

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Data collection matrix, including definitions of improvement and the schedule for data collection and analysis

New Hampshire will require that data be collected on each participating family rather than taking a sampling approach. Each contracted agency in the identified communities will be required to enter data as requested by MCH and to protect the privacy of families through a formal consent process. Baseline and comparison periods vary according to the data needs for each construct.

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Benchmark 1 – Improved Maternal and Newborn Health				
Construct 1.1: Prenatal care				
<i>Outcome Measure</i>				
<p>Percent of enrolled women receiving an “adequate” number of prenatal care visits among those scoring adequate or below.</p> <p>Tool: Adequacy of Prenatal Care Utilization (APNCU) Index a.k.a. Kotelchuck Index; <i>specifically the “Adequacy of Received Services” dimension</i></p>	<p>Increase in the percent of women from Cohort 1 to Cohort 2 who receive "Adequate" prenatal care from the baseline to the comparison period.</p> <p>Type of comparison: cohort</p>	<p>Women in the program who enrolled in the first or second trimester of their pregnancy, gave birth, and scored “Adequate” or below on the “Adequacy of Received Services” dimension of the APNCU Index, for whom the program has records with complete data for calculating the APNCU Index</p>	<p><u>Type of scoring:</u> Percentage</p> <p><u>Numerator:</u> Of those in the denominator, the number of women who scored “adequate” on “Adequacy of Received Services” dimension of the APNCU Index</p> <p><u>Denominator:</u> Number of women in the cohort who scored “Adequate” or below on the “Adequacy of Received Services” dimension of the APNCU Index, and whose date of enrollment and date of delivery were during the corresponding baseline or comparison period.</p>	<p>Client report of completed prenatal visits collected at first home visit and each home visit during pregnancy by Home Visitor; APNCU Index calculated after the birth of the child; data analyzed annually by MCH Program staff.</p>

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
<p>Key Terms: <u>Cohorts</u> refer to individuals grouped by their date of enrollment.</p> <p><u>Baseline and comparison periods</u> are the time periods in which data is being collected for the specific measure.</p> <p>Cohort 1 and Cohort 2 were defined to ensure that adequate data is available to make the comparison by the 10/1/14 reporting deadline. F = Formula funded grant C = Competitive funded grant</p> <p>Cohorts consist of the women whose date of enrollment falls within the time periods defined below: Cohort 1F: 10/01/2011-9/30/2012 (12 months) Cohort 2F: 10/01/2012-9/30/2013 (12 months) Cohort 1C: 10/01/2012-3/31/2013 (6 months) Cohort 2C: 01/01/2014-06/30/2014 (6 months)</p> <p>Rationale: The question this measure addresses is "Is the program getting better at supporting women in obtaining the adequate number of prenatal care visits?" During the later months of implementation, the programs' policies and procedures may be refined to achieve a higher percentage of women obtaining an adequate number of prenatal care visits. Limiting the denominator in this way eliminates the high-risk pregnancies that will score "adequate-plus" due to the need for more prenatal visits.</p> <p>Description of Baseline and Comparison Periods: Formula Baseline Period: 10/01/2011-6/30/2013 Formula Comparison Period: 7/01/2013-9/30/2014 (partial data set); data set completed on 3/31/2015 Competitive Baseline Period: 10/01/2012-12/31/2013 Competitive Comparison Period: 01/01/2014-9/30/2014 (partial data set); data set completed on 03/31/2015</p>				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 1.2: Parental use of alcohol, tobacco, or other illicit drugs				
<i>Process Measure</i>				
Annual percent of visits to smoking enrolled caregivers in which a brief smoking cessation intervention is provided Tool: Visit record	Increase in the annual percent of visits to smokers in the program, in which a brief intervention is provided on the topic of smoking cessation, from the baseline to the comparison period. Type of comparison: cross sectional	Enrolled caregivers who self-identify as smokers	<u>Type of scoring:</u> Percentage <u>Numerator:</u> Of the denominator, the number in which a brief smoking cessation intervention was provided <u>Denominator:</u> total number of home visits to enrolled caregivers who smoke	Documentation of the intervention is completed at each visit by the home visitor, as part of the “topics discussed” data; analyzed annually by MCH staff.
<p>Key Terms: A “brief smoking cessation intervention” includes any aspect of the 2A and R model: Ask, Assist and Refer. This model includes: 1) Ask the client about tobacco use, 2) Assist the client to understand the improved health consequences of quitting and offer cessation resources and 3) Refer the client that is willing to quit in the next 30 days to telephonic cessation counseling through QuitWorks-NH.</p> <p>Rationale: According to “Treating Tobacco Use and Dependence: Clinical Practice Guideline,” by the US Department of Health and Human Services, research shows that even “minimal interventions lasting less than three minutes increase overall tobacco abstinence rates.” New Hampshire has defined the performance indicator in this construct to measure and increase the number of brief interventions a tobacco-user in the program receives, to support her/his efforts at reducing tobacco dependence. The NH Division of Public Health Services views the 2A and R model as a best-practice initiative.</p> <p>The question this measure addresses is "Is the program getting better at consistently delivering the brief smoking cessation intervention from the early phase of implementation to the more mature later phases?" During the later months of implementation, the programs' policies and procedures may be refined to achieve a higher percentage of visits in which the intervention is delivered.</p> <p>Description of Baseline and Comparison Periods: Baseline period: 10/01/2012 - 03/31/2013 Comparison period: 04/01/14 - 09/30/2014</p>				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 1.3: Preconception care				
<i>Outcome Measure</i>				
Percent of women who report that they want and can access contraception by 8 weeks postpartum Tool: visit record	Increase percent of women who report that they want contraception and are able to access it by 8 weeks postpartum, from the baseline to comparison period. Type of comparison: cross sectional	Women who have reached 8 weeks postpartum	<u>Type of scoring:</u> Percentage <u>Numerator:</u> Of those in the denominator, the number of women who report that they are able to access contraception. <u>Denominator:</u> Total number of women who have reached 8 weeks postpartum and report that they want contraception.	Client self-report collected by 8 weeks postpartum by home visitor; analyzed annually by MCH Program staff.
<p><u>Rationale:</u> New Hampshire's intent is to measure access to contraception.</p> <p>The question this measure addresses is "Is the program getting better at facilitating access to contraception for those who report a desire for it?" During the later months of implementation, the programs' policies and procedures may be refined to achieve a higher percentage of women who can access contraception, among those who report a desire for it.</p> <p><u>Description of Baseline and Comparison Periods:</u> Baseline period: 04/01/13 – 09/30/13 Comparison period: 04/01/14 – 09/30/14</p>				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 1.4: Inter-birth intervals				
<i>Outcome Measure</i>				
Percent of women who report a subsequent pregnancy occurring within 12 months of the previous birth, while enrolled in the program Tool: Visit record	Decrease percent of women from Cohort 1 to Cohort 2, who report a subsequent pregnancy occurring within 12 months of the previous birth, from the baseline to comparison period. Type of comparison: Cohort	Women enrolled in the program whose index child is between birth and 12-months old	<u>Type of scoring:</u> Percentage <u>Numerator:</u> Of those in the denominator, the number of women who report a subsequent pregnancy. <u>Denominator:</u> Total number of women whose index child turned 12 months old in the corresponding baseline or comparison period.	Collected by the home visitor, from the birth of the index child to the child's 12-month birthday; analyzed annually by MCH Program staff.
<p>Key terms: <u>Index child</u> is the target child in an individual household who is under the care of the enrollee(s).</p> <p><u>Cohorts</u> refer to individuals grouped by their date of enrollment. Cohorts for this measure consist of the women whose date of enrollment falls within the time periods defined below: Cohort 1F: 10/01/2011-9/30/2012 (12 months) Cohort 2F: 10/01/2012-9/30/2013 (12 months) Cohort 1C: 10/01/2012-3/31/2013 (6 months) Cohort 2C: 04/01/2013-09/30/2013 (6 months)</p> <p>Rationale: The question this measure addresses is "Is the program getting better at decreasing the percentage of women with an inter-pregnancy interval of less than 12 months?" This measure is focused on the inter-pregnancy interval, which is defined as the period of time between the delivery of one child and the conception of the next. Research shows that the ideal interval is 18-24 months.</p> <p>Description of Baseline and Comparison Periods: Formula Baseline Period: 10/01/2011-05/31/2014 (8 months prenatal plus first year of life using last day of cohort period to start) Formula Comparison Period: 10/01/2012-9/30/2014 (partial data set); data set completed on 05/31/2015 Competitive Baseline Period: 10/01/2012-9/30/2014 (partial data set); data set completed on 11/30/2014 Competitive Comparison Period: 04/01/2013-9/30/2014 (partial data set); data set completed on 05/31/2015</p>				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 1.5: Screening for maternal depressive symptoms				
<i>Process Measure</i>				
Percent of women screened for depression between 6-8 weeks postpartum Tool: Edinburgh Postnatal Depression Scale	Increase or maintain the percent of women from Cohort 1 to Cohort 2 who were screened for depression between 6-8 weeks postpartum, from the baseline to the comparison period. Type of comparison: Cohort	All women enrolled in the program that have given birth, are at least 8 weeks postpartum, and were enrolled prior to 6 weeks after the birth of their baby.	<u>Type of scoring:</u> Percentage <u>Numerator:</u> Of those in the denominator, the number of enrolled women screened for depression. <u>Denominator:</u> Total number of women who were enrolled in the program prior to 6 weeks postpartum, and are between 6 and 8 weeks postpartum during the corresponding baseline or comparison period.	Completion of screen documented once by Home Visitor, by the first visit after the woman reaches 8 weeks postpartum, unless there is a concern that prompts the home visitor to do this screening sooner. Analyzed annually by MCH Program
<p>Key terms: <u>Cohorts</u> refer to individuals grouped by their date of enrollment. Cohort 1 and Cohort 2 were defined to ensure that adequate data is available to make the comparison by the 10/1/14 reporting deadline. Cohorts for this measure consist of the women whose date of enrollment falls within the time periods defined below: Cohort 1F: 10/01/2011-9/30/2012 (12 months) Cohort 2F: 10/01/2012-9/30/2013 (12 months) Cohort 1C: 10/01/2012-3/31/2013 (6 months) Cohort 2C: 01/01/2014-06/30/2014 (6 months)</p> <p>Rationale: Definition of improvement includes “or maintain” in anticipation that New Hampshire may hit a ceiling in performance early in the implementation stage of the program.</p> <p>Description of Baseline and Comparison Periods: Formula Baseline Period: 10/01/2011-6/30/2013 Formula Comparison Period: 7/01/2013-9/30/2014 (partial data set); data set completed on 3/31/2015 Competitive Baseline Period: 10/01/2012-12/31/2013 Competitive Comparison Period: 01/01/2014-9/30/2014 (partial data set); data set completed on 03/31/2015</p>				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 1.6: Breastfeeding				
<i>Outcome Measure</i>				
Percent of index children who are exclusively breastfed through 3 months Tool: Visit record	Increase the percent of index children who initiate breastfeeding and who continue to be exclusively breastfed through 3 months of age. Type of comparison: Individual	Index children who initiated breastfeeding and are at least 4 months of age.	<u>Type of scoring:</u> Percentage <u>Numerator:</u> Of those in the denominator, the number who were exclusively breastfed through 3 months. <u>Denominator:</u> Total number of index children who initiated breastfeeding and reached 4 months of age.	Data collected and documented at birth and at the first visit following the child turning 4 months of age; data analyzed annually by MCH Program staff.
<p>Key terms: <u>Index child</u> is the target child in an individual household who is under the care of the enrollee(s).</p> <p>According to the World Health Organization, exclusive breastfeeding is when the infant only receives breast milk without any additional food or drink, not even water. Breast milk may be provided via breast or bottle.</p> <p>Rationale: New Hampshire acknowledges that this is a dichotomous variable, and may be more difficult to show improvement. This measure is aligned with the breastfeeding measures of other public health programs in the State, and is a measure in which the State expects to be able to show improvement, given recent data trends.</p> <p>Description of Baseline and Comparison Periods: Baseline period: 10/01/2011 – 09/30/2014 Comparison period: 10/01/2011 – 09/30/2014</p>				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 1.7: Well-child visits				
<i>Outcome Measure</i>				
Percent of index children who are in compliance with the CDC immunization recommendations at 9 months of age Tool: Visit record	Increase or maintain the percent of index children who receive immunizations in accordance with the CDC recommendations. Type of comparison: Individual	All index children who are at least 9 months old, who have been enrolled in the program at least 3 months	<u>Type of scoring:</u> Percentage <u>Numerator:</u> Of those in the denominator, the number who are in compliance with the CDC immunization recommendations. <u>Denominator:</u> Total number of index children who are at least 9 months old and who have been in the program for at least 3 months.	Data collected by home visitor at the first visit after the index child reaches 9 months of age; analysis each year by MCH Program staff.
Key terms: <u>Index child</u> is the target child in an individual household who is under the care of the enrollee(s).				
Rationale: Definition of improvement includes “or maintain” in anticipation that New Hampshire may hit a ceiling in performance early in the implementation stage of the program.				
Description of Baseline and Comparison Periods: Baseline period: 10/01/2011 – 09/30/2014 Comparison period: 10/01/2011 – 09/30/2014				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 1.8: Maternal and child health insurance status				
<i>Process Measure</i>				
Percent of index children whose mother was enrolled in Medicaid at child's birth, whose family has submitted a Medicaid "recertification application" for the child by the child's first birthday. Tool: visit record	Increase or maintain the percent of index children, whose mother was enrolled in Medicaid at child's birth, whose family has submitted a Medicaid "recertification application" for the child by the child's first birthday. Type of comparison: Individual	Index children who have reached the age of one year old and whose mother was enrolled in Medicaid at the time of the child's birth	<u>Type of scoring:</u> Percentage <u>Numerator:</u> Of those in the denominator, the number whose family has submitted a Medicaid "recertification application" <u>Denominator:</u> Total number of index children whose mother was enrolled in Medicaid at the time of the child's birth and who reached the age of one year old.	Data collected at pregnant woman's enrollment, at child's birth, and at child's first birthday by home visitor; data analyzed annually by MCH Program staff.
<p>Key terms: <u>Index child</u> is the target child in an individual household who is under the care of the enrollee(s).</p> <p>Rationale: This measure was developed in collaboration with Medicaid program staff, to reduce the number of children who lose their coverage if recertification is not completed in a timely manner.</p> <p>Definition of improvement includes "or maintain" in anticipation that New Hampshire may hit a ceiling in performance early in the implementation stage of the program.</p> <p>Description of Baseline and Comparison Periods: Baseline period: 10/01/2011 – 09/30/2014 Comparison period: 10/01/2011 – 09/30/2014</p>				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Benchmark 2 – Child Injuries, Child Abuse or Maltreatment and ER Visits				
Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 2.1: Visits for children to the emergency department from all causes				
<i>Outcome Measure</i>				
Rate of reported ED visits for all causes, for children enrolled in the program (per 100,000 children) Tool: Visit record	Decrease in the rate of ED visits for all causes, for index children, from the baseline to the comparison period. Type of comparison: Cross-sectional	All index children whose family has been enrolled at least three months.	<u>Type of scoring:</u> Rate <u>Numerator:</u> Of those in the denominator, the number of reported ED visits. <u>Denominator:</u> The total number of index children whose family has been enrolled at least three months during the corresponding baseline or comparison periods	Data collected includes client self-report of the number of times the child received services at the ED for all causes. Data analyzed annually by MCH staff.
<p><u>Key terms:</u> ED = Emergency Department <u>Index child</u> is the target child in an individual household who is under the care of the enrollee(s).</p> <p><u>Rationale:</u> We want to know if the program is promoting primary health care services rather than using the ED for non-emergency services.</p> <p><u>Description of Baseline and Comparison Periods:</u> Baseline period: 10/01/2012 - 03/31/2013 Comparison period: 04/01/14 - 09/30/2014</p>				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 2.2: Visits of mothers to the emergency department from all causes				
<i>Outcome Measure</i>				
Rate of reported visits of mothers to the ED for all causes (per 100,000) Tool: Visit record	Decrease in the rate of ED visits, for all causes, for mothers of index children from the baseline to the comparison period. Type of comparison: Cross-sectional	All mothers enrolled in the program, who have an index child and who have been enrolled at least three months	<u>Type of scoring:</u> rate <u>Numerator:</u> Of those in the denominator, the number of reported ED visits. <u>Denominator:</u> The total number of mothers enrolled in the program, who have an index child and who have been enrolled at least three months during the corresponding baseline or comparison periods.	Data collected includes client self-report of the number of times she received services at the ED for all causes. Data analyzed annually by MCH staff.
<p><u>Key terms:</u> ED = Emergency Department <u>Index child</u> is the target child in an individual household who is under the care of the enrollee(s).</p> <p><u>Rationale:</u> We want to know if the program is promoting primary health care services rather than using the ED for non-emergency services.</p> <p><u>Description of Baseline and Comparison Periods:</u> Baseline period: 10/01/2012 - 03/31/2013 Comparison period: 04/01/14 - 09/30/2014</p>				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 2.3: Information/ training on prevention of child injuries				
<i>Process Measure</i>				
Percent of families who receive a Healthy Homes One-Touch assessment by the birth of their index child Tool: Visit record	Increase or maintain the percent of families from Cohort 1 to Cohort 2 who received a Healthy Homes One-Touch assessment before the birth of their index child, from the baseline to the comparison period. Type of comparison: Cohort	All families enrolled before the third trimester and who gave birth within the corresponding baseline or comparison period.	<u>Type of scoring:</u> Percentage <u>Numerator:</u> Of those in the denominator, the number of families who received a Healthy Homes One-Touch assessment prior to the birth. <u>Denominator:</u> The total number of families enrolled before the third trimester and gave birth within the corresponding baseline or comparison period.	Home Visitor documents the Healthy Homes One-Touch Assessment at the time of completion. Analyzed annually by MCH Program staff.
<p>Key terms: Cohorts consist of the women whose date of enrollment falls within the time periods defined below: Cohort 1F: 10/01/2011-9/30/2012 (12 months) Cohort 2F: 10/01/2012-9/30/2013 (12 months) Cohort 1C: 10/01/2012-3/31/2013 (6 months) Cohort 2C: 01/01/2014-06/30/2014 (6 months) F = Formula funded grant C = Competitive funded grant</p> <p>Rationale: Definition of improvement includes “or maintain” in anticipation that New Hampshire may hit a ceiling in performance early in the implementation stage of the program.</p> <p>Description of Baseline and Comparison Periods: Formula Baseline Period: 10/01/2011-6/30/2013 Formula Comparison Period: 7/01/2013-9/30/2014 (partial data set); data set completed on 3/31/2015 Competitive Baseline Period: 10/01/2012-12/31/2013 Competitive Comparison Period: 01/01/2014-9/30/2014 (partial data set); data set completed on 03/31/2015</p>				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 2.4: Incidence of child injuries requiring medical treatment				
<i>Process Measure</i>				
Percent of index children requiring medical treatment as a result of injury (including but not limited to those treated at the ED) Tool: Visit record	Decrease the percent of index children requiring medical treatment as a result of injury, from birth to their first birthday, from Cohort 1 to Cohort 2. Type of comparison: Cohort	Index children who turned one year old in the corresponding cohort period.	<u>Type of scoring:</u> Percentage <u>Numerator:</u> Of those in the denominator, the number who received medical treatment as a result of injury prior to their first birthday. <u>Denominator:</u> Total number of index children who turned one year old during the corresponding cohort period.	Data is self-reported by mother and collected and documented by home visitor on monthly basis. Data is analyzed at the end of each program year by MCH staff
<u>Key terms:</u> Cohorts consist of the index children whose date of one year birthday falls within the time periods defined below: Cohort 1F: 04/01/2013-9/30/2013 Cohort 2F: 04/01/2014-9/30/2014 Cohort 1C: 10/01/2013-03/31/2014 Cohort 2C: 04/01/2014-9/30/2014 <u>Description of Baseline and Comparison Periods:</u> Formula Baseline Period: 04/01/2012 – 09/30/2013 Formula Comparison Period: 04/01/2013 – 09/30/2014 Competitive Baseline Period: 10/01/2012-03/31/2014 Competitive Comparison Period: 04/01/2013 – 09/30/2014				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 2.5: Reported <u>suspected</u> maltreatment for children in the program				
<i>Outcome Measure</i>				
<p>The rate of incidents of suspected maltreatment reported to DCYF for index children.</p> <p>Tool: DCYF Administrative Data obtained through a manual query of the DCYF data system</p>	<p>Decrease in the rate of reports of suspected maltreatment to DCYF for index children, from birth to their first birthday, from Cohort 1 to Cohort 2.</p> <p>Type of comparison: Cohort</p>	<p>Index children who turned one year old in the corresponding cohort period.</p>	<p><u>Type of scoring:</u> Rate</p> <p><u>Numerator:</u> Of those in the denominator, the number of index children with at least 1 incident of suspected maltreatment reported to DCYF prior to their first birthday.</p> <p><u>Denominator:</u> Total number of index children who turned one year old during the corresponding baseline or comparison period.</p>	<p>Data collected will be cross-referenced with DCYF data once annually by MCH Program staff and DCYF staff.</p>
<p>Key terms: DCYF is the New Hampshire Department of Health and Human Services, Division of Children, Youth, and Families.</p> <p>Cohorts consist of the index children whose date of one year birthday falls within the time periods defined below: Cohort 1F: 04/01/2013-9/30/2013 Cohort 2F: 04/01/2014-9/30/2014 Cohort 1C: 10/01/2013-03/31/2014 Cohort 2C: 04/01/2014-9/30/2014</p> <p>Description of Baseline and Comparison Periods: Formula Baseline Period: 04/01/2012 – 09/30/2013 Formula Comparison Period: 04/01/2013 – 09/30/2014 Competitive Baseline Period: 10/01/2012-03/31/2014 Competitive Comparison Period: 04/01/2013 – 09/30/2014</p>				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 2.6: Reported <u>substantiated</u> maltreatment for children in the program				
<i>Outcome Measure</i>				
<p>The rate of reports of maltreatment substantiated by DCYF for index children.</p> <p>Tool: DCYF Administrative Data obtained through a manual query of the DCYF data system</p>	<p>Decrease in the rate of reports of maltreatment, substantiated by DCYF, per index child, from birth to their first birthday, from baseline to the comparison period.</p> <p>Type of comparison: Cross-sectional</p>	<p>Index children who are 1 year old and have been enrolled in the program for at least 3 months.</p>	<p><u>Type of scoring:</u> Rate</p> <p>Numerator: Of those in the denominator, the number of reports of maltreatment substantiated by DCYF</p> <p>Denominator: The total number of index children who have reached their first birthday and have been enrolled for at least three months.</p>	<p>Data collected will be cross-referenced with DCYF data once annually by MCH Program staff and DCYF staff.</p>
<p>Key terms: DCYF is the New Hampshire Department of Health and Human Services, Division of Children, Youth, and Families.</p>				
<p><u>Description of Baseline and Comparison Periods:</u> Baseline period: 04/01/13 – 09/30/13 Comparison period: 04/01/14 – 09/30/14</p>				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 2.7: First-time victims of maltreatment for children in the program				
<i>Outcome Measure</i>				
Percent of index children who have been first-time victims of maltreatment, substantiated by DCYF Tool: DCYF Administrative Data obtained through a manual query of the DCYF data system	Decrease in the percent of index children who were first-time victims of maltreatment, substantiated by DCYF, from birth to their first birthday, from the baseline to the comparison period Type of comparison: Cross-sectional	Index children who are 1 year old and have been enrolled in the program for at least 3 months.	<u>Type of scoring:</u> Percentage <u>Numerator:</u> Of those in the denominator, the number identified as first-time victims of maltreatment, substantiated by DCYF. <u>Denominator:</u> Total number of index children who have reached their first birthday and have been enrolled for at least three months	Data collected will be cross-referenced with DCYF data once annually by MCH Program staff and DCYF staff.
Key terms: DCYF is the New Hampshire Department of Health and Human Services, Division of Children, Youth, and Families.				
Description of Baseline and Comparison Periods: Baseline period: 04/01/13 – 09/30/13 Comparison period: 04/01/14 – 09/30/14				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Benchmark 3 – Improvements in School Readiness and Achievement				
Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 3.1: Parent support for children’s learning and development				
<i>Outcome Measure</i>				
Percent of families who show an increase in their rating on section E2 (Provides Learning Experiences for Children), of the FAF in Domain E: Developmental Stimulation Tool: Family Assessment Form (FAF)	Increase the rating in the “Provides Learning Experiences for Children section of the FAF, from administration at the birth of the child, to their most recent FAF review. Type of comparison: individual	All families who have been enrolled in the program at least six months, whose index child is at least six months old and who have received at least one FAF review.	<u>Type of scoring:</u> percentage <u>Numerator:</u> Of those in the denominator, the number of families who show an increased rating on Section E2 of their most recent FAF review <u>Denominator:</u> The total number of families who have been enrolled in the program at least six months, whose index child is at least six months old and who have received at least one FAF review.	Data is collected upon initial administration of the FAF at enrollment, at the birth of the child, and every six months thereafter, until services are terminated. Analyzed annually by MCH Program staff
Key terms: In the Family Assessment Form (FAF) E2 (Provides Learning Experiences for Children) is within Domain E, Developmental Stimulation.				
Description of Baseline and Comparison Periods: Baseline period: 10/01/2011 – 09/30/2014 Comparison period: 10/01/2011 – 09/30/2014				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 3.2: Parent knowledge of child development & of their child's developmental progress				
<i>Outcome Measure</i>				
Percent of families who show an increase in their rating on section D1 (Understands Child Development) of the FAF, in Domain D: Caregiver/Child Interaction Tool: Family Assessment Form (FAF)	Increase the rating in the "Understanding Child Development" section of the FAF, from administration at program enrollment, to their most recent FAF review. Type of comparison: individual	All families who have been enrolled in the program at least six months.	<u>Type of scoring:</u> percentage <u>Numerator:</u> Of those in the denominator, the number who show an increased rating on section D1 of the FAF <u>Denominator:</u> The total number of families who have been enrolled at least six months and have received at least one FAF review.	Data is collected upon initial administration of the FAF at enrollment, at the birth of the child, and every six months thereafter, until services are terminated. Analyzed annually by MCH Program staff
Key terms: In the Family Assessment Form (FAF) D1 (Understands Child Development) is contained within Domain D, Caregiver/Child Interaction.				
Description of Baseline and Comparison Periods: Baseline period: 10/01/2011 – 09/30/2014 Comparison period: 10/01/2011 – 09/30/2014				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 3.3: Parenting behaviors and parent-child relationship				
<i>Outcome Measure</i>				
Percent of families who show an increase in their rating on section D4 (Appropriateness of Disciplinary Techniques) of the FAF, in Domain D: Caregiver/Child Interaction Tool: Family Assessment Form (FAF)	Increase the rating in the “Appropriateness of Disciplinary Techniques” section of the FAF, from administration at the birth of the child, to their most recent FAF review. Type of comparison: individual	All families who have been enrolled in the program at least six months, whose index child is at least six months old, and have received at least one FAF review.	<u>Type of scoring:</u> percentage <u>Numerator:</u> Of those in the denominator, the number who show an increased rating on Section D4 of their FAF review <u>Denominator:</u> The total number of families who have been enrolled in the program at least six months, whose index child is at least six months old and that have received at least one FAF review.	Data is collected upon initial administration of the FAF at enrollment, at the birth of the child, and every six months thereafter, until services are terminated. Analyzed annually by MCH Program staff
Key terms: In the Family Assessment Form (FAF) Section D4 (Appropriateness of Disciplinary Techniques) is listed in Domain D, Caregiver/Child Interaction.				
Description of Baseline and Comparison Periods: Baseline period: 10/01/2011 – 09/30/2014 Comparison period: 10/01/2011 – 09/30/2014				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 3.4: Parent emotional well-being or parenting stress				
<i>Outcome Measure</i>				
Percent of families who show an increase in their rating on Section C1 (Support from Family, Friends and Community Involvement) of the FAF, in Domain C: Support to Caregivers Tool: Family Assessment Form (FAF)	Increase the rating in the “Support from Family, Friends and Community Involvement” section of the FAF, from enrollment, to their most recent FAF review. Type of comparison: individual	All families who have been enrolled in the program at least six months and have received at least one FAF review.	<u>Type of scoring:</u> percentage <u>Numerator:</u> Of those in the denominator, the number who show an increased rating on Section C1 of their FAF review <u>Denominator:</u> The total number of families who have been enrolled in the program at least six months and have received at least one FAF review.	Data is collected upon initial administration of the FAF at enrollment, at the birth of the child and every six months thereafter, until services are terminated. Analyzed annually by MCH Program staff
Key terms: In the Family Assessment Form (FAF) Section C1 (Support from Family, Friends and Community Involvement) is listed in Domain C, Support to Caregivers.				
Description of Baseline and Comparison Periods: Baseline period: 10/01/2011 – 09/30/2014 Comparison period: 10/01/2011 – 09/30/2014				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 3.5: Child communication, language, & emergent literacy				
<i>Process Measure</i>				
Percent of index children who receive at least one ASQ-3 screening by 5 months of age Tools: ASQ-3 and Visit record	Increase or maintain the percent of index children who receive at least one ASQ-3 screening by 5 months of age from the baseline to the comparison period. Type of comparison: cross sectional	All index children that are at least 5 months old, and have been enrolled in the program at least two months.	<u>Type of scoring:</u> percentage <u>Numerator:</u> Of those in the denominator, the number who received at least one ASQ-3. <u>Denominator:</u> Total number of children who are at least 5 months old, and have been enrolled in the program at least two months during the corresponding baseline and comparison periods.	Data collected by home visitor at each ASQ-3 screening. ASQ-3 administered at 4, 8, 12, 18, 24, 30 and 36 months Data analyzed annually by MCH Program Staff.
<p>Key terms: <u>Index child</u> is the target child in an individual household who is under the care of the enrollee(s).</p> <p>For this program, the required ASQ-3 includes the 4, 8, 12, 18, 24, 30 and 36 months screenings.</p> <p>Rationale: Definition of improvement includes “or maintain” in anticipation that New Hampshire may hit a ceiling in performance early in the implementation stage of the program.</p> <p>Description of Baseline and Comparison Periods: Baseline period: 10/01/12 – 09/30/13 Comparison period: 10/01/13 – 09/30/14</p>				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 3.6: Child's general cognitive skills				
<i>Process Measure</i>				
<p>Percent of index children who receive a referral for further evaluation after scoring below the "cutoff" in any area or subscale of the ASQ-3.</p> <p>Tool: ASQ-3 and Visit record</p>	<p>Increase or maintain the percent of index children who receive a referral for further evaluation after scoring below the "cutoff" in any area or subscale on the ASQ-3, from the baseline to the comparison period.</p> <p>Type of comparison: cross-sectional</p>	<p>Index children who have received at least one ASQ-3 screening.</p>	<p><u>Type of scoring:</u> percentage</p> <p><u>Numerator:</u> of those in the denominator, the number who received a referral.</p> <p><u>Denominator:</u> total number of index children who have received at least one ASQ-3 screening, and have scored below the "cutoff" in any area or subscale on the ASQ-3 in the corresponding baseline or comparison period.</p>	<p>Documentation and outcome of screen and any resulting referrals collected by home visitor at each ASQ-3 screening. Data analyzed annually by MCH Program Staff.</p>
<p>Key terms: <u>Index child</u> is the target child in an individual household who is under the care of the enrollee(s).</p> <p>For this program, the required ASQ-3 screening is administered, at a minimum, at 4, 8, 12, 18, 24, 30 and 36 months.</p> <p>Rationale: New Hampshire's intent is to measure the performance of our programs in providing referrals for children who need further evaluation in any subscale of the ASQ-3. Definition of improvement includes "or maintain" in anticipation that New Hampshire may hit a ceiling in performance early in the implementation stage of the program.</p> <p>Description of Baseline and Comparison Periods: Baseline period: 04/01/13 – 09/30/13 Comparison period: 04/01/14 – 09/30/14</p>				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 3.7: Child's positive approaches to learning including attention				
<i>Process Measure</i>				
Percent of index children who receive one ASQ-SE screening by 7 months of age Tool: ASQ-SE and Visit record	Increase or maintain the percent of index children who receive one ASQ-SE screening by 7 months of age from the baseline and comparison period. Type of comparison: cross sectional	All index children that are at least 7 months old and who have been enrolled in the program at least two months.	<u>Type of scoring:</u> percentage <u>Numerator:</u> Of those in the denominator, the number who received one ASQ-SE. <u>Denominator:</u> Total number of index children who are at least 7 months old and who have been enrolled in the program at least 2 months in the corresponding baseline or comparison period.	Data collected by home visitor at each visit that an ASQ-SE screen is administered. ASQ-SE administered at 6, 12, 18, 24, 30 and 36 months. Data analyzed annually by MCH Program Staff.
<p>Key terms: <u>Index child</u> is the target child in an individual household who is under the care of the enrollee(s). For this program, the required ASQ-SE screenings include the 6, 12, 18, 24, 30 and 36-month screenings.</p> <p>Rationale: Definition of improvement includes “or maintain” in anticipation that New Hampshire may hit a ceiling in performance early in the implementation stage of the program.</p> <p>Description of Baseline and Comparison Periods: Baseline period: 10/01/12 – 09/30/13 Comparison period: 10/01/13 – 09/30/14</p>				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 3.8: Child's social behavior, emotion regulation, & emotional well-being				
<i>Process Measure</i>				
Percent of index children who receive a referral for further evaluation after scoring below the "cutoff" on the ASQ-SE. Tool: ASQ-SE and Visit record	Increase or maintain the percent of index children who receive a referral for further evaluation after scoring below the "cutoff" on the ASQ-SE, from the baseline to the comparison period. Type of comparison: cross-sectional	Index children who have received at least one ASQ-SE screening.	<u>Type of scoring:</u> percentage <u>Numerator:</u> Of those in the denominator, the number who receive a referral. <u>Denominator:</u> The total number of index children who have received at least one ASQ-SE screening, and scored below the "cutoff" on the ASQ-SE within the corresponding baseline or comparison period.	ASQ-SE administered at 6, 12, 18, 24, 30 and 36 months by home visitor. Documentation and outcome of screen and any resulting referrals recorded at each screening by home visitor. Data analyzed annually by MCH staff.
<p>Key terms: <u>Index child</u> is the target child in an individual household who is under the care of the enrollee(s). For this program, the required ASQ-SE screenings include the 6, 12, 18, 24, 30 and 36-month screenings.</p> <p>Rationale: New Hampshire's intent is to measure the performance of our programs in providing referrals for children who need further evaluation in any subscale of the ASQ-SE. Definition of improvement includes "or maintain" in anticipation that New Hampshire may hit a ceiling in performance early in the implementation stage of the program.</p> <p>Description of Baseline and Comparison Periods: Baseline period: 04/01/13 – 09/30/13 Comparison period: 04/01/14 – 09/30/14</p>				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 3.9: Child's physical health and development				
<i>Outcome Measure</i>				
Percent of eligible children enrolled in WIC Tool: Visit record	Increase or maintain the percent of WIC-eligible children enrolled in WIC, from the baseline to the comparison period. Type of comparison: cross-sectional	All index children who are eligible for WIC services, who have been enrolled at least two months.	<u>Type of scoring:</u> percentage <u>Numerator:</u> Of those in the denominator, the number enrolled in WIC. <u>Denominator:</u> The total number of WIC-eligible index children who have been enrolled at least two months during the corresponding baseline or comparison period.	Data to be collected includes: client self-report of the number of people in the household, household income, and WIC participation. Collected by home visitor at the birth of the child and annually thereafter. Home Visitor will compare to current WIC eligibility guidelines, determine eligibility, and refer for services. Data analyzed annually by MCH staff.
<p>Key terms: WIC - The Special Supplemental Nutrition Program for Women, Infants, and Children serves to safeguard the health of low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating including breastfeeding promotion and support, and referrals to health care.</p> <p>Rationale: Definition of improvement includes “or maintain” in anticipation that New Hampshire may hit a ceiling in performance early in the implementation stage of the program.</p> <p>Description of Baseline and Comparison Periods: Baseline period: 10/01/2012 - 03/31/2013 Comparison period: 04/01/14 - 09/30/2014</p>				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Benchmark 4 – Domestic violence				
Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 4.1: Screening for domestic violence				
<i>Process Measure</i>				
Percent of caregivers screened for DV by their third home visit. Tool: Relationship Assessment Tool	Increase or maintain percent of caregivers from Cohort 1 to Cohort 2 who were screened for DV by their third home visit, from the baseline to the comparison period. Type of comparison: cohort	All caregivers enrolled in the program who have received at least three home visits within the corresponding baseline or comparison period.	<u>Type of scoring:</u> percentage <u>Numerator:</u> Of those in the denominator, the number of enrolled caregivers screened for DV. <u>Denominator:</u> The total number of caregivers in the cohort who have received at least the first three home visits within corresponding baseline or comparison period.	Completion of screen documented once by Home Visitor, by the third home visit, unless there is a concern that prompts the home visitor to do this screening sooner. Analyzed annually by MCH Program staff
<p>Key terms: DV=Domestic Violence</p> <p>Cohorts refer to individuals grouped by their date of enrollment. Cohort 1 and Cohort 2 were defined to ensure that adequate data is available to make the comparison by the 10/1/14 reporting deadline. Cohorts consist of the women whose date of enrollment falls within the time periods defined below:</p> <p>Cohort 1F: 10/01/2011-9/30/2012 (12 months) Cohort 2F: 10/01/2012-9/30/2013 (12 months) Cohort 1C: 10/01/2012-3/31/2013 (6 months) Cohort 2C: 01/01/2014-06/30/2014 (6 months)</p> <p>Rationale: Definition of improvement includes “or maintain” in anticipation that New Hampshire may hit a ceiling in performance early in the implementation stage of the program.</p> <p>Description of Baseline and Comparison Periods: Formula Baseline Period: 10/01/2011-6/30/2013 Formula Comparison Period: 7/01/2013-9/30/2014 (partial data set); data set completed on 3/31/2015 Competitive Baseline Period: 10/01/2012-12/31/2013 Competitive Comparison Period: 01/01/2014-9/30/2014 (partial data set); data set completed on 03/31/2015</p>				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 4.2: Of families identified for the presence of domestic violence, referrals made for relevant domestic violence services <i>Process Measure</i>				
Percent of caregivers identified for possible DV who are referred for services. Tool: Visit record	Increase or maintain the percent of referrals for caregivers identified for possible DV, from the baseline to the comparison period. Type of comparison: cross-sectional	Caregivers in the program identified for possible DV.	<u>Type of scoring: percentage</u> <u>Numerator:</u> Of those in the denominator, the number of caregivers who are referred for services. <u>Denominator:</u> The total number of enrolled caregivers identified for possible DV during the corresponding baseline or comparison period.	If a referral is needed according to the outcome of the DV screen, the home visitor documents it in the visit record. at the time of the screen. Analyzed annually by MCH Program staff.
<p><u>Key terms:</u> DV=Domestic Violence</p> <p><u>Rationale:</u> Definition of improvement includes “or maintain” in anticipation that New Hampshire may hit a ceiling in performance early in the implementation stage of the program.</p> <p><u>Description of Baseline and Comparison Periods:</u> Baseline period: 10/01/12 – 09/30/13 Comparison period: 10/01/13 – 09/30/14</p>				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 4.3: Of families identified for the presence of domestic violence, number of families for which a safety plan was completed				
<i>Process Measure</i>				
Percent of caregivers identified for possible DV with whom a safety plan was developed Tool: Visit record	Increase or maintain the percent of caregivers identified for possible DV with whom a safety plan was developed, from the baseline to the comparison period. Type of comparison: Cross-sectional	Caregivers in the program identified for possible presence of DV.	<u>Type of scoring:</u> percentage <u>Numerator:</u> Of those in the denominator, those with whom a safety plan was developed. <u>Denominator:</u> The total number of enrolled caregivers identified for possible DV during the corresponding baseline or comparison period.	Development of safety plan documented by home visitor and analyzed annually by MCH Program staff.
Key terms: DV=Domestic Violence				
Rationale: Our definition of a safety plan allows for a written or verbal plan. In some cases a written safety plan could compromise the victimized parent’s safety, if the file is 'discoverable' material or if the abusive parent can access the file. New Hampshire MIECHV agencies will use the NH Division for Children, Youth & Families safety plan protocol as a template, but may make adjustments in response to specific client situations.				
Definition of improvement includes “or maintain” in anticipation that New Hampshire may hit a ceiling in performance early in the implementation stage of the program.				
Description of Baseline and Comparison Periods: Baseline period: 10/01/12 – 09/30/13 Comparison period: 10/01/13 – 09/30/14				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Benchmark 5 – Family Economic self-sufficiency				
Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 5.1: Household income and benefits				
<i>Outcome Measure</i>				
Percent of families that report an increase in family income and benefits. Tool: Visit record	Increase in the household income and value of benefits, from their enrollment in the program to their most recent Income, Benefits and Employment update. Type of comparison: individual	Families that have been enrolled in the program at least six months.	<u>Type of scoring:</u> percentage <u>Numerator:</u> Of those in the denominator, the number of families who report an increase in their household income and benefits. <u>Denominator:</u> The total number of families that have been enrolled in the program at least six months.	Income, Benefits and Employment data collected by home visitor upon enrollment and updated every six months thereafter; analyzed annually by MCH Program staff.
<p><u>Key terms:</u> <u>Income</u> shall be defined as earnings from work, plus other sources of cash support, such as TANF, child support, Social Security and Unemployment Insurance.</p> <p><u>Benefits</u> include non-cash benefits such as WIC, energy assistance, housing vouchers, etc.</p> <p><u>Household</u> shall be defined as the primary adult enrolled in the home visiting program, and any other adult that participates in home visits and/or contributes to the support of the enrolled child or pregnant woman.</p> <p><u>Rationale:</u> The question this measure addresses is “Is the program getting better at connecting families with resources?”</p> <p><u>Description of Baseline and Comparison Periods:</u> Baseline period: 10/01/2011 – 09/30/2014 Comparison period: 10/01/2011 – 09/30/2014</p>				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 5.2: Employment or education of adult members of household				
<i>Outcome Measure</i>				
Percent of families that report an increase in the number of paid hours worked by household members. Tool: Visit record	Increase in the number of paid hours worked, by all household members of families enrolled in the program, from enrollment to their most recent Income, Benefits and Employment Update. Type of comparison: individual	All families that have been enrolled in the program at least six months, whose index child is more than 12 weeks old.	<u>Type of scoring:</u> percentage <u>Numerator:</u> Of those in the denominator, the number of families that report an increase in paid hours worked. <u>Denominator:</u> The total number of families that have been enrolled in the program at least six months, whose index child is more than 12 weeks old.	Income, Benefits and Employment data collected by home visitor upon enrollment and updated every six months thereafter; analyzed annually by MCH Program staff
<p><u>Key terms:</u> <u>Employment</u> includes work performed for wages that are not subsidized by TANF or any other public program. Self-employment is included in this definition.</p> <p><u>Members of the household</u> shall be defined as the primary caregiver enrolled in the home visiting program, and any other person that participates in home visits and/or contributes to the support of the enrolled child or pregnant woman.</p> <p><u>Rationale:</u> New Hampshire has decided to focus this measure on the employment component of the construct.</p> <p><u>Description of Baseline and Comparison Periods:</u> Baseline period: 10/01/2011 – 09/30/2014 Comparison period: 10/01/2011 – 09/30/2014</p>				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 5.3: Health insurance status				
<i>Process Measure</i>				
Percent of families that report an increase in the number of household members who have health insurance, throughout their enrollment in the program. Tool: visit record	Increase or maintain the percent of families that report an increase in the number of household members who have health insurance from enrollment to their most recent Income, Benefits and Employment update. Type of comparison: individual	All household members of families enrolled in the program, who have been enrolled at least six months, among households with one or more members uninsured at any point in the reporting period.	<u>Type of scoring:</u> percentage <u>Numerator:</u> Of those in the denominator, the number of families who report an increase in the number of household members who have health insurance. <u>Denominator:</u> Total number of families that have been enrolled in the program at least six months.	Income, Benefits and Employment data collected by home visitor upon family's entry into the program, and updated every six months thereafter. Data analyzed annually by MCH Program staff.
<p>Key terms: <u>Household</u> shall be defined as the primary adult and child enrolled in the home visiting program, other children in the family, and any other adult that participates in home visits and/or contributes to the support of the enrolled child or pregnant woman.</p> <p>Rationale: Definition of improvement includes “or maintain” in anticipation that New Hampshire may hit a ceiling in performance early in the implementation stage of the program.</p> <p>Description of Baseline and Comparison Periods: Baseline period: 10/01/2011 – 09/30/2014 Comparison period: 10/01/2011 – 09/30/2014</p>				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Benchmark 6 – Coordination and Referrals				
Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 6.1: Number of families identified for necessary services				
<i>Process Measure</i>				
<p>Percent of index children who received all of the ASQ-3 and ASQ-SE screenings on schedule.</p> <p>Tool: Visit record</p>	<p>Increase or maintain the percent of index children who receive all of the ASQ-3 and ASQ-SE screenings on schedule from the baseline to the comparison period.</p> <p>Type of comparison: cross sectional</p>	<p>All index children who are at least 4 months old, and who have been enrolled in the program at least 2 months.</p>	<p><u>Type of scoring:</u> percentage</p> <p><u>Numerator:</u> Of those in the denominator, the number of index children who received all of the ASQ-3 and ASQ-SE screenings on schedule.</p> <p><u>Denominator:</u> Total number of children who are at least 4 months old during the corresponding baseline or comparison period and who have been enrolled in the program at least 2 months.</p>	<p>Data collected by home visitor at each visit that an ASQ-3 or ASQ-SE screen is administered; analyzed at the end of each year by MCH Program staff</p>
<p>Key terms: <u>Index child</u> is the target child in an individual household who is under the care of the enrollee(s).</p> <p>For this program, the required ASQ-3 screenings include the 4, 8, 12, 18, 24, 30, and 36-month screenings. The required ASQ-SE screenings include the 6, 12, 18, 24, 30 and 36-month screenings.</p> <p>Rationale: Definition of improvement includes “or maintain” in anticipation that New Hampshire may hit a ceiling in performance early in the implementation stage of the program.</p> <p>Description of Baseline and Comparison Periods: Baseline period: 10/01/12 – 09/30/13 Comparison period: 10/01/13 – 09/30/14</p>				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 6.2: Number of families that required services and received a referral to available community resources				
<i>Process Measure</i>				
Percent of index children who receive a referral to a dental provider by their first birthday. Tool: Visit record	Increase or maintain the percent of index children who receive a referral to a dental provider by their first birthday, from the baseline to the comparison period. Type of comparison: cross-sectional	Index children who turned one year old and who have been enrolled in the program at least three months.	<u>Type of scoring:</u> percentage <u>Numerator:</u> Of those in the denominator, the number of index children who received a referral. <u>Denominator:</u> Total number of index children who reach the age of one year in the corresponding baseline or comparison period and have been enrolled in the program at least three months.	Referral recorded by home visitor at or before the first home visit following the child's first birthday; analyzed annually by MCH Program staff.
<p>Key terms: <u>Index child</u> is the target child in an individual household who is under the care of the enrollee(s).</p> <p>Rationale: New Hampshire developed this measure based on the American Academy of Pediatric Dentistry recommendation that the establishment of a dental home begins no later than 12 months of age. Definition of improvement includes “or maintain” in anticipation that New Hampshire may hit a ceiling in performance.</p> <p>Description of Baseline and Comparison Periods: Baseline period: 10/01/12 – 09/30/13 Comparison period: 10/01/13 – 09/30/14</p>				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 6.3: Number of completed referrals				
<i>Process Measure</i>				
<p>Percent of children who receive further evaluation after scoring below the "cutoff" on any area or subscale the ASQ-3 or ASQ-SE.</p> <p>Tools: Home visit record; ASQ-3 and ASQ-SE</p>	<p>Increase or maintain the percent of children who receive further evaluation after scoring below the "cutoff" on any area or subscale of the ASQ-3 or ASQ-SE, from the baseline to the comparison period.</p> <p>Type of comparison: Cross-sectional</p>	<p>All children enrolled in the program who are at least 4 months old, and who have been enrolled in the program at least 2 months.</p>	<p><u>Type of scoring:</u> percentage</p> <p><u>Numerator:</u> Of those in the denominator, the number of children who receive further evaluation.</p> <p><u>Denominator:</u> Total number of children referred for further evaluation after scoring below the cutoff on the ASQ-3 or ASQ-SE during the corresponding baseline or comparison period and who have been in the program at least 2 months.</p>	<p>Data collected by home visitor from families at home visits following an ASQ-related referral; analyzed annually by MCH Program staff</p>
<p>Key terms: For this program, the required ASQ-3 screenings include the 4, 8, 12, 18, 24, 30, and 36-month screenings. The required ASQ-SE screenings include the 6, 12, 18, 24, 30 and 36-month screenings.</p> <p>Rationale: Definition of improvement includes “or maintain” in anticipation that New Hampshire may hit a ceiling in performance early in the implementation stage of the program.</p> <p>Description of Baseline and Comparison Periods: Baseline period: 04/01/13 – 09/30/13 Comparison period: 04/01/14 – 09/30/14</p>				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
Construct 6.4: Number of MOUs or other formal agreements with other social service agencies in the community				
<i>Process Measure</i>				
Number of MOUs between contracted Home Visiting agencies and other community providers Tool: Documentation of MIECHV contracted provider	Increase in the number of MOUs or other formal agreements between contracted Home Visiting agencies and other community providers, from the baseline to the comparison period. Type of comparison: Cross-sectional	Home visiting agencies contracted with NH Division for Public Health Services to provide Home Visiting NH – Healthy Families America (HVNH-HFA) services	Type of scoring: Count Increase in the number of MOUs between contracted HVNH-HFA agencies and other community providers, from the baseline to the comparison period.	Data on MOUs collected by agency supervisors and analyzed annually by MCH Program staff.
Key terms: MOU = Memorandum of Understanding				
Rationale: The question this measure addresses is “Are interagency relations/communications improving over time?”				
Description of Baseline and Comparison Periods: Baseline period: 10/01/2012 - 03/31/2013 Comparison period: 04/01/14 - 09/30/2014				

New Hampshire Maternal, Infant & Early Childhood Home Visiting Program

Performance Measure/ Measurement Tool	Definition of Improvement	Target Population	Operational definition	Data Collection Plan
<p>Construct 6.5: <u>Information Sharing</u>- 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</p> <p><i>Process Measure</i></p>				
<p>Number of collaborative meetings among community partners.</p> <p>Tool: Documentation of MIECHV contracted provider</p>	<p>Increase the number of collaborative meetings* among community partners, from the baseline to the comparison period.</p> <p>Type of comparison: Cross-sectional</p>	<p>Home visiting agencies contracted with NH Division for Public Health Services to provide Home Visiting NH – Healthy Families America (HVNH-HFA) services</p>	<p>Type of scoring: Count</p> <p>Increase in the number of collaborative meetings among community partners from the baseline to the comparison period.</p>	<p>Data collected by agency supervisors and analyzed annually by MCH Program staff</p>
<p>Key terms: Collaborative meetings are those, which have a primary focus on young child wellness and shall include representatives from areas including, but not limited to Health, (e.g. Community Health Centers, pediatricians, nurses, public health); Mental Health, (e.g. Infant Mental Health Team); Child Welfare, (e.g. Juvenile justice, Family Resource Centers); Substance Abuse Prevention, (e.g. Alcohol and Drug Counselor) Early Childhood Education and Local Education Agencies (e.g. Child Care; Head Start; Early Head Start; Early Supports and Services; and teachers); and families in the population of focus (e.g. local family support group, PTA). Collaborative meetings include information exchange, discussion, and/or planning. Attendance at training events and conferences do not constitute collaborative meetings unless the specific focus is on information exchange, discussion and/or planning.</p> <p>Rationale: The question this measure addresses is “Are interagency relations/communications improving over time?”</p> <p>Description of Baseline and Comparison Periods: Baseline period: 10/01/2012 - 03/31/2013 Comparison period: 04/01/14 - 09/30/2014</p>				