

STATE OF NEW HAMPSHIRE
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF PUBLIC HEALTH SERVICES
 MATERNAL AND CHILD HEALTH SECTION
 29 HAZEN DRIVE
 CONCORD, NH 03301-6398

ADDENDUM # 2 TO RFP INVITATION # 2012-009

PROPOSAL DUE DATE: **December 21, 2011 4:30 PM**

FOR: **Home Visiting Data System**

RFP 2012-009 SECTION #	AMENDED LANGUAGE
4.4 Letter of Intent	Insert the following new Section 4.4; re-number remaining Sub-Sections in Section 4. 4.4 LETTER OF INTENT A Letter of Intent is requested from Vendors who intend to submit a proposal in response to this RFP. Letters of Intent should be submitted via email or fax by December 9, 2012 . The Letter of Intent shall include the following information: <ul style="list-style-type: none"> • Legal name of Vendor • Executive Director • Contact Person and Title • Mailing address • Email address • Telephone and Fax numbers
H-25.12.9 Computer Use	Delete Section "E" from H-25.12.9 Computer Use , and replace with: That if the Vendor is found to be in violation of any of the above-stated rules, the Vendor may face removal from the State Contract, and/or criminal or civil prosecution, if the act constitutes a violation of law.
D-2, Topic 17	Delete the following phrase from Topic 17: "before being turned over for State maintenance".

RFP 2012-009 SECTION #	AMENDED LANGUAGE
D-2	<p>Insert the following description of Topic 20- Preparation of State Staff on the Project Team. Re-number the remaining Topic descriptions as described below.</p> <p>Topic 20 - Preparation of State Staff on the Project Team Response Page Limit: 3 The State will evaluate whether the provisions to prepare State staff participating in the Project will enable the staff to contribute appropriately.</p> <ul style="list-style-type: none"> • Describe how State staff assigned to the Project Team will be prepared to contribute. Provide an overview of Project Team interactions and dependencies between functions. <p>The remaining Topic descriptions should be re-numbered as follows. Quality Assurance Approach should be Topic 21 Work Plan should be Topic 22 Support and Maintenance should be Topic 23</p>
Attachment 1	<p>Add the following as Attachment 1: Attachment 1: Performance Measure Definitions</p>
Attachment 2	<p>Add the following as Attachment 2: Attachment 2: MIECHV Data Collection Matrix</p>

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VENDOR _____

ADDRESS _____

TEL. NO. _____

BY _____
(this document must be signed)

(please type or print name)

RFP 2012-009 ATTACHMENT 1

Home Visiting New Hampshire- Healthy Families America
Performance Measure Definitions
Fiscal Year 2012

Please note, for all measures, the following should be used unless otherwise indicate: Served within the scope of this MCH contract during State Fiscal year 2012 (July 1, 2011– June 30, 2012).

**Home Visiting New Hampshire-Healthy Families America (HVNH-HFA)
Performance Measure #1**

Measure: Percent of women enrolled in the program that received at least one Edinburg Postnatal Depression Scale screening between 6-8 weeks postpartum.

Goal: All women enrolled in HVNH will receive this formal, validated screening for depression at the optimal time.

Definition: Numerator-
Of those in the denominator, the number of women that received an Edinburg Postnatal Depression Scale screening between 6-8 weeks postpartum.

Denominator-
The total number of women in the program who gave birth in the past fiscal year.

Data Source: Chart audit, HVNH-HFA Data Records

HVNH-HFA Performance Measure #2

Measure: Percent of families who receive a Healthy Homes One-Touch assessment by the birth of their child

Goal: To increase the safety of the homes of enrolled families.

Definition: Numerator-
Of those in the denominator, the number of families with whom a Healthy Homes One Touch assessment was completed prior to the birth of their child.

Denominator-
The number of families served by HVNH-HFA in the past fiscal year.

Data Source: Chart Audit, HVNH-HFA Data Records

HVNH-HFA PERFORMANCE MEASURE #3

Measure: Percent of children who receive further evaluation after scoring below the "cutoff" on the ASQ-3

Goal: All children served who are determined to be at risk for developmental delays, will receive further evaluation.

Definition: Numerator-

Of those in the denominator, the number of children that received follow-up health care when determined necessary by a formal, validated developmental screening (ASQ-3 or ASQ-SE).

Denominator-

The total number of children served in HVNH-HFA in the past fiscal year.

Data Source: Chart Audit, HVNH-HFA Data Records, ASQ-3, and ASQ-SE results

HVNH-HFA PROCESS MEASURE

Measure: Percent of home visitors (Family Support Workers and Family Assessment Workers) who received the required number of hours of supervision in the past year. Full-time home visitors will receive a minimum of 1.5 hours of supervision per week, while part-time home visitors will receive a minimum of 1 hour of supervision per week.

Goal: Home visitors will receive supervision according to the Healthy Families America model requirements. Supervision helps direct service staff maintain perspective, evaluate their performance, learn new strategies to work effectively with families, and ultimately enhance the quality of services families receive. Additionally, supervision promotes both staff and program accountability and reduces staff burnout and turnover by providing much needed support.

Definition: Numerator-

Of those in the denominator, the number of full-time home visitors who received 1.5 hours of supervision per week for each week they were employed in the past year, plus the number of part-time home visitors who received at least 1 hour of supervision per week for each week they were employed in the past year. Supervision sessions may be excused, and therefore excluded from calculation, only where the FSW or FAW was out of the office all week, whether at a training, on vacation or ill, etc.

Denominator-

The number of home visitors employed in the HVNH-HFA Program in the past fiscal year.

Data Source: Chart Audit, HVNH-HFA Data Records

ATTACHMENT 2 - New Hampshire Maternal, Infant & Early Childhood Home Visiting Program Data Collection Matrix

Exerpted from New Hampshire’s FFY 11 MIECHV Formula Grant Application

***This document is labeled DRAFT because New Hampshire has not yet incorporated feedback provided by our federal project officer.**

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. The data system will facilitate this process. Each contracted agency in the identified communities will be required to enter data into the data system as requested by MCH and to protect the privacy of families through a formal consent process.

Construct	Measure Used/ Measurement Tool	Operational definition	Definition of Improvement	Data Collection Plan
Benchmark 1 – Improved Maternal and Newborn Health				
Prenatal care	% of enrolled women receiving “adequate” PN care among those scoring adequate or below. Limiting the denominator in this way eliminates the high-risk pregnancies that will score “adequate-plus” due to the need for more prenatal visits. Tool: Adequacy of Prenatal Care Utilization (APNCU) Index a.k.a. Kotelchuck Index; <i>specifically the “Adequacy of Received Services” dimension</i>	<u>Numerator</u> : # of women in the program who gave birth in the last year ¹ scoring “adequate” on “Adequacy of Received Services” dimension of the APNCU Index <u>Denominator</u> : # of women in the program who gave birth in the last year ¹ and scored “Adequate” or below on the “Adequacy of Received Services” dimension of the APNCU Index	Increasing <u>difference</u> in the rate of women enrolled in the program receiving "Adequate" care according to the “Adequacy of Received Services” dimension of the APNCU Index, as compared to the rate within a control group of Medicaid recipients, selected based on similar demographic (age, race, income) and medical (singleton births and other risk factors) characteristics, from end of year 1 to end of year 3	Data 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 for women who have given birth in the last year

¹ Calculation based on records with complete data for calculating the Kotelchuck Index.

Construct	Measure Used/ Measurement Tool	Operational definition	Definition of Improvement	Data Collection Plan
Parental use of alcohol, tobacco, or other illicit drugs	Annual % of visits to enrolled smoking women and caregivers of young children in which a brief smoking cessation intervention is provided ² Tool: visit record	<u>Numerator</u> : # of visits annually to enrolled women in which a brief smoking cessation intervention was provided <u>Denominator</u> : total # of home visits annually to enrolled women smokers	Increase in the annual % of visits to smokers in the program, in which a brief intervention is provided on the topic of smoking cessation, between baseline (end of year 1) and end of year 3	Data collected at each visit by home visitor, as part of the “topics discussed” data; analyzed annually by MCH staff.
Pre-conception care	Percent of enrolled postpartum women reporting access to birth control Tool: visit record	<u>Numerator</u> : number of women who report that they want and are able to access birth control by their 8 week postpartum home visit <u>Denominator</u> : total number of enrolled women who report that they want birth control at their 8 week postpartum home visit	Increased percent of women who report that they want birth control who are able to access birth control by 8 weeks postpartum, from end of year 1 to end of year 3.	Data collected at 8 weeks postpartum by home visitor; analyzed annually by MCH Program staff.
Inter-birth intervals	Percent of enrolled women who are pregnant when their previous enrolled child turns 18 months Tool: visit record	<u>Numerator</u> : number of enrolled women who are pregnant when their previous enrolled child turns 18 months <u>Denominator</u> : total number of enrolled women whose enrolled child turned 18 months old in the last year	Decreased percent of women in the program, from end of year 1 to end of year 3, who are pregnant when their previous <u>enrolled</u> child turns 18 months old	Collected at enrolled child's 18 month birthday by home visitor; analyzed annually by MCH Program staff.
Screening for maternal depressive symptoms	Percent of enrolled women screened for depression between 6-8 weeks postpartum Tool: Edinburgh Postnatal Depression Scale	<u>Numerator</u> : number of enrolled women screened for depression between 6-8 weeks post-partum in the last year <u>Denominator</u> : total number of women who were enrolled in the program before 6-8 weeks postpartum, in the last year	An increase in the percent of enrolled women screened for depression between 6-8 weeks postpartum from end of year 1 to end of year 3	Data collected once, at 6-8 weeks postpartum by home visitor; analyzed annually by HV Program staff.

² Please see narrative sections below the table for justification of this choice of measure.

Construct	Measure Used/ Measurement Tool	Operational definition	Definition of Improvement	Data Collection Plan
Breastfeeding	Percent of enrolled infants who are exclusively breastfed through 3 months Tool: visit record	<u>Numerator</u> : number of enrolled infants exclusively breastfed through 3 months of age <u>Denominator</u> : total number of infants in the program who initiated breastfeeding in that year	Increase in annual rate of infants who initiated breastfeeding, who are exclusively breastfeeding through 3 months of age from end of year 1 to end of year 3	Data collected at 4-month-old infant visit by home visitor; data analyzed annually by MCH Program staff.
Well-child visits	Percent of children in the program who are in compliance with the CDC immunization recommendations at 24 months of age Tool: visit record	<u>Numerator</u> : # of children who are in compliance with the CDC immunization recommendations at 24 months old <u>Denominator</u> : # of enrolled children who turned 24 months in the preceding year	Increased rate of children in the program who are in compliance with the CDC immunization recommendations at 24 months of age, from end of year 1 to end of year 3	Data collected at 24 months by home visitor; analysis each year by MCH Program staff.

Construct	Measure Used/ Measurement Tool	Operational definition	Definition of Improvement	Data Collection Plan
Maternal and child health insurance status All columns are the same as those identified in Benchmark 5, Construct 3.	Percent of 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. ³ Tool: visit record	<u>Numerator:</u> number of children in the program 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. <u>Denominator:</u> number of children in the program whose mother was enrolled in Medicaid at child's birth who turned one in the past year	An increase, from year 1 to year 3, in the percent of children who turned one in the past year, 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.	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.
Benchmark 2 – Child Injuries, Child Abuse or Maltreatment and ER Visits				
Visits for children to emergency department	Rate of reported ED visits for ambulatory care sensitive conditions to enrolled infants (per 100,000 children) Tool: Visit record	<u>Numerator:</u> number of reported ED visit(s) for ambulatory care sensitive conditions among enrolled infants < 1 year old <u>Denominator:</u> total number of enrolled infants < 1 year old	Decrease, from year 1 to year 3, in the rate of ED visits for ambulatory care sensitive conditions, for infants, birth to 12 months, enrolled in the program	Reported by family; collected monthly from child's birth to 12 months by home visitor; analyzed at the end of each year by MCH Program staff.

³ This measure was developed in collaboration with Medicaid program staff, to reduce the number of children who lose their coverage if this form is not submitted in a timely manner.

Construct	Measure Used/ Measurement Tool	Operational definition	Definition of Improvement	Data Collection Plan
Visits of mothers to emergency department	Rate of reported visits of mothers to the ED for ambulatory care sensitive conditions (per 100,000) Tool: Visit record	Numerator: number of reported ED visit(s) for ambulatory care sensitive conditions among enrolled mothers Denominator: total number of enrolled mothers	Decrease, from end of year 1 to end of year 3, in rate of ED visits for ambulatory care sensitive conditions for mothers participating in the program	Self-report by mother; collected monthly by home visitor; analyzed at the end of each year by MCH Program staff.
Information/training on child injury prevention	Percent of families who receive a Healthy Homes One-Touch assessment by the birth of their child Tool: Visit record	<u>Numerator</u> : number of enrolled families who receive a Healthy Homes One-Touch assessment by the birth of their child in the past year <u>Denominator</u> : total number of families enrolled prenatally in the past year	Increase, from end of year 1 to end of year 3, in percent of enrolled families enrolled prenatally, who received a Healthy Homes One-Touch assessment before the birth of their child	Data collected by Home Visitor at the home visit in which they perform this assessment, and analyzed at the end of each year by MCH Program staff.
Incidence of child injuries requiring medical treatment	Percent of families who receive an annual car seat check by a certified inspector Tool: Visit record	<u>Numerator</u> : number of enrolled families who received a car seat check in the past year by a certified inspector <u>Denominator</u> : total number of enrolled families in the past year	Increase in percent of families who receive an annual car seat check by a certified inspector, measured at the end of year 1 and end of year 3	Quarterly, Home Visitor (certified inspector) will discuss with family and document results of car seat check; data will be analyzed at the end of each year by MCH Program staff.
Child maltreatment report (all allegations)	Average # of reports of suspected maltreatment to DCYF for children in the program DCYF Administrative Data obtained through the MCH Data Linkages system	<u>Numerator</u> : total number of reports of suspected maltreatment to DCYF for children in the program <u>Denominator</u> : total number of children in the program	Decrease, from end of year 1 to end of year 3, in the mean number of reports of suspected maltreatment to DCYF per child in the program	Identifying data collected by home visitor will be cross-referenced with DCYF data annually by MCH Program staff and DCYF staff.

Construct	Measure Used/ Measurement Tool	Operational definition	Definition of Improvement	Data Collection Plan
Substantiated child maltreatment report	Average # of reports of maltreatment, substantiated by DCYF to children in the program DCYF Administrative Data obtained through the MCH Data Linkages system	<u>Numerator</u> : number of substantiated reports of maltreatment to DCYF for children in the program <u>Denominator</u> : total number of children in the program	Decrease, from end of year 1 to end of year 3, in the mean number of reports of maltreatment, substantiated by DCYF, per child in the program	Identifying data collected by home visitor will be cross-referenced with DCYF data once annually by MCH Program staff and DCYF staff.
First-time victims of maltreatment	Percent of children in the program who have been first-time victims of maltreatment, substantiated by DCYF DCYF Administrative Data obtained through the MCH Data Linkages system	<u>Numerator</u> : number of children in the program who have been first-time victims of maltreatment, substantiated by DCYF <u>Denominator</u> : total number of children in the program	Decrease, from end of year 1 to end of year 3, in the percent of children in the program, who have been first-time victims of maltreatment, substantiated by DCYF	Identifying data collected by home visitor will be cross-referenced with DCYF data once annually by MCH Program staff and DCYF staff.
Benchmark 3 – Improvements in School Readiness and achievement				
Parent support for children’s learning and development	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)	<u>Numerator</u> : Number of families who show an increased rating on the Provides Learning Experiences for Children section of the FAF <u>Denominator</u> : Number of enrolled families in the program who have been enrolled at least six months.	Increase in the percent of families who show an increased rating, from initial administration to their most recent FAF review, in the Provides Learning Experiences for Children section of the FAF	Home visitors will complete and track this info upon initial administration of the FAF, and every six months throughout enrollment. MCH staff will analyze the data annually for families that have been enrolled at least 6 months.

Construct	Measure Used/ Measurement Tool	Operational definition	Definition of Improvement	Data Collection Plan
Parent knowledge of child development & developmental progress	<p>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</p> <p>Tool: Family Assessment Form (FAF)</p>	<p><u>Numerator:</u> Number of families who show an increased rating on the Understanding Child Development section of the FAF</p> <p><u>Denominator:</u> Number of enrolled families in the program who have been enrolled at least six months.</p>	<p>Increase in the percent of families who show an increased rating, from initial administration to their most recent FAF review, in the Understanding Child Development section of the FAF</p>	<p>Home visitors will complete and track this info upon initial administration of the FAF, and every six months throughout enrollment. MCH staff will analyze the data annually for families that have been enrolled at least 6 months.</p>
Parenting behaviors and parent-child relationship	<p>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</p> <p>Tool: Family Assessment Form (FAF)</p>	<p><u>Numerator:</u> Number of families who show an increased rating on the Appropriateness of Disciplinary Techniques section of the FAF</p> <p><u>Denominator:</u> Number of enrolled families in the program who have been enrolled at least six months.</p>	<p>Increase in the percent of families who show an increased rating, from initial administration to their most recent FAF review, in the Appropriateness of Disciplinary Techniques section of the FAF</p>	<p>Home visitors will complete and track this info upon initial administration of the FAF, and every six months throughout enrollment. MCH staff will analyze the data annually for families that have been enrolled at least 6 months.</p>

Construct	Measure Used/ Measurement Tool	Operational definition	Definition of Improvement	Data Collection Plan
Parent emotional well-being or parenting stress	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)	<u>Numerator</u> : Number of families who show an increased rating on the Support from Family, Friends and Community Involvement section of the FAF <u>Denominator</u> : Number of enrolled families in the program.	Increase in the percent of families who show an increased rating, from initial administration to their most recent FAF review, in the Support from Family, Friends and Community Involvement section of the FAF	Home visitors will complete and track this info upon initial administration of the FAF, with re-rating and adjustment of goals in IFSP, if necessary, every six months until services are terminated.
Child communication, language, & emergent literacy	Percent of children who receive at least one ASQ-3 screening by 5 months of age Tools: ASQ-3 and Visit record	<u>Numerator</u> : number of enrolled children who received at least one ASQ-3 screening by 5 months of age <u>Denominator</u> : total number of enrolled children who are at least 5 months old	Increase, from end of year 1 to end of year 3, in the percent of children who receive at least one ASQ-3 screening by 5 months of age	Administered at 4, 8, 12, 18, 24 and 36 months by home visitor. Data collected by home visitor at each ASQ-3 screening. Data analyzed annually by MCH Program Staff, for children in the program at least 5 months old.
Child's general cognitive skills	Percent of children who receive a referral for further evaluation after scoring below the "cutoff" on the ASQ. Tool: ASQ-3 and Visit record	<u>Numerator</u> : number of children who receive a referral for further evaluation after scoring below the "cutoff" on the ASQ-3. <u>Denominator</u> : total number of enrolled children who score below the "cutoff" on the ASQ-3.	Increase in the percent of children from end of year 1 to end of year 3 who receive a referral for further evaluation after scoring below the "cutoff" on the ASQ-3.	Administered at 4, 8, 12, 18, 24 and 36 months by home visitor. Data collected by home visitor at each ASQ-3 screening. Data analyzed annually by MCH Program Staff.

Construct	Measure Used/ Measurement Tool	Operational definition	Definition of Improvement	Data Collection Plan
Child's positive approaches to learning including attention	Percent of children who receive one ASQ-SE screening by 5 months of age Tool: ASQ-SE and Visit record	<u>Numerator</u> : number of enrolled children who receive one ASQ-SE screening by 5 months of age <u>Denominator</u> : total number of enrolled children at least 5 months old	Increase, from end of year 1 to end of year 3, in the percent of children who receive one ASQ-SE screening by 5 months of age	Administered at 4, 8, 12, 18, 24, and 36 months by home visitor. Data collected by home visitor at each ASQ-SE screening. Data analyzed annually by MCH Program Staff for children who are at least 5 months old.
Child's social behavior, emotion regulation, & emotional well-being	Percent of children who receive a referral for further evaluation after scoring below the "cutoff" on the ASQ-SE. Tool: ASQ-SE and Visit record	<u>Numerator</u> : Number of children who receive a referral for further evaluation after scoring below the "cutoff" on the ASQ-SE. <u>Denominator</u> : total number of enrolled children scoring below the "cutoff" on the ASQ-SE in the past year.	Increase in the percent of children from end of year 1 to end of year 3 who receive a referral for further evaluation after scoring below the "cutoff" on the ASQ-SE.	Administered at 4, 8, 12, 18, 24, and 36 months by home visitor. Score recorded at each screening, and referral recorded by home visitor. Data analyzed annually by MCH staff.
Child's physical health and development	Percent of eligible children enrolled in WIC Tool: Visit record	<u>Numerator</u> : number of children in the program enrolled in WIC <u>Denominator</u> : total number of WIC eligible children in the program	Increase, from end of year 1 to end of year 3, in the percent of WIC eligible children enrolled in WIC	Data collected by self-report from families monthly by home visitor. Analyzed annually by MCH staff.
Benchmark 4 – Domestic violence				
Screening for domestic violence	Percent of women screened for DV by their third home visit Tool: DV screening protocol developed by the NH Coalition Against Domestic and Sexual Violence; home visit record	<u>Numerator</u> : number of enrolled mothers screened for DV by the third home visit <u>Denominator</u> : total number of enrolled mothers	Increase in percent of mothers screened for DV by their third home visit, from end of year 1 to end of year 3	Collected 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

Construct	Measure Used/ Measurement Tool	Operational definition	Definition of Improvement	Data Collection Plan
Referrals for relevant domestic violence services	Percent of enrolled women identified for possible DV, with a completed referral Tool: Visit record	<u>Numerator</u> : number of enrolled women identified for possible DV, with a completed referral <u>Denominator</u> : total number of enrolled women identified for possible DV	Of mothers identified for possible DV concerns, an increased percent of completed referrals (i.e. known contact between mother and crisis center) from end of year 1 to end of year 3	Data collected by home visitor and analyzed annually by MCH Program staff
Number of families for which a safety plan was completed	Percent of mothers with completed referrals for whom a safety plan was developed Tool: Visit record	<u>Numerator</u> : number of enrolled mothers with completed referrals for whom a safety plan was developed <u>Denominator</u> : total number of enrolled mothers with completed DV referrals	Of mothers with completed referrals for DV, an increase in percent for whom a safety plan was developed from baseline (end of year 1) to end of year 3	Data collected by home visitor and analyzed annually by MCH Program staff
Benchmark 5 – Family Economic self-sufficiency				
Household income and benefits	Percent of families making a livable wage, as identified by the Poverty In America Living Wage Calculator, found on the Penn State University website: http://www.livingwage.geog.psu.edu/states/33/locations Tool: Visit record	<u>Numerator</u> : number of families making a livable wage <u>Denominator</u> : total number of enrolled families	An increase, from program entry to end of year 3, in the percent of families making a livable wage, as identified by the Poverty In America Living Wage Calculator	Data collected by home visitor upon family's entry into the program, and every six months thereafter. Analyzed annually by MCH Program staff

Construct	Measure Used/ Measurement Tool	Operational definition	Definition of Improvement	Data Collection Plan
Employment or education of adult members of household	Percent of mothers completing the program who have a high school degree or GED upon exit from the program Tool: Visit record	<u>Numerator</u> : number of mothers completing the program who have a high school degree or GED upon exit from the program <u>Denominator</u> : total number of mothers completing the program in the past year	Increase, from end of year 1 to end of year 3, in percent of mothers completing the program, who have a high school degree or GED upon exit from the program	Data collected by home visitor upon enrollment and family's exit from the program; analyzed annually by MCH Program staff
Health insurance status All columns are the same as those identified in Benchmark 1, Construct 8.	Percent of 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. ⁴ Tool: visit record	<u>Numerator</u> : number of children in the program 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. <u>Denominator</u> : number of children in the program whose mother was enrolled in Medicaid at child's birth who turned one in the past year	An increase, from year 1 to year 3, in the percent of children who turned one in the past year, 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.	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.

⁴ This measure was developed in collaboration with Medicaid program staff, to reduce the number of children who lose their coverage if this form is not submitted in a timely manner.

Construct	Measure Used/ Measurement Tool	Operational definition	Definition of Improvement	Data Collection Plan
Benchmark 6 – Coordination and Referrals				
Number of families identified for necessary services	Percent of children enrolled in the program who receive all of the ASQ screenings on schedule Tool: Visit record	<u>Numerator</u> : number of children enrolled in the program who receive all of the ASQ-3 and ASQ-SE screenings on schedule <u>Denominator</u> : total number of children enrolled in the program who are at least 4 months old, and who have been enrolled in the program at least 2 months.	Increase, from the end of year 1 to the end of year 3, in the percent of children enrolled in the program who receive all of the ASQ-3 and ASQ-SE screenings on schedule.	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
Number of families requiring services and received referral to available community resources	Measuring availability of dental providers for infants. ⁵ Percent of enrolled children who visit a dental provider by their first birthday Tool: Visit record	<u>Numerator</u> : # of children enrolled in the program who turned one in the previous year, who visited a dental provider by their first birthday <u>Denominator</u> : total # of children enrolled in the program who have turn one in the previous year	From end of year 1 to end of year 3, an increase in the rate of enrolled children who visit a dental provider by their first birthday.	Data collected by home visitor at child's first birthday; analyzed annually by MCH Program staff
Number of MOUs or other formal agreements with other social service agencies in the community	Number of MOUs between contracted Home Visiting agencies and other community providers Tool: Documentation of MIECHV contracted provider	Percent change in the number of MOUs between contracted Home Visiting agencies and other community providers at end of year 3 compared to end of year 1	From end of year 1 to end of year 3, an increase in the number of MOUs between contracted Home Visiting agencies and other community providers.	Data on MOUs collected by agency supervisors and analyzed annually by MCH Program staff

⁵ 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.

Construct	Measure Used/ Measurement Tool	Operational definition	Definition of Improvement	Data Collection Plan
Number of agencies with which the home visiting provider has a clear point of contact in the collaborating community	Number of collaborative meetings among community partners. Tool: Documentation of MIECHV contracted provider	Percent change in the number of collaborative meetings among community partners at end of year 3 compared to end of year 1	From end of year 1 to end of year 3, increase in the number of collaborative meetings among community partners.	Data collected by home visitor and analyzed annually by MCH Program staff
Number of completed referrals	Percent of children who receive further evaluation after scoring below the "cutoff" on the ASQ-3 or ASQ-SE. Tools: Home visit record; ASQ-3 and ASQ-SE	<u>Numerator:</u> number of children who receive further evaluation after scoring below the "cutoff" on the ASQ-3 or ASQ-SE <u>Denominator:</u> number of children who score below the "cutoff" on the ASQ-3 or ASQ-SE	Increase in the percent of children, from end of year 1 to end of year 3, who receive further evaluation after scoring below the "cutoff" on the ASQ-3 or ASQ-SE.	Data collected by home visitor from families at home visits following an ASQ-related referral; analyzed annually by MCH Program staff