin prenatal care within four (4) weeks of enrolling in a home visiting program.
Operational Definition <ul style="list-style-type: none"><li>Target Population</li><li>Numerator</li><li>Denominator</li></ul>	Target Population: All enrolled pregnant women.
	Numerator: Number of pregnant women receiving prenatal care within four (4) weeks of enrolling in a home visiting program.
	Denominator: Number of enrolled pregnant women.
Definition of Improvement and Calculation	<i>Outcome Measure</i> <i>Point of Comparison – Cross sectional between Year 2 and Year 3</i>
	Increase percentage of enrolled pregnant women during Year 1 who receive prenatal care within the first four (4) weeks after enrolling in a home visiting program, as compared to percentage of enrolled pregnant women during Year 3 who receive prenatal care within the first four (4) weeks after enrolling in a home visiting program.  (Number of pregnant women receiving prenatal care within four (4) weeks of enrolling in a home visiting program/Number of enrolled pregnant women in Year 2) compared to (Number of pregnant women receiving prenatal care within four (4) weeks of enrolling in a home visiting program/Number of enrolled pregnant women in Year 3).
Data Source	Structured questions will be asked by the home visitor and entered in the Home Visitation Data Collection System via uploads.
Measurement Tool	➤ Have you had any prenatal care visits? Yes/No
Reliability/Validity	Standardized measurement tool not being used so not applicable.

Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>• Person Responsible</li> <li>• Schedule</li> <li>• Analysis</li> </ul>	Person Responsible: Home visitor will administer the questions.
	Data Collection Schedule: Home visitor will collect data at second home visit, which occurs 4 weeks after enrollment. Structured interview questions will be on a standardized form to be used by all three (3) models and entered into the Home Visitation Data Collection System.
	Data Analysis Schedule: Data will be analyzed quarterly for continuous quality improvement (CQI) and reported annually with data point when the question is asked at the first visit four (4) weeks after enrollment.
Comments or Anticipated Challenges	

Benchmark 1: Improved Maternal and Newborn Health	
Construct	Parental use of alcohol, tobacco or illicit drugs
Performance Measure	Percentage of enrolled women that quit/reduced tobacco use and remained quit/reduced 90 days postpartum.
Operational Definition <ul style="list-style-type: none"> <li>• Target Population</li> <li>• Numerator</li> <li>• Denominator</li> </ul>	Target Population: All enrolled women at least 90 days postpartum who enrolled prenatally.
	Numerator: Number of women who remained quit/reduced at 90 days after delivery.
	Denominator: Number of enrolled pregnant women who use/used tobacco.
Definition of Improvement and Calculation	<i>Outcome Measure</i> <i>Point of Comparison – Cohorts between Year 1 and Year 2.</i>
	Increase in percentage of enrolled pregnant women who quit/reduced tobacco during pregnancy and remained quit/reduced at least 90 days after date of delivery during Year 1 compared to increase in percentage of enrolled pregnant women who quit/reduced tobacco during pregnancy and remained quit/reduced at least 90 days after date of delivery during Year 2.  (Number of women who remained quit/reduced at end of 90 days after delivery/Number of enrolled pregnant women who use/used tobacco) compared to (Number of women who remained quit/reduced at end of 90 days after delivery/Number of enrolled pregnant women who use/used tobacco).
Data Source	Structured interview questions by the home visitor.

Measurement Tool	<p>Standardized form will be used by all home visitors with the following question:</p> <ul style="list-style-type: none"> <li>➤ Have you smoked at least 100 cigarettes in your entire life? <i>(Note: 5 packs = 100 cigarettes)</i> Yes/No</li> <li>➤ Are you currently smoking? Yes/No</li> <li>➤ How many cigarettes do you smoke on an average day? 41 or more/21-40/11-20/6-10/1-5/Less than 1/ I don't smoke now</li> </ul> <p>At 90 days postpartum visit:</p> <ul style="list-style-type: none"> <li>➤ In the last three (3) months of your pregnancy, how many cigarettes did you smoke on an average day? 41 or more/21-40/11-20/6-10/1-5/Less than 1/I didn't smoke then</li> <li>➤ How many cigarettes, do you smoke on an average day now? 41 or more/21-40/11-20/6-10/1-5/Less than 1/I don't smoke now</li> </ul>
Reliability/Validity	Standardized measurement tool not being used so not applicable.
Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>• Person Responsible</li> <li>• Schedule</li> <li>• Analysis</li> </ul>	Person Responsible: Home visitor will administer the questions.
	Data Collection Schedule: Home visitor will collect data at intake and 90 days postpartum. Data point will be 90 days postpartum visit.
	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.
Comments or Anticipated Challenges	Based upon the response to the question, home visitors will provide smoking cessation information. Appropriate referrals or assistance will be given based upon response to questions.

Benchmark 1: Improved Maternal and Newborn Health	
Construct	Preconception Care
Performance Measure	Percentage of pregnant women enrolled who have a visit with their primary care provider or family planning provider within three (3) months after birth of the baby.
Operational Definition	Target Population: All enrolled women.

<ul style="list-style-type: none"> <li>• Target Population</li> <li>• Numerator</li> <li>• Denominator</li> </ul>	Numerator: Number of women who report having a visit with their provider within three (3) months of delivery.
	Denominator: Number of enrolled postpartum women at least three (3) months postpartum.  <i>Outcome Measure</i> <i>Point of Comparison: Cohorts between Year 1 and Year 2</i>
Definition of Improvement and Calculation	<p>Increase percentage of enrolled women in Year 1 who complete a visit with their primary care provider or family planning provider within three (3) months after delivery compared to percentage of enrolled women in Year 2 who complete a visit with their primary care provider or family planning provider within three (3) months after delivery.</p> <p>(Number of women who report having a visit with their provider within three (3) months of delivery/Number of enrolled postpartum women at least three (3) months postpartum in Year 1) compared to (Number of women who report having visit with their provider within three (3) months of delivery/Number of enrolled postpartum women at least three (3) months postpartum in Year 2).</p>
Data Source	Structured interview process between home visitor and client.
Measurement Tool	<p>At first visit after delivery of baby, home visitor will ask:</p> <ul style="list-style-type: none"> <li>➤ Have you made your appointment with your primary care provider or family planning provider for your postpartum visit?</li> </ul> <p>If no, remind client of importance of the postpartum visit within three (3) months of delivery.</p> <p>At the 90 day postpartum visit, the following will be asked:</p> <ul style="list-style-type: none"> <li>➤ Did you go for your postpartum visit? Yes/No</li> <li>➤ Did you have a physical exam? Yes/No</li> </ul>
Reliability/Validity	Standardized measurement tool not being used so not applicable.
Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>• Person Responsible</li> <li>• Schedule</li> <li>• Analysis</li> </ul>	Person Responsible: Home visitor will administer the questions.
	Data Collection Schedule: Home visitor will collect data at intake and 90 days postpartum. Data point 90 days postpartum visit.
	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.
Comments or Anticipated Challenges	

Benchmark 1: Improved Maternal and Newborn Health	
Construct	Inter-birth intervals
Performance Measure	Percentage of enrolled women who report using birth control to prevent unintended pregnancies.
Operational Definition <ul style="list-style-type: none"> <li>Target Population</li> <li>Numerator</li> <li>Denominator</li> </ul>	Target Population: All enrolled postpartum women.
	Numerator: Number of enrolled women reporting birth control use.
	Denominator: Number of enrolled women minus those who are pregnant at time of reporting.
	<i>Outcome Measure</i> <i>Point of Comparison: Cohorts between Year 1 and Year 2</i>
Definition of Improvement and Calculation	<p>Increase percentage of enrolled women in Year 1 who use birth control to prevent unintended pregnancies compared to percentage of enrolled women in Year 2 who use birth control to prevent unintended pregnancies.</p> <p>(Number of enrolled women reporting birth control use in Year 1/Number of enrolled women minus those who are pregnant at time of reporting) compared to (Number of enrolled women reporting birth control use in Year 2/Number of enrolled women minus those who are pregnant at time of reporting).</p>
Data Source	Structured interview process between home visitor and client.
Measurement Tool	<p>Structured interview question to be entered in Home Visitation Data Collection System.</p> <ul style="list-style-type: none"> <li>➤ Are you and your partner doing anything now to keep from getting pregnant?</li> <li>➤ Based upon Yes or No, what are the reasons for doing anything now to keep from getting pregnant?</li> <li>➤ List birth control methods and ask client to select method used.</li> </ul>
Reliability/Validity	Standardized measurement tool not being used so not applicable.
Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>Person Responsible</li> <li>Schedule</li> <li>Analysis</li> </ul>	Person Responsible: Home visitor will administer the questions.
	Data Collection Schedule: Home visitor will collect data at intake and (6) six months postpartum. Data point will be visit six (6) months postpartum.
	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.

Comments or Anticipated Challenges	<p>Questions are worded slightly different on each model's individual program forms, but will use a structured interview process to ensure same question/answer responses to be entered into Home Visitation Data Collection System. Each model will continue to use their individual model systems (Visit Tracker, PIMS and RedCap utilizing upload processes for some questions into the Statewide Home Visitation Data Collection System and direct web-entry for questions not applicable to individual model systems.</p> <p>Information will be collected while the women are enrolled quarterly for CQI purposes.</p>
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Benchmark 1: Improved Maternal and Newborn Health	
Construct	Screening for maternal depressive symptoms
Performance Measure	Percentage of enrolled women screened for maternal depression.
Operational Definition <ul style="list-style-type: none"> <li>Target Population</li> <li>Numerator</li> <li>Denominator</li> </ul>	Target Population: All enrolled women
	Numerator: Number of enrolled women who are screened for depression while pregnant and out to one (1) year postpartum.
	Denominator: Number of enrolled women who are pregnant and out to 1 year postpartum
	<i>Outcome Measure</i> <i>Point of Comparison: Cohorts between Year 1 and Year 2</i>
Definition of Improvement and Calculation	<p>Increase or maintain percentage of women screened for maternal depressive symptoms in Year 1 compared to percentage of women screened for maternal depressive symptoms in Year 2.</p> <p>(Number of enrolled women who are screened for depression while pregnant and out to one (1) year postpartum/Number of enrolled women in Year 1) compared to (Year 2 number of enrolled women who are screened for depression while pregnant and out to one (1) year postpartum/Number of enrolled women).</p>
Data Source	Structured interview process by home visitor.
Measurement Tool	Edinburgh Depression Screening Tool
Reliability/Validity	Concurrent validity established from a validation study found that 12.5 cutoff score identified over 89% of women with major depression and about 50% of women with minor depression. (Cox, Holden and Sagovsky, 1987).

Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>Person Responsible</li> <li>Schedule</li> <li>Analysis</li> </ul>	Person Responsible: Home visitor will administer the questions.
	Data Collection Schedule: Home visitor will collect data at intake and based upon observation for each visit afterward with at least one (1) additional screening quarterly. Data point will be 1 year postpartum visit.
	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.
Comments or Anticipated Challenges	

Benchmark 1: Improved Maternal and Newborn Health	
Construct	Breastfeeding
Performance Measure	Percentage of enrolled women breastfeeding their infants.
Operational Definition <ul style="list-style-type: none"> <li>Target Population</li> <li>Numerator</li> <li>Denominator</li> </ul>	Target Population: All enrolled women
	Numerator: Number of enrolled women reporting any breastfeeding of their infants after discharge from hospital.
	Denominator: Number of enrolled women.
	<i>Outcome Measure</i> <i>Point of Comparison – Cohorts between Year 1 and Year 2</i>
Definition of Improvement and Calculation	Increase percentage of women reporting breastfeeding their infants after discharge from hospital in Year 1 compared to Year 2 women reporting breastfeeding their infants after discharge from hospital.  (Number of enrolled women reporting any breastfeeding of their infants after discharge from hospital/Number of enrolled women in Year 1) compared to (Number of enrolled women reporting any breastfeeding of their infants after discharge from hospital/Number of enrolled women in Year 2).
Data Source	Structured interview process by home visitor.
Measurement Tool	Standardized form using the following questions: <ul style="list-style-type: none"> <li>➤ Are you currently breastfeeding or have you ever breastfed? Currently breastfeeding/Yes, but I stopped. When?/ Never breastfed</li> <li>➤ What were your reasons for stopping/never breastfeeding?</li> </ul>
	Standardized measurement tool not being used so not applicable.

Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>Person Responsible</li> <li>Schedule</li> <li>Analysis</li> </ul>	Person Responsible: Home visitor will administer the questions.
	Data Collection Schedule: Home visitor will collect data at 4 weeks postpartum and six (6) months postpartum.
	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually. Data point will be first visit after four (4) weeks postpartum visit.
Comments or Anticipated Challenges	West Virginia will use a structured interview process to ensure same question/answer responses to be entered into Home Visitation Data Collection System.

Benchmark 1: Improved Maternal and Newborn Health	
Construct	Well-child visits
Performance Measure	Percentage of enrolled children who have received at least 50% of the AAP Bright Futures recommended standard well-child visits based upon age of client.
Operational Definition <ul style="list-style-type: none"> <li>Target Population</li> <li>Numerator</li> <li>Denominator</li> </ul>	Target Population: All enrolled children.
	Numerator: Number of enrolled children who have received at least 50% of the AAP Bright Future standard visits by six (6) months of age.
	Denominator: Number of enrolled children.
	<i>Outcome Measure</i> <i>Point of Comparison: Cohort comparison between Year 1 and Year 2.</i>
Definition of Improvement and Calculation	<p>Increase percentage of children with at least 50% of the AAP Bright Futures recommended standard well-child visits based upon six (6) months of age check-up schedule compared to percentage of children with at least 50% of the AAP Bright Futures in Year 1 recommended standard well-child visits based upon six (6) months age check-up schedule in Year 2.</p> <p>(Number of enrolled children who have received at least 50% of the AAP Bright Future standard visits based upon age of client/Number of enrolled children in Year 1) compared to (Number of enrolled children who have received at least 50% of the AAP Bright Future standard visits based upon age of client/Number of enrolled children in Year 2).</p>
Data Source	Structured interview questions by home visitor utilizing the AAP Bright Futures schedule for check-ups for age of child.



Measurement Tool	<p>Standardized interview questions/form used by all home visitation models asking the following question:</p> <p>➤ Which of the following AAP Bright Futures well-child checkups has your baby/child attended? 3-5 days/1 month/2 months/4 months/6 months</p>
Reliability/Validity	Standardized measurement tool not being used so not applicable.
Data Collection & Analysis Plan	<p>Person Responsible: Home visitor will administer the questions.</p> <p>Data Collection Schedule: Home visitor will collect data at intake and six (6) months of age. Data point will be six (6) months of age.</p> <p>Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.</p>
Comments or Anticipated Challenges	

Benchmark 1: Improved Maternal and Newborn Health	
Construct	Percentage of enrolled clients with health insurance
Performance Measure	Percentage of enrolled clients with health insurance.
Operational Definition	<p>Target Population: All enrolled clients.</p> <p>Numerator: Number of enrolled clients who have health insurance.</p> <p>Denominator: Number of enrolled clients (Primary Caregivers and enrolled children).</p> <p><i>Outcome Measure</i> <i>Point of Comparison: Individual point of change</i></p>
Definition of Improvement and Calculation	<p>Increase in the percentage of number of enrolled clients with health insurance from enrollment to one year post-enrollment.</p> <p>(Number of enrolled clients with health insurance at enrollment/Number of enrolled clients) compared to (Number of enrolled clients with health insurance at one year post enrollment/Number of enrolled clients)</p>
Data Source	Interview process with home visitor.

Measurement Tool	<p>Standardized form used by all three models using the following question:</p> <ul style="list-style-type: none"> <li>➤ Is everyone in the household covered by Health Insurance (Medicaid, CHIP, Private, etc.)? Yes/No</li> <li>➤ If no, who is covered by Health Insurance? Enrolled Child/Other Child(ren)/Primary Enrolled Adult/Other Adult(s)</li> </ul>
Reliability/Validity	Standardized measurement tool not being used so not applicable.
Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>• Person Responsible</li> <li>• Schedule</li> <li>• Analysis</li> </ul>	Person Responsible: Home visitor will administer the questions.
	Data Collection Schedule: Home visitor will collect data at intake and yearly until discharged from program. Data point will be at intake and one (1) year post intake.
	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.
Comments or Anticipated Challenges	West Virginia will use a structured interview process to ensure same question/answer responses to be entered into Home Visitation Data Collection System.

Benchmark 2: Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of Emergency Room Visits	
Construct	Visits for children to the emergency room (ER) from all causes
Performance Measure	Percentage of enrolled children who visit the ER from all causes (0-12 months, 13-36 months, 37-84 months).
Operational Definition <ul style="list-style-type: none"> <li>Target Population</li> <li>Numerator</li> <li>Denominator</li> </ul>	Target Population: All enrolled children (0-12 months, 13-36 months, 37-84 months)
	Numerator: Number of enrolled children who have a self-report ER visit (0-12 months, 13-36 months, 37-84 months).
	Denominator: Number of enrolled children (0-12 months, 13-36 months, 37-84 months).
	<i>Outcome Measure</i> <i>Point of Comparison – Cohorts from Year 1 to Year 2</i>
Definition of Improvement and Calculation	<p>Decrease in numbers of self-reported visits to ER in Year 1 compared to number of self-reported visits to ER in Year 2 (0-12 months, 13-36 months, 37-84 months)</p> <p>(Number of enrolled children who have a self-report ER visit/Number of enrolled children in Year 1) compared to (Number of enrolled children who have a self-report ER visit/Number of enrolled children in Year 2)</p>
Data Source	Structured interview questions by home visitor.
Measurement Tool	<p>Data will be collected during a home visit structured interview process for each model using the following questions:</p> <ul style="list-style-type: none"> <li>➤ Since your child's birth, how many times did he/she go to a hospital emergency room about his/her health? This includes emergency room visits that resulted in a hospital admission.</li> </ul>
Reliability/Validity	Standardized measurement tool not being used so not applicable.
Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>Person Responsible</li> <li>Schedule</li> <li>Analysis</li> </ul>	Person Responsible: Home visitor will administer the questions and enter into Home Visitation Data Collection System.
	Data Collection Schedule: Home visitor will collect data at intake and annually. Data point will be at one (1) year of age visit.
	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.
Comments or Anticipated Challenges	

Benchmark 2: Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of Emergency Room Visits	
Construct	Visits of mothers to the ER from all causes
Performance Measure	Percentage of enrolled pregnant women and mothers who visit the ER from all causes.
Operational Definition <ul style="list-style-type: none"> <li>Target Population</li> <li>Numerator</li> <li>Denominator</li> </ul>	Target Population: All enrolled pregnant women and mothers.
	Numerator: Number of enrolled pregnant women and mothers who have self-report ER visits.
	Denominator: Number of enrolled pregnant women and mothers.
	<i>Outcome Measure</i> <i>Point of Comparison – Cohorts Year 1 to Year 2</i>
Definition of Improvement and Calculation	<p>Decrease in numbers of self-reported visits to ER for enrolled pregnant women and mothers in Year 1 compared to number in Year 2.</p> <p>(Number of enrolled pregnant women and mothers who have self-report ER visits/Number of enrolled pregnant women and mothers in Year 1) compared to (Number of enrolled pregnant women and mothers who have self-report ER visits/Number of enrolled pregnant women and mothers in Year 2).</p>
Data Source	Structured interview process with home visitor.
Measurement Tool	<p>Data will be collected using a standardized form for each model using the following questions.</p> <p>➤ Within the last year, how many times did you go to a hospital emergency room for your health? This includes emergency room visits that resulted in a hospital admission.</p>
Reliability/Validity	Standardized measurement tool not being used so not applicable.
Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>Person Responsible</li> <li>Schedule</li> <li>Analysis</li> </ul>	Person Responsible: Home visitor will administer the questions and enter into Home Visitation Data Collection System.
	Data Collection Schedule: Home visitor will collect data at intake and annually. Data point will be one year post-enrollment.
	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.
Comments or Anticipated Challenges	

Benchmark 2: Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of Emergency Room Visits	
Construct	Information provided or training on prevention of child injuries
Performance Measure	Percentage of participants who receive injury prevention materials.
Operational Definition <ul style="list-style-type: none"> <li>Target Population</li> <li>Numerator</li> <li>Denominator</li> </ul>	Target Population: All enrolled families
	Numerator: Number of enrolled families requesting injury prevention materials that received injury prevention materials.
	Denominator: Number of enrolled families.
	<i>Output Measure</i> <i>Point of Comparison – Cohorts from Year 1 and Year 2</i>
Definition of Improvement and Calculation	<p>Increase or maintain the percentage of participants requesting injury prevention materials that receive injury prevention materials from Year 1 to Year 2.</p> <p>(Number of enrolled families requesting injury prevention materials that received injury prevention materials in Year 1/Number of enrolled families) compared to (Number of enrolled families requesting injury prevention materials that received injury prevention materials in Year 2/# of enrolled families).</p>
Data Source	Structured interview questions by home visitor.
Measurement Tool	<p>Data will be collected utilizing a standardized form for each model using the following questions.</p> <ul style="list-style-type: none"> <li>➤ Are you interested in the following injury prevention materials?</li> </ul> <p>Home Visitor will document in Home Visitation Data Collection System the educational materials/tools provided.</p>
Reliability/Validity	Standardized measurement tool not being used so not applicable.
Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>Person Responsible</li> <li>Schedule</li> <li>Analysis</li> </ul>	Person Responsible: Home visitor will administer the questions and enter into Home Visitation Data Collection System.
	Data Collection Schedule: Home visitor will collect data at intake and every 6 months. Data point will be one year post-enrollment.
	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.
Comments or Anticipated Challenges	A list of available injury prevention materials/tools available will be in the Home Visitation Data Collection System, which will make it easier for the home visitor to track all materials dispensed.

Benchmark 2: Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of Emergency Room Visits	
Construct	Incidence of child injuries requiring medical treatment
Performance Measure	Percentage of enrolled children (0-12 months, 13-36 months, 37-84 months) needing medical treatment due to an injury.
Operational Definition <ul style="list-style-type: none"> <li>Target Population</li> <li>Numerator</li> <li>Denominator</li> </ul>	Target Population: All enrolled children (0-12 months, 13-36 months, 37-84 months)
	Numerator: Number of enrolled children (0-12 months, 13-36 months, 37-84 months) needing medical treatment due to an injury.
	Denominator: Number of enrolled children (0-12 months, 13-36 months, 37-84 months)
	<i>Outcomes Measure</i> <i>Point of Comparison – Cohorts from Year 1 to Year 2</i>
Definition of Improvement and Calculation	<p>Decrease the percentage of children (0-12 months, 13-36 months, 37-84 months) requiring medical treatment due to injury from Year 1 to Year 2.</p> <p>(Number of enrolled children needing medical treatment due to an injury/Number of enrolled children in Year 1) compared to (Number of enrolled children needing medical treatment due to an injury/Number of enrolled children in Year 2).</p>
Data Source	Structured interview process with the home visitor and client self-report.
Measurement Tool	<p>Data will be collected utilizing a standardized form using the following questions.</p> <p>During initial intake and each visit, the following question will be asked:</p> <ul style="list-style-type: none"> <li>➤ When was the last time your child received medical treatment due to an injury? Less than 1 month/1-3 months/4-6 months/6-12 months/Over 1 year/Never</li> </ul>
Reliability/Validity	Standardized measurement tool not being used so not applicable.
Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>Person Responsible</li> <li>Schedule</li> <li>Analysis</li> </ul>	Person Responsible: Home visitor will administer the questions and enter into Home Visitation Data Collection System.
	Data Collection Schedule: Home visitor will collect data at intake and every 6 months. Data point will be annually.
	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually. Data point will be one year post-enrollment.
Comments or Anticipated Challenges	Medical treatment will be defined to clients as receiving physician or nursing care in a medical establishment (clinic, hospital, ER).

Benchmark 2: Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of Emergency Room Visits	
Construct	Reported suspected maltreatment for children in the program
Performance Measure	Percentage of enrolled families with suspected maltreatment cases for children (0-12 months, 13-36 months, and 37-84 months) (neglect, physical abuse, sexual abuse, emotional maltreatment, and other) reported based upon the definition of maltreatment provided by West Virginia CPS Policy Specialist of when a caregiver's behaviors and interactions with a child are consistent with the statutory definition of child abuse or neglect.
Operational Definition <ul style="list-style-type: none"> <li>Target Population</li> <li>Numerator</li> <li>Denominator</li> </ul>	Target Population: All enrolled children (0-12 months, 13-36 months, and 37-84 months) (neglect, physical abuse, sexual abuse, emotional maltreatment, and other)
	Numerator: Number of enrolled families who were reported for suspected maltreatment during the project period for children by each age group (0-12 months, 13-36 months, and 37-84 months).
	Denominator: Number of enrolled families.
	<i>Outcomes Measure</i> <i>Point of Comparison – Cohorts from Year 1 to Year 2</i>
Definition of Improvement and Calculation	<p>Decrease in the rate of suspected maltreatment cases for children (0-12 months, 13-36 months, 37-84 months) (neglect, physical abuse, sexual abuse, emotional maltreatment, and other) in Year 1 compared to Year 2.</p> <p>(Number of enrolled families who were reported for suspected maltreatment during the project period for children by each age group (0-12 months, 13-36 months, and 37-84 months) (neglect, physical abuse, sexual abuse, emotional maltreatment, and other) in Year 1) compare to (Number of enrolled families who were reported for suspected maltreatment during the project period for children by each age group (0-12 months, 13-36 months, and 37-84 months) (neglect, physical abuse, sexual abuse, emotional maltreatment, and other) in Year 2).</p>
Data Source	Bureau for Children & Families FACTS database
Measurement Tool	Administrative level-match with state child welfare reporting system to cross-tabulate child data quarterly.
Reliability/Validity	Standardized measurement tool not being used so not applicable.
Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>Person Responsible</li> <li>Schedule</li> <li>Analysis</li> </ul>	Person Responsible: Abstraction of administrative data will be collected on families participating in the programs and linked to Bureau for Children & Families FACTS (state child welfare system).
	Data Collection Schedule: Data will be collected quarterly on enrolled families. Data point will be one year post-enrollment.

	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.
Comments or Anticipated Challenges	

Benchmark 2: Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of Emergency Room Visits	
Construct	Reported substantiated maltreatment
Performance Measure	Percentage of enrolled families with substantiated maltreatment cases for children (0-12 months, 13-36 months, and 37-84 months) (neglect, physical abuse, sexual abuse, emotional maltreatment, and other) reported.
Operational Definition <ul style="list-style-type: none"> <li>Target Population</li> <li>Numerator</li> <li>Denominator</li> </ul>	Target Population: All enrolled families
	Numerator: Number of enrolled families who were reported for substantiated maltreatment during the project period for children by each age group (0-12 months, 13-36 months, and 37-84 months) (neglect, physical abuse, sexual abuse, emotional maltreatment, and other).
	Denominator: Number of enrolled families.
	<i>Process Measure</i> <i>Point of Comparison – Cohorts from Year 1 to Year 2</i>
Definition of Improvement and Calculation	Decrease in the rate of substantiated maltreatment cases for children (0-12 months, 13-36 months, 37-84 months) (neglect, physical abuse, sexual abuse, emotional maltreatment, and other) from Year 1 to Year 2.  (Number of enrolled families who were reported for substantiated maltreatment during the project period for children by each age group (0-12 months, 13-36 months, and 37-84 months) (neglect, physical abuse, sexual abuse, emotional maltreatment, and other) in Year 1/ Number of enrolled families) compared to (Number of enrolled families who were reported for substantiated maltreatment during the project period for children by each age group (0-12 months, 13-36 months, and 37-84 months) (neglect, physical abuse, sexual abuse, emotional maltreatment, and other) in Year 2.
Data Source	Bureau for Children & Families FACTS database
Measurement Tool	Administrative level-match with state child welfare reporting system to cross-tabulate child data quarterly.
Reliability/Validity	Standardized measurement tool not being used so not applicable.
Data Collection & Analysis Plan	Person Responsible: Abstraction of administrative data will be collected on families participating in



<ul style="list-style-type: none"> <li>Person Responsible</li> <li>Schedule</li> <li>Analysis</li> </ul>	the programs and linked to Bureau for Children & Families FACTS (state child welfare system).
	Data Collection Schedule: Data will be collected quarterly on enrolled families. Data point will be one year post-enrollment.
	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.
Comments or Anticipated Challenges	

Benchmark 2: Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of Emergency Room Visits	
Construct	First-time victims of maltreatment
Performance Measure	Percentage of enrolled families with first time substantiated report for child maltreatment cases for children (0-12 months, 13-36 months, and 37-84 months) (neglect, physical abuse, sexual abuse, emotional maltreatment, and other) reported.
Operational Definition <ul style="list-style-type: none"> <li>Target Population</li> <li>Numerator</li> <li>Denominator</li> </ul>	Target Population: All enrolled families
	Numerator: Number of enrolled families who were reported for substantiated maltreatment during the year for children by each age group (0-12 months, 13-36 months, and 37-84 months) (neglect, physical abuse, sexual abuse, emotional maltreatment, and other).
	Denominator: Number of enrolled families
Definition of Improvement and Calculation	<p>Decrease in the rate of first time substantiated reports of maltreatment cases for children (0-12 months, 13-36 months, and 37-84 months) (neglect, physical abuse, sexual abuse, emotional maltreatment, and other) from Year 1 to Year 2.</p> <p>(Number of enrolled families who were reported for first time substantiated maltreatment for children by each age group (0-12 months, 13-36 months, and 37-84 months) (neglect, physical abuse, sexual abuse, emotional maltreatment, and other) in Year 1) compared to (Number of enrolled families who were reported with first time substantiated report for child maltreatment for children by each age group (0-12 months, 13-36 months, and 37-84 months) (first case neglect, physical abuse, sexual abuse, emotional maltreatment, and other) in Year 2).</p>
Data Source	Bureau for Children & Families FACTS database
Measurement Tool	Administrative level-match with state child welfare reporting system to cross-tabulate child data quarterly.
Reliability/Validity	Standardized measurement tool not being used so not applicable.
Data Collection & Analysis Plan	Person Responsible: Abstraction of administrative data will be collected on families participating in

<ul style="list-style-type: none"> <li>• Person Responsible</li> <li>• Schedule</li> <li>• Analysis</li> </ul>	the programs and linked to Bureau for Children & Families FACTS (state child welfare system).
	Data Collection Schedule: Data will be collected quarterly on enrolled families. Data point will be one year post-enrollment.
	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.
Comments or Anticipated Challenges	

Benchmark 3: Improvements in School Readiness and Achievement	
Construct	Parent Support for children's learning and development
Performance Measure	Percentage of caregivers using age appropriate toys/books during play time for infants and children. Parent support for children's learning and development.
Operational Definition <ul style="list-style-type: none"> <li>Target Population</li> <li>Numerator</li> <li>Denominator</li> </ul>	Target Population: All enrolled caregivers
	Numerator: Number of enrolled caregivers reporting use of age appropriate toys/books at play time.
	Denominator: Number of enrolled caregivers who have completed the HOME Inventory
	<i>Outcome Measure through scale-based tool</i> <i>Point of Comparison – Cohort comparison from Year 1 to Year 2</i>
Definition of Improvement and Calculation	Increase percentage of caregivers using age appropriate toys/books during playtime with infants and children from Year 1 to Year 2.  (Number of enrolled caregivers reporting use of age appropriate toys/books at play time in Year 1/Number of enrolled caregivers) compared to (Number of enrolled caregivers reporting use of age appropriate toys/books at play time in Year 2/Number of enrolled caregivers).
Data Source	Structured interview questions by home visitor
Measurement Tool	Caldwell HOME IT Inventory – Subscale-Organization and Learning Materials (summed totals) Caldwell HOME EC Inventory- Subscale- Learning Materials and Physical Environment (summed totals)
Reliability/Validity	<b>Reliability</b> - Internal consistency reliability: Kuder-Richardson coefficients were .89 for the inventory and ranged from .44 to .89 for the subscales. For a non-representative sample of 73 poor urban families with a child age 3 years or younger. Kuder-Richardson coefficients obtained from the HOME inventory and SHIF, respectively, were .80 and .63 (Ertem et al. 1997)  <b>Validity</b> : Concurrent validity-in a non-representative sample of 73 impoverished urban families, the Pearson correlation between the HOME inventory and the SHIF was .69 and .55 and .42 between the <b>HOME inventory</b> and the <b>Nursing Child Assessment Feeding Scale (NCAFS)</b> and the <b>Nursing Child Assessment Teaching Scale (NCATS)</b> , respectively, and .49 and .36 between the SHIF and the NCAFS and the NCATS (Ertem et al. 1997).
Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>Person Responsible</li> <li>Schedule</li> <li>Analysis</li> </ul>	Person Responsible: Home visitor will administer the questions.
	Data Collection Schedule: Data collected through interviews at six month intervals. Data point will be at visit closest to the one year post enrollment visit.
	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.

Comments or Anticipated Challenges	
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Benchmark 3: Improvements in School Readiness and Achievement	
Construct	Parent knowledge of child development and their child's developmental progress
Performance Measure	Percentage of caregivers demonstrating age appropriate activities enhancing their child's developmental progress.
Operational Definition <ul style="list-style-type: none"> <li>Target Population</li> <li>Numerator</li> <li>Denominator</li> </ul>	Target Population: All enrolled caregivers
	Numerator: Number of enrolled caregivers demonstrating age appropriate activities.
	Denominator: Number of enrolled caregivers who have completed the HOME Inventory
	<i>Outcome Measure through scale-based tool</i> <i>Point of Comparison – Cohort comparison from Year 1 to Year 2</i>
Definition of Improvement and Calculation	Increase percentage of caregivers demonstrating age appropriate activities with infants and children from Year 1 to Year 2.  (Number of enrolled caregivers demonstrating age appropriate activities in Year 1/Number of enrolled caregivers) compared to (Number of enrolled caregivers demonstrating age appropriate activities in Year 2/Number of enrolled caregivers).
Data Source	Structured interview questions by home visitor.
Measurement Tool	Caldwell HOME Inventory – Responsivity
Reliability/Validity	<p><b>Reliability</b> - Internal consistency reliability: Kuder-Richardson coefficients were .89 for the inventory and ranged from .44 to .89 for the subscales. For a non-representative sample of 73 poor urban families with a child age 3 years or younger. Kuder-Richardson coefficients obtained from the HOME inventory and SHIF, respectively, were .80 and .63 (Ertem et al. 1997).</p> <p><b>Validity:</b> Concurrent validity-in a non-representative sample of 73 impoverished urban families, the Pearson correlation between the HOME inventory and the SHIF was .69 and .55 and .42 between the <b>HOME inventory</b> and the <b>Nursing Child Assessment Feeding Scale (NCAFS)</b> and the <b>Nursing Child Assessment Teaching Scale (NCATS)</b>, respectively, and .49 and .36 between the SHIF and the NCAFS and the NCATS (Ertem et al. 1997).</p>
Data Collection & Analysis Plan	Person Responsible: Home visitor will administer the questions.

<ul style="list-style-type: none"> <li>• Person Responsible</li> <li>• Schedule</li> <li>• Analysis</li> </ul>	Data Collection Schedule: Data collected through interviews at six month intervals. Data point will be at visit closest to the one year post enrollment visit.
	Data Analysis schedule: Data will be analyzed quarterly for CQI and reported annually.
Comments or Anticipated Challenges	HOME does not have required administrations times, but typically 6 month intervals seem to be appropriate. For CQI purposes, we will review six month intervals, but for reporting purposes, utilize the visit closest to the one year post enrollment visit.

Benchmark 3: Improvements in School Readiness and Achievement	
Construct	Parenting behaviors and parent-child relationships
Performance Measure	Percentage of caregivers demonstrating age appropriate discipline strategies with their child
Operational Definition <ul style="list-style-type: none"> <li>• Target Population</li> <li>• Numerator</li> <li>• Denominator</li> </ul>	Target Population: All enrolled caregivers
	Numerator: Number enrolled caregivers demonstrating age appropriate discipline strategies.
	Denominator: Number of enrolled caregivers with children who have completed the HOME Inventory
	<i>Outcome Measure through scale-based tool</i> <i>Point of Comparison – Cohort comparison from Year 1 to Year 2</i>
Definition of Improvement and Calculation	Increase percentage of caregivers demonstrating age appropriate discipline strategies with infants and children from Year 1 to Year 2.  (Number of enrolled caregivers demonstrating age appropriate discipline strategies in Year 1/Number of enrolled caregivers with children) compared to (Number of enrolled caregivers demonstrating age appropriate discipline strategies in Year 2/Number of enrolled caregivers with children).
Data Source	Structured interview questions by home visitor.
Measurement Tool	Caldwell HOME IT Inventory –Acceptance and Involvement (summed) Caldwell HOME EC Inventory- Acceptance and Academic Stimulation (summed)
Reliability/Validity	<p><b>Reliability</b> - Internal consistency reliability: Kuder-Richardson coefficients were .89 for the inventory and ranged from .44 to .89 for the subscales. For a non-representative sample of 73 poor urban families with a child age 3 years or younger. Kuder-Richardson coefficients obtained from the HOME inventory and SHIF, respectively, were .80 and .63 (Ertem et al. 1997).</p> <p><b>Validity</b>: Concurrent validity-in a non-representative sample of 73 impoverished urban families, the Pearson correlation between the HOME inventory and the SHIF was .69 and .55 and .42 between</p>

	the <b>HOME inventory</b> and the <b>Nursing Child Assessment Feeding Scale (NCAFS)</b> and the <b>Nursing Child Assessment Teaching Scale (NCATS)</b> , respectively, and .49 and .36 between the SHIF and the NCAFS and the NCATS (Ertem et al. 1997).
Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>Person Responsible</li> <li>Schedule</li> <li>Analysis</li> </ul>	Person Responsible: Home visitor will administer the questions.
	Data Collection Schedule: Data collected through interviews at six month intervals. Data point will be at visit closest to the one year post enrollment visit.
	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.
Comments or Anticipated Challenges	HOME does not have required administrations times, but typically six month intervals seem to be appropriate. For CQI purposes we will review six month intervals, but for reporting purposes, utilize the visit closest to the one(1) year post enrollment visit.

Benchmark 3: Improvements in School Readiness and Achievement	
Construct	Parent emotional well-being or parenting stress
Performance Measure	Percentage of caregivers that indicate they have a support system to discuss problems.
Operational Definition <ul style="list-style-type: none"> <li>Target Population</li> <li>Numerator</li> <li>Denominator</li> </ul>	Target Population: All enrolled caregivers
	Numerator: Number of enrolled caregivers indicating they have someone to talk to about their problems.
	Denominator: Number of enrolled caregivers.
	<i>Outcome Measure</i> <i>Point of Comparison – Cohort comparison from Year 1 to Year 2.</i>
Definition of Improvement and Calculation	Increase the percentage of caregivers indicating they have someone to talk to about their problems from Year 1 to Year 2.  (Number of enrolled caregivers indicating they have someone to talk to about their problems in Year 1/Number of enrolled caregivers) compared to (Number of enrolled caregivers indicating they have someone to talk to about their problems in Year 2/Number of enrolled caregivers).
Data Source	Protective Factors Survey (client self-report)
Measurement Tool	Protective Factors Survey, Social Support Subscale
Reliability/Validity	Combined observational and self-report measure with numerous studies on family functioning/resiliency, social support, concrete support, child development, nurturing and attachment. One study, The Development and Validation of the Protective Factors Survey: A Self-

	Report Measure of Protective Factors against Child Maltreatment Phase III Report Prepared by The Institute for Educational Research & Public Service is found on the Protective Factors Survey website <a href="http://www.friendsnrc.org/protective-factors-survey">www.friendsnrc.org/protective-factors-survey</a> ).
Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>Person Responsible</li> <li>Schedule</li> <li>Analysis</li> </ul>	Person Responsible: Home visitor will administer the questions.
	Data Collection Schedule: Data collected through interviews utilizing the Protective Factors Survey twice a year based upon Bureau for Children & Families data reporting requirements, during the months of May and October. Data point will be one year post-enrollment.
	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.
Comments or Anticipated Challenges	Aligning the data reporting schedule with Bureau for Children & Families will enable coordinated CQI activities between the two agencies regarding PFS.

Benchmark 3: Improvements in School Readiness and Achievement	
Construct	Child's communication, language and emergent literacy
Performance Measure	Increases over time in the developmental progress (child has moved from an area of concern to monitoring or monitoring to typical) of children in communication.
Operational Definition <ul style="list-style-type: none"> <li>Target Population</li> <li>Numerator</li> <li>Denominator</li> </ul>	Target Population: All enrolled children
	Numerator: Number of enrolled children showing developmental progress in communication aspects (based upon Communication domain)
	Denominator: Number of enrolled children for whom an ASQ3 has been completed.
	<i>Outcome Measure</i> <i>Point of Comparison – Cohorts comparison from Year 1 to Year 2</i>
Definition of Improvement and Calculation	Increase in the percentage of children who score "Typical/Monitoring" on the communication domain from the Year 1 cohort to the Year 2 cohort.  (Number of enrolled children showing developmental progress in communication aspects in Year 1/Number of enrolled children for whom an ASQ3 has been completed) compared to (Number of enrolled children showing developmental progress in communication aspects in Year 2/Number of enrolled children for whom an ASQ3 has been completed).
Data Source	ASQ3 completed by client and responses entered by home visitor.
Measurement Tool	ASQ3 (Communication domain)

Reliability/Validity	According to developers, the ASQ3 has been extensively evaluated for reliability and validity. The tool has been established as a reliable tool for measuring children's performance's in multiple developmental domains. (Squires, Potter & Bricker, 1999)
Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>Person Responsible</li> <li>Schedule</li> <li>Analysis</li> </ul>	<p>Person Responsible: Home visitor will administer the questions.</p> <p>Data Collection Schedule: Data collected through interviews based upon ASQ3 age guidelines (2, 9, 12, 18, 24, 30, 36, 48, and 60 months). Data point will be at one year age intervals.</p> <p>Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.</p>
Comments or Anticipated Challenges	

Benchmark 3: Improvements in School Readiness and Achievement	
Construct	Child's general cognitive skills
Performance Measure	Percentage of children served that show developmental progress (child has moved from an area of concern to monitoring or monitoring to typical) in problem solving cognitive skills.
Operational Definition <ul style="list-style-type: none"> <li>Target Population</li> <li>Numerator</li> <li>Denominator</li> </ul>	Target Population: All enrolled children
	Numerator: Number of enrolled children showing developmental progress in general cognitive skills (based upon Problem Solving domain).
	Denominator: Number of enrolled children for whom an ASQ3 has been completed.
Definition of Improvement and Calculation	<p><i>Outcome Measure</i></p> <p><i>Point of Comparison – Cohorts comparison from Year 1 to Year 2</i></p>
	<p>Increase in the percentage of children who score "Typical/Monitoring" on the Problem Solving domain from the Year 1 cohort to the Year 2 cohort.</p> <p>(Number of enrolled children showing developmental progress in general cognitive skills in Year 1/Number of enrolled children for whom an ASQ3 has been completed) compared to (Number enrolled children showing developmental progress in general cognitive skills in Year 2/Number of enrolled children for whom an ASQ3 has been completed).</p>
Data Source	ASQ3 completed by client and responses entered by home visitor.
Measurement Tool	ASQ3 (Problem Solving)
Reliability/Validity	According to developers, the ASQ3 has been extensively evaluated for reliability and validity. The



	tool has been established as a reliable tool for measuring children's performance's in multiple developmental domains. (Squires, Potter & Bricker, 1999)
Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>• Person Responsible</li> <li>• Schedule</li> <li>• Analysis</li> </ul>	Person Responsible: Home visitor will administer the questions.
	Data Collection Schedule: Data collected through interviews based upon ASQ3 age guidelines (2, 9, 12, 18, 24, 30, 36, 48, and 60 months). Data point will be at one year age intervals.
	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.
Comments or Anticipated Challenges	

Benchmark 3: Improvements in School Readiness and Achievement	
Construct	Child's positive approach to learning including attention
Performance Measure	Percentage of children served that show developmental progress (child has moved from an area of concern to monitoring or monitoring to typical) age appropriate learning activities involving attention to detail.
Operational Definition <ul style="list-style-type: none"> <li>• Target Population</li> <li>• Numerator</li> <li>• Denominator</li> </ul>	Target Population: All enrolled children
	Numerator: Number of enrolled children showing developmental progress in age appropriate learning activities (based upon Personal Social domain).
	Denominator: Number of enrolled children who have been screened using the ASQ3.
Definition of Improvement and Calculation	<i>Outcome Measure</i> <i>Point of Comparison – Cohorts comparison from Year 1 to Year 2</i>
	Increase in the percentage of children who score "Typical/Monitoring" on the Personal Social domain from the Year 1 cohort to the Year 2 cohort.  (Number of enrolled children showing developmental progress in age appropriate learning activities in Year 1/Number of enrolled children who have been screened using the ASQ3) compared to (Number of enrolled children showing developmental progress in age appropriate learning activities in Year 2/Number of enrolled children who have been screened using the ASQ3).
Data Source	ASQ3 completed by client and responses entered by home visitor.
Measurement Tool	ASQ3 (Personal Social Domain)
Reliability/Validity	According to developers, the ASQ3 has been extensively evaluated for reliability and validity. The

	tool has been established as a reliable tool for measuring children's performance's in multiple developmental domains. (Squires, Potter & Bricker, 1999).
Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>Person Responsible</li> <li>Schedule</li> <li>Analysis</li> </ul>	Person Responsible: Home visitor will administer the questions.
	Data Collection Schedule: Data collected through interviews based upon ASQ3 age guidelines (2, 9,12, 18, 24, 30, 36, 48, and 60 months). Data point will be at one year age intervals.
	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.
Comments or Anticipated Challenges	

Benchmark 3: Improvements in School Readiness and Achievement	
Construct	Child's social behavior, emotion regulation and emotional well-being
Performance Measure	Percentage of infants/children demonstrating age appropriate activities enhancing social behavior, emotion regulation and emotional well-being.
Operational Definition <ul style="list-style-type: none"> <li>Target Population</li> <li>Numerator</li> <li>Denominator</li> </ul>	Target Population: All enrolled children
	Numerator: Number of enrolled children demonstrating social-emotional competence.
	Denominator: Number of enrolled children who have been screened using ASQ:SE  <i>Outcome Measure</i> <i>Point of Comparison – Cohort comparison between Year 1 and Year 2</i>
Definition of Improvement and Calculation	Increase in percentage of infants/children demonstrating "typical" on ASQ:SE on appropriate activities enhancing social behavior, emotion regulation and emotional well-being between Year 1 and Year 2 cohorts.  (Number of enrolled children demonstrating social-emotional competence/Number of enrolled children in Year 1) compared to (Number of enrolled children demonstrating social-emotional competence/Number of enrolled children in Year 2).
Data Source	ASQ: SE completed by client and responses entered by home visitor.
Measurement Tool	ASQ:SE
Reliability/Validity	The ASQ:SE has been widely studied with validity, reliability and utility studies conducted between 1996 and 2001. Psychometric studies based on normative samples of more than 3,000 questionnaires for ASQ:SE show high reliability (>90%), internal consistency, sensitivity, and specificity. (Squires et al., 2001) Each takes about 10-15 minutes to complete.

Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>Person Responsible</li> <li>Schedule</li> <li>Analysis</li> </ul>	Person Responsible: Home visitor will administer the questions.
	Data Collection Schedule: Data collected through interviews and based upon ASQ:SE guidelines (6, 12, 18, 24, 30, 36 and 48 months). Data point will be at 12 month ASQ
	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.
Comments or Anticipated Challenges	

Benchmark 3: Improvements in School Readiness and Achievement	
Construct	Child's physical health and development
Performance Measure	Percentage of children with age appropriate physical health (height, weight, hearing, and vision)
Operational Definition <ul style="list-style-type: none"> <li>Target Population</li> <li>Numerator</li> <li>Denominator</li> </ul>	Target Population: All enrolled children
	Numerator: Number of enrolled children with "normal range" in at least two (height, weight, hearing, and vision) physical health
	Denominator: Number of enrolled children.
	<i>Outcome Measure</i> <i>Point of Comparison – Cross Sectional at Year 2 and Year 3</i>
Definition of Improvement and Calculation	Increase in percentage of infants/children with age appropriate physical health.  (Number of enrolled children with "normal range" in at least two (height, weight, hearing, and vision) physical health in Year 2/Number of enrolled children) compared to (Number of enrolled children with "normal range" in at least two (height, weight, hearing, and vision) physical health in Year 3/Number of enrolled children).
Data Source	Home visitor.
Measurement Tool	Structured interview questions by the home visitor on progress of hearing, vision and health screen. <ul style="list-style-type: none"> <li>➤ During your recent well-child visit, did the doctor indicate your child was within normal range on the following?: <ol style="list-style-type: none"> <li>hearing</li> <li>vision</li> <li>height</li> <li>weight</li> </ol> </li> </ul>

Reliability/Validity	Not applicable.
Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>• Person Responsible</li> <li>• Schedule</li> <li>• Analysis</li> </ul>	Person Responsible: Home visitor will administer the questions.
	Data Collection Schedule: Data collected through interviews every 6 months . Data points will be at one year post enrollment.
	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.
Comments or Anticipated Challenges	

Benchmark 4: Crime or Domestic Violence	
Construct	Screening for Domestic Violence
Performance Measure	Percentage of pregnant women and mothers screened for domestic violence.
Operational Definition <ul style="list-style-type: none"> <li>Target Population</li> <li>Numerator</li> <li>Denominator</li> </ul>	Target Population: All enrolled pregnant women and mothers.
	Numerator: Number of enrolled pregnant women and mothers screened for domestic violence.
	Denominator: Number of enrolled pregnant women and mothers.
	<i>Output Measure:</i> <i>Point of Comparison: Cohorts between Year 1 to Year 2</i>
Definition of Improvement and Calculation	<p>Increase or maintain the percentage of pregnant women and mothers screened for domestic violence from Year 1 to Year 2.</p> <p>(Number of enrolled pregnant women and mothers screened for domestic violence in Year 1/Number of enrolled pregnant women and mothers) compared to (Number of enrolled pregnant women and mothers screened for domestic violence in Year 2/Number of enrolled pregnant women and mothers).</p>
Data Source	Structured interview by home visitor.
Measurement Tool	HITS Tool for Intimate Partner Violence Screening.
Reliability/Validity	The correlation of HITS and CTS scores was .85. For phase two, the mean HITS scores for office patients and abuse victims were 6.13 and 15.15, respectively. Optimal data analysis revealed that a cut score of 10.5 on the HITS reliably differentiated respondents in the two groups. Using this cut score, 91% of patients and 96% of abuse victims were accurately classified. The HITS scale showed good internal consistency and concurrent validity with the CTS verbal and physical aggression items. The HITS scale also showed good construct validity in its ability to differentiate family practice patients from abuse victims. The HITS scale is promising as a domestic violence screening mnemonic for family practice physicians and residents.
Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>Person Responsible</li> <li>Schedule</li> <li>Analysis</li> </ul>	Person Responsible: Home visitor will administer the questions.
	Data Collection Schedule: Home visitor will collect data at intake and each six month visit, unless a situation warrants screening more often. Data point to be 12 months post-enrollment.
	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.
Comments or Anticipated Challenges	If the home visitor identifies a change in the clients situation (new partner, holidays, physical or emotional triggers) in which screening questions will be asked at that visit.

Benchmark 4: Crime or Domestic Violence	
Construct	Of families identified for the presence of domestic violence, number of referrals made to relevant domestic violence services (e.g. shelters, advocates)
Performance Measure	Percentage of enrolled pregnant women and mothers screened positive and are referred for additional domestic violence services.
Operational Definition <ul style="list-style-type: none"> <li>• Target Population</li> <li>• Numerator</li> <li>• Denominator</li> </ul>	Target Population: All enrolled pregnant women and mothers who screen positive for domestic violence.
	Numerator: Number of enrolled pregnant women and mothers screened positive and have a service referral for domestic violence.
	Denominator: Number of enrolled pregnant women and mothers screened positive.
	<i>Output Measure</i> <i>Point of Comparison – Cohorts between Year 1 and Year 2</i>  (Number of enrolled pregnant women and mothers screened positive and have a service referral for domestic violence in Year 1 /Number of enrolled pregnant women and mothers screened positive) compared to (Number of enrolled pregnant women and mothers screened positive and have a service referral for domestic violence in Year 2 /Number of enrolled pregnant women and mothers screened positive).  Interagency match with Domestic Violence Coalition on clients referred and accepting services will be finalized by due date reporting.
Definition of Improvement and Calculation	Increase the percentage of pregnant women and mothers screened positive referred for additional domestic violence services from Year 1 to Year 2.
Data Source	Administrative records of home visitor entered in Home Visitation Data Collection System.
Measurement Tool	Documentation by home visitor regarding pregnant women and mothers screened positive that were referred for additional domestic violence services. <ul style="list-style-type: none"> <li>➤ Based upon results of the HITS screening, was client referred for additional domestic violence services?</li> </ul>
Reliability/Validity	Not applicable.
Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>• Person Responsible</li> <li>• Schedule</li> <li>• Analysis</li> </ul>	Person Responsible: Home visitor will provide documentation.
	Data Collection Schedule: Home visitor will provide documentation of referrals made based upon screening results via bi-annual uploads into Home Visitation Data Collection System. Data point will be 12 months post enrollment.
	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.

Comments or Anticipated Challenges	If the home visitor identifies a change in the clients situation (new partner, holidays, physical or emotional triggers) in which screening questions will be asked at that visit. A referral will be made at any time during enrollment if the client presents with the need.
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Benchmark 4: Crime or Domestic Violence	
Construct	Of pregnant women and mothers identified for the presence of domestic violence, number of women creating a Safety Plan
Performance Measure	Percentage of pregnant women and mothers screened positive for domestic violence that create a Safety Plan.
Operational Definition <ul style="list-style-type: none"> <li>Target Population</li> <li>Numerator</li> <li>Denominator</li> </ul>	Target Population: All enrolled pregnant women and mothers screened positive for domestic violence.
	Numerator: Number of pregnant women and mothers who screened positive for domestic violence that create a Safety Plan.
	Denominator: Number of enrolled pregnant women and mothers who screened positive for domestic violence.
	<p><i>Output Measure</i>  <i>Point of Comparison: Cohorts between Year 1 and Year 2</i></p> <p>(Number of pregnant women and mothers who screened positive for domestic violence that create a Safety Plan in Year 1/Number of enrolled pregnant women and mothers who screened positive for domestic violence) compared to (Number of pregnant women and mothers who screened positive for domestic violence that create a Safety Plan in Year 2/Number of enrolled pregnant women and mothers who screened positive for domestic violence).</p>
Definition of Improvement and Calculation	Increase the percentage of pregnant women and mothers who screened positive for domestic violence that create a Safety Plan from Year 1 to Year 2.
Data Source	Structured interview process by home visitor.
Measurement Tool	<p>Documentation by home visitor regarding pregnant women and mothers who screened positive that were referred for additional services related to domestic violence.</p> <ul style="list-style-type: none"> <li>➤ Do you have a Safety Plan in place?</li> <li>➤ If no, can we assist with creating a Safety Plan?</li> </ul> <p>If client indicated yes for assistance with creating a Safety Plan, the home visitor will help with Safety Plan and collaborate with domestic violence advocate.</p> <ul style="list-style-type: none"> <li>➤ If no, provide information on importance of a Safety Plan and leave domestic violence advocate information. Home visitor will ask on future visits if client has changed her mind on</li> </ul>

	<p>creating a Safety Plan.</p> <p>Standardized question to be entered in to Home Visitation Data Collection System and updated quarterly.</p> <p>➤ Did the client create a Safety Plan? Yes/No</p>
Reliability/Validity	Not applicable.
Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>• Person Responsible</li> <li>• Schedule</li> <li>• Analysis</li> </ul>	Person Responsible: Home visitor will administer the questions.
	Data Collection Schedule: Home visitor will collect data at intake and each six month visit, unless a situation warrants screening more often. Data point to be one year post enrollment.
	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.
Comments or Anticipated Challenges	<p>If client indicates assistance with developing a Safety Plan and accepts additional help, a local West Virginia Domestic Violence Coalition advocate will work with the client on developing a Safety Plan. This will provide a strong support system locally for the client and ensures both client and home visitor confidentiality and safety in the development of a Safety Plan.</p>



Benchmark 5: Family Economic Self-Sufficiency	
Construct	Household income and benefits
Performance Measure	Percentage of enrolled household members that report increased income or benefits.
Operational Definition <ul style="list-style-type: none"> <li>Target Population</li> <li>Numerator</li> <li>Denominator</li> </ul>	Target Population: All enrolled household members
	Numerator: Number of enrolled household members that report an increase in income or benefits.
	Denominator: Number of enrolled household members
	<i>Outcome Measure:</i> <i>Point of Comparison: Individual level of change</i>
Definition of Improvement and Calculation	<p>Increase percentage of enrolled household members that report increased income or benefits from enrollment to one year post enrollment.</p> <p>(Number of enrolled household members that report an increase in income or benefits/Number of enrolled household members).</p>
Data Source	Structured interview by home visitor.
Measurement Tool	<p>Formalized question to be asked by home visitor.</p> <p>Initial question at intake:</p> <ul style="list-style-type: none"> <li>➤ What is the approximate yearly total household income before taxes? Include your income, your husband or partner's income, and any other income you have received.</li> <li>➤ What is the approximate yearly amount of benefits received? Includes SSI, TANF, Food stamps, Medicaid, etc.</li> </ul> <p>Question at closest visit for the month one year post enrollment:</p> <ul style="list-style-type: none"> <li>➤ What is the approximate yearly total household income before taxes? Include your income, your husband or partner's income, and any other income you have received.</li> <li>➤ What is the approximate yearly amount of benefits received? Includes SSI, TANF, Food stamps, Medicaid, etc.</li> </ul>
Reliability/Validity	Not applicable.
Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>Person Responsible</li> <li>Schedule</li> </ul>	Person Responsible: Home visitor will administer the questions.
	Data Collection Schedule: Home visitor will collect data at intake and annually with data points of initial intake and one year past enrollment visit.

<ul style="list-style-type: none"> <li>Analysis</li> </ul>	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.
Comments or Anticipated Challenges	Will use the Protective Factors Survey for other CQI activities and is a Bureau for Children & Families requirement for home visiting programs. However, for this benchmark, the structured interview questions will be used to ensure any income/benefit change is documented, and not only at \$10,000 increments.

Benchmark 5: Family Economic Self-Sufficiency	
<b>Construct</b>	<b>Education of adult members of the household</b>
Performance Measure	Percentage of enrolled household members that make progress in an educational program.
Operational Definition <ul style="list-style-type: none"> <li>Target Population</li> <li>Numerator</li> <li>Denominator</li> </ul>	<i>Target population:</i> All enrolled household members
	Numerator: Number of enrolled household members that make progress in an educational program.
	Denominator: Number of enrolled household members.
Definition of Improvement and Calculation	<i>Outcome Measure</i> <i>Point of Comparison – Individual level of change</i>
	Increase percentage of enrolled household members that make progress in an educational program from enrollment to one year post enrollment.  (Number of enrolled household members that make progress in an educational program /Number of enrolled household members).
Data Source	Structured interview by home visitor.
Measurement Tool	Formalized question to be asked by home visitor: <ul style="list-style-type: none"> <li>➤ Are you currently enrolled in an educational program? (HS, GED, college, vocational training, etc.)</li> <li>➤ If yes, are you progressing through the program as scheduled?</li> <li>➤ If no, are you interested in enrolling in an educational program? (Based upon response, the home visitor will document referrals made and materials provided)</li> </ul>
Reliability/Validity	Not applicable

Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>Person Responsible</li> <li>Schedule</li> <li>Analysis</li> </ul>	Person Responsible: Home visitor will provide documentation.
	Data Collection Schedule: Home visitor will collect data at intake and annually with data points of initial intake and one year past enrollment visit.
	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.
Comments or Anticipated Challenges	For CQI purposes, will collect the responses to currently enrolled in an educational program, referrals made and materials distributed.

Benchmark 5: Economic Self-Sufficiency	
Construct	Health insurance status
Performance Measure	Percentage of household members with health insurance.
Operational Definition <ul style="list-style-type: none"> <li>Target Population</li> <li>Numerator</li> <li>Denominator</li> </ul>	Target Population: All household members.
	Numerator: Number of household members with health insurance.
	Denominator: # of household members  <i>Outcome Measure</i> <i>Point of Comparison: Individual level of change</i>
Definition of Improvement and Calculation	Increase in percentage of the number of household members with health insurance from enrollment to one year post enrollment.  $\frac{\text{(Number of household members with health insurance at enrollment / Number of household members)} - \text{(Number of household members with health insurance at one year post-enrollment / Number of household members)}}{\text{Number of household members}}$
Data Source	Structured interview process by home visitor.
Measurement Tool	Formalized question to be asked by all home visitors: <ul style="list-style-type: none"> <li>➤ Is everyone in the household covered by Health Insurance (Medicaid, CHIP, Private, etc.)? Yes/No</li> <li>➤ If no, who is covered by Health Insurance? Enrolled Child/Other Child(ren)/Primary Enrolled Adult/Other Adult(s)</li> </ul>
Reliability/Validity	Not applicable.

Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>• Person Responsible</li> <li>• Schedule</li> <li>• Analysis</li> </ul>	Person Responsible: Home visitor will administer the questions.
	Data Collection Schedule: Home visitor will provide documentation of responses and enter responses into the Home Visitation Data Collection System. Data points at initial intake and one year past enrollment visit.
	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.
Comments or Anticipated Challenges	

Benchmark 6: Coordination and Referrals for Other Community Resources and Support	
Construct	Number of families identified as needing services
Performance Measure	Percentage of enrolled pregnant women and mothers screened for domestic violence.
Operational Definition <ul style="list-style-type: none"> <li>Target Population</li> <li>Numerator</li> <li>Denominator</li> </ul>	Target Population: All enrolled pregnant women and mothers.
	Numerator: Number of enrolled pregnant women and mothers who have been screened for domestic violence.
	Denominator: Number of enrolled pregnant women and mothers during the reporting period.
	<i>Output Measure:</i> <i>Point of Comparison: Cohorts between Year 1 and Year 2</i>
Definition of Improvement and Calculation	Increase or maintain the percentage of pregnant women and mothers screened for domestic violence from Year 1 to Year 2.  (Number of enrolled pregnant women and mothers screened for domestic violence in Year 1/Number of enrolled pregnant women and mothers) compared to (Number of enrolled pregnant women and mothers screened for domestic violence in Year 2/Number of enrolled pregnant women and mothers).
Data Source	Structured interview by home visitor.
Measurement Tool	HITS
Reliability/Validity	The correlation of HITS and CTS scores was .85. For phase two, the mean HITS scores for office patients and abuse victims were 6.13 and 15.15, respectively. Optimal data analysis revealed that a cut score of 10.5 on the HITS reliably differentiated respondents in the two groups. Using this cut score, 91% of patients and 96% of abuse victims were accurately classified. The HITS scale showed good internal consistency and concurrent validity with the CTS verbal and physical aggression items. The HITS scale also showed good construct validity in its ability to differentiate family practice patients from abuse victims. The HITS scale is promising as a domestic violence screening mnemonic for family practice physicians and residents.
Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>Person Responsible</li> <li>Schedule</li> <li>Analysis</li> </ul>	Person Responsible: Home visitor will administer the questions.
	Data Collection Schedule: Home visitor will collect data at intake and each six month visit, unless a situation warrants screening more often. Data point will be at one year post-enrollment.
	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.
Comments or Anticipated	If the home visitor identifies a change in the clients situation (new partner, holidays, physical or

Challenges	emotional triggers) in which screening questions will be asked at that visit. This performance measure and activities mirror Benchmark 4 on Domestic Violence.
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<b>Benchmark 6: Coordination and Referrals for Other Community Resources and Support</b>	
<b>Construct</b>	<b>Number of families requiring services and received referral to available community resources</b>
Performance Measure	Percentage of enrolled clients (adult or children) referred for services other than home visiting.
Operational Definition <ul style="list-style-type: none"> <li>Target Population</li> <li>Numerator</li> <li>Denominator</li> </ul>	Target Population: All enrolled clients (adults or children).
	Numerator: Number of enrolled clients referred for services other than home visiting.
	Denominator: Number of enrolled clients.
	<i>Output Measure</i> <i>Point of Comparison – Cohorts between Year 1 and Year 2</i>
Definition of Improvement and Calculation	Increase the percentage of enrolled clients (adult or children) referred for additional services other than home visiting.  (Number of enrolled clients (adult or children) referred for services other than home visiting in Year 1/Number of enrolled clients) compared to (Number of enrolled clients (adult or children) referred for services other than home visiting in Year 2/Number of enrolled clients).
Data Source	Structured interview by home visitor.
Measurement Tool	Based upon observation, client self-report, visit activities and client requests, the following questions will be asked: <ul style="list-style-type: none"> <li>➤ Would you like a referral made to (Parent Support, WIC, Housing, Family Planning, Family Resource Center, Skills Building, Job Skills, Prenatal Classes, Domestic Violence, Substance Abuse, Mental Health ,etc.)</li> <li>➤ Based upon client response, was the referral made? Yes/No</li> </ul>
Reliability/Validity	Not applicable.
Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>Person Responsible</li> <li>Schedule</li> <li>Analysis</li> </ul>	Person Responsible: Home visitor will provide documentation.
	Data Collection Schedule: Home visitor will collect data at each visit with data point of one year past enrollment visit.
	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported on one year post-enrollment.
Comments or Anticipated	Home Visitors will be provided a standardized form for all models listing possible referrals and can

Challenges	check off the appropriate boxes. This information will be entered into the Home Visitation Data Collection System.
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<b>Benchmark 6: Coordination and Referrals for Other Community Resources and Support</b>	
<b>Construct</b>	<b>Number of MOUs or other formal agreements with other social service agencies in the community</b>
Performance Measure	Rate of MOUs with social service and other agencies by home visiting provider agencies.
Operational Definition <ul style="list-style-type: none"> <li>Target Population</li> <li>Numerator</li> <li>Denominator</li> </ul>	Target Population: All home visiting provider agencies.
	Numerator: Number of MOUs (new and renewed) with social service and other agencies by county.
	Denominator: Number of home visiting provider agencies.
	<i>Output Measure</i> <i>Point of Comparison: Cross Sectional between Year 1 and Year 3</i>
Definition of Improvement and Calculation	Increase the number of MOUs with other social service agencies at the community level in counties implementing/expanding services.
Data Source	Administrative records of home visiting provider agencies.
Measurement Tool	Quarterly reports submitted by provider agencies to State office indicating number of new and renewed MOUs and agency types.
Reliability/Validity	Not applicable.
Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>Person Responsible</li> <li>Schedule</li> <li>Analysis</li> </ul>	Person Responsible: Home Visiting provider agency administrators.
	Data Collection Schedule: Reports will be submitted quarterly and data point will be sum of four quarters (unduplicated new and renewed MOUs) for the fiscal year.
	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.
Comments or Anticipated Challenges	

Benchmark 6: Coordination and Referrals for Other Community Resources and Support	
Construct	Number of agencies with which the home visiting provider has clear point of contact in the collaborating community agency
Performance Measure	Rate of agencies that the home visiting provider has point of contact with as a collaborating community agency.
Operational Definition <ul style="list-style-type: none"> <li>Target Population</li> <li>Numerator</li> <li>Denominator</li> </ul>	Target Population: All home visitors.
	Numerator: Number of collaborating community agencies the home visitor has a point of contact.
	Denominator: Number of home visitors.
	<i>Output Measure</i> <i>Point of Comparison: Cross Sectional between Year 1 and Year 3</i>
Definition of Improvement and Calculation	Increase the number of collaborating community agencies the home visitor has a point of contact.  (Number of collaborating community agencies the home visitor has a point of contact in Year 1/Number of home visitors) compared to (Number of collaborating community agencies the home visitor has a point of contact in Year 3/Number of home visitors).
Data Source	Administrative records of home visiting provider agencies.
Measurement Tool	Quarterly reports submitted by home visitors to State office indicating point of contacts with collaborating community agencies. Agencies currently submit a monthly report indicating community point of contacts (Family Resource meetings, community baby showers, early childhood collaborative, etc.). The monthly information will be compiled quarterly and summarized.
Reliability/Validity	Not applicable.
Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>Person Responsible</li> <li>Schedule</li> <li>Analysis</li> </ul>	Person Responsible: Home visitors.
	Data Collection Schedule: Reports will be submitted quarterly and data points will be sum of four quarters (unduplicated new and renewed MOUs) for the fiscal year.
	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.
Comments or Anticipated Challenges	This will include formal Family Resource Center meetings, Early Childhood Collaboratives and other relevant prenatal and early childhood meetings ( <i>Help Me Grow</i> , community baby showers, etc.).



Benchmark 6: Coordination and Referrals for Other Community Resources and Support	
Construct	Number of completed referrals
Performance Measure	Percentage of enrolled clients (adults and children) with referrals for which receipt of services (self-report) can be confirmed.
Operational Definition <ul style="list-style-type: none"> <li>• Target Population</li> <li>• Numerator</li> <li>• Denominator</li> </ul>	Target Population: All enrolled clients (adults and children).
	Numerator: Number of enrolled clients (adults and children) with referrals for which receipt of services (self-report) can be confirmed.
	Denominator: Number of enrolled clients (adult and children) receiving a referral.
	<i>Output Measure</i> <i>Point of Comparison – Cohorts between Year 1 and Year 2</i>
Definition of Improvement and Calculation	Increase the percentage of enrolled clients (adult and children) with referrals for which receipt of services (self-report) can be confirmed between Year 1 and Year 2.  (Number of enrolled clients (adults and children) with referrals for which receipt of services (self-report) can be confirmed in Year 1/Number of enrolled clients (adult and children) receiving a referral) compared to (Number of enrolled clients (adults and children) with referrals for which receipt of services (self-report) can be confirmed in Year 2/Number of enrolled clients (adult and children) receiving a referral).
Data Source	Structured interview by home visitor.
Measurement Tool	Based upon previous referral questions: <ul style="list-style-type: none"> <li>➤ Did you have your appointment/conversation with (job placement, WIC, family Planning, etc.)?</li> <li>➤ How did you feel about the appointment? Good/Bad/Not Sure</li> <li>➤ What was the result of the service?               <ul style="list-style-type: none"> <li>Additional follow-up will be completed</li> <li>Services provided met? (expected assistance)</li> <li>Services were not able to meet (expected assistance)</li> </ul> </li> </ul>
Reliability/Validity	Not applicable
Data Collection & Analysis Plan <ul style="list-style-type: none"> <li>• Person Responsible</li> <li>• Schedule</li> <li>• Analysis</li> </ul>	Person Responsible: Home visitor will provide documentation.
	Data Collection Schedule: Home visitor will collect data at each visit with data point of one year past enrollment visit.
	Data Analysis Schedule: Data will be analyzed quarterly for CQI and reported annually.

Comments or Anticipated Challenges	Home visitors will be provided a standardized form for all models listing possible referrals and can check off the appropriate boxes, including both if the referral was kept and the outcome. This information will be entered into the Home Visitation Data Collection System.
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