MARYLAND
Governor's Office for Children
Promoting the well-being of Maryland's children

State of Maryland Executive Department

Martin O'Malley	Anthony Brown	Anne Sheridan
Governor	Lieutenant Governor	Executive Director

January 8, 2015

The Honorable Martin O'Malley
Governor
100 State Circle
Annapolis, Maryland 21401-1925

Dear Governor O'Malley:

On behalf of the Children's Cabinet, I am writing to submit to you the report on 2014 activities related to the Home Visiting Accountability Act of 2012 (SB566/HB 699). Human Services Article §8-506 and 8-507 of the Annotated Code of Maryland required the Governor's Office for Children (GOC) and the Agencies of the Children's Cabinet to review current practices of evidence-based home visiting programs in Maryland in order to make recommendations for the development of a "standardized reporting mechanism for the purpose of collecting information about and monitoring the effectiveness of State-funded home visiting programs." Beginning in FY15, recipients of State funding for home visiting programs will be required to report to GOC on the standardized outcome measures that are adopted by the Children's Cabinet.

The attached report reflects the collaborative effort amongst members of the Children's Cabinet agencies, home visiting programs, stakeholders, and supporting organizations to develop a standardized reporting mechanism for home visiting programs. The report details the process by which recommendations for standardized reporting measures were determined and then recommended to the Children's Cabinet as well as the next steps once the standardized measures are approved.

The statute requires this report to be submitted at least every two years. It is expected that the next report will include an analysis of the data collected for the standardized measures as reported by the State-funded home visiting programs for FY15. This data will be used to inform future decisions regarding home visiting investments and will allow stakeholders to look at home visiting in Maryland through a single lens.

Please do not hesitate to contact me at (410) 767-6211 if you have questions.

Sincerely,

Anne Sheridan
Executive Director

cc: The Honorable Thomas V. "Mike" Miller, Jr., President of the Senate
The Honorable Michael E. Busch, Speaker of the House
The Honorable Thomas Middleton, Senate Finance Committee, Chair

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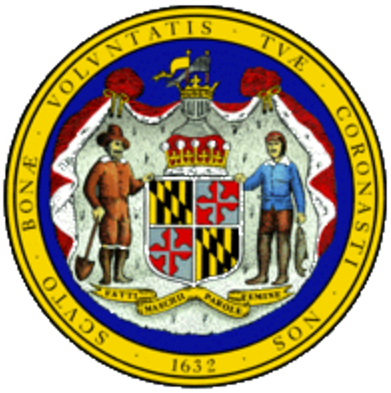
The Honorable Sheila E. Hixson, House Ways and Means Committee, Chair
The Honorable Nancy J. King, Joint Committee on Children, Youth, and Families, Senate Chair
The Honorable Jolene Ivey, Joint Committee on Children, Youth, and Families, House Chair
Shane Spencer, Department of Budget and Management
Richard Harris, Department of Legislative Services
Sarah Albert, Department of Legislative Services (five copies)

Report on the Implementation and Outcomes of State-Funded Home Visiting Programs in Maryland

A report to the Governor, Senate Finance Committee, House Ways and Means Committee, and the Joint Committee on Children, Youth, and Families



Submitted by the Governor's Office for Children on behalf of the Children's Cabinet

JANUARY 8, 2015

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Background

Home visiting programs support early parenting practices to confer measurable and long-term benefits for children's development. Home visiting is a method of service delivery and not a theoretical approach or a specific program model. Home visiting interventions promote foundations for strong family functioning, child and maternal health and early learning, and prevent child neglect, maltreatment and interpersonal violence.

This report is provided in accordance with the Home Visiting Accountability Act of 2012 (SB566/HB 699). Human Services Article §8-506 and 8-507 of the Annotated Code of Maryland required the Governor's Office for Children (GOC) and the Agencies of the Children's Cabinet to review current practices of evidence-based home visiting programs in Maryland in order to make recommendations for the development of a "standardized reporting mechanism for the purpose of collecting information about and monitoring the effectiveness of State-funded home visiting programs." Beginning in FY15, recipients of State funding for home visiting programs will be required to report to GOC on the standard reporting measures that were adopted by the Children's Cabinet.

In FY15, there are five evidence-based models of home visiting operating in Maryland:

- Early Head Start (EHS)
- Healthy Families America (HFA)
- Home Instruction for Parents of Preschool Youngsters (HIPPY)
- Nurse Family Partnership (NFP)
- Parents as Teachers (PAT)

These five models are included in the list of 13 evidence-based home visiting models approved by the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Initiative. While funded with federal grant dollars, MIECHV initiatives comprise approximately one third of the home visiting program sites in Maryland. There is strong collaboration among MIECHV and non-MIECHV home visiting partners.

Home Visiting Program Model	***EHS***	***HFA***	***PAT***	***HIPPY***	***NFP***
# of sites in FY15	*25*	*27*	*13*	*4*	*1*
# of sites funded through MIECHV dollars	*0*	*17*	*0*	*0*	*1*

A grid of home visiting sites in Maryland can be found in Appendix B of this report.

Summary of Prior Work

Between the Fall of 2012 to the present date, steady gains have been made in the design and implementation a standardized home visiting data collection process. The following timeline details the key steps in this process.

Fall 2012/Winter 2013—A Home Visiting scan and survey was conducted by the Institute for Innovation and Implementation (The Institute) at the University of Maryland School of Social Work on behalf of the Children's Cabinet. The scan identified current practices related to implementation of home visiting services, as well as current methods and instruments used to measure home visiting outcomes. Home visiting vendors completed a quantitative online survey, then participated in a follow-up qualitative phone interview to validate the survey responses and to share any additional perspectives on home visiting implementation in Maryland. Survey results, in turn, informed the development and activities of a home visiting workgroup.

Spring/Fall 2013—At the direction of the Children's Cabinet, GOC convened a workgroup that included representatives from multiple State agencies and home visiting experts and stakeholders. Appendix C provides a list of workgroup members and their affiliations. The workgroup's functions included the development of specific strategies for tracking home visiting outcomes on a Statewide scale. On behalf of the Pew Foundation's Home Visiting Campaign, Kay Johnson (Johnson Consulting Group and Geisel Medical School, Dartmouth College) provided technical assistance to GOC, The Institute, and to the workgroup.

Based on a review of the results from the Institute's scan and survey, workgroup members strongly advocated for the inclusion of certain measures and there was much rich discussion about the need to prioritize only the most important "headline" measures and to include a number of measures that are applicable across the various home visiting programs in Maryland. Immediately following the second workgroup meeting, participants were invited to complete an online survey of home visiting outcome measures to be recommended to the Children's Cabinet for Statewide reporting.

Winter 2013/Spring 2014—Workgroup members identified the following four domains as key to tracking home visiting outcomes:

- Child Health
- Maternal Mental Health
- Typical Child Development
- Children's Special Needs

At the scheduled meeting of the Children's Cabinet on December 5, 2013, GOC staff presented the recommendations from the workgroup for discussion and approval of the proposed standardized measures.

March 2014—Standard Home Visiting Measures were approved by the Children's Cabinet. See Appendix D for the approved standard measures by domain.

Summer 2014 — A data dictionary was developed by the Institute to establish operational definitions for each standard measure. The dictionary was further refined by the workgroup. See Appendix E for the data dictionary.

August - November 2014—A data collection tool was designed by GOC and pilot-tested and revised by the workgroup. See Appendix F for the final data collection tool.

December 2014—A webinar was delivered live to local health department (LHD), Local Management Board (LMB) and home visiting vendor contacts to brief them on the mandates of the Home Visiting Accountability Act and to train them on the data collection process. An archived webinar and supporting data collection materials can be found at www.goc.maryland.gov/home-visiting-webinar/.

The Data Collection Process

Reporting requirements and processes for the Standard Home Visiting Data Collection were finalized in December 2014. GOC, the Department of Health and Mental Hygiene and Maryland State Department of Education have been the lead State agencies in communicating with LHDs and LMBs about the mandatory data reporting process.

The first round of data collection covers the first and second quarters of FY 2015 – July 1 – December 31, 2014. Completion of the data collection tool and submission to GOC is due by February 6, 2015. This initial round of data collection is considered a "trial run" to introduce vendors and funders to the tool and process with an opportunity for technical assistance and additional training in the Spring of 2015 in order to ensure accurate and complete data submissions at year-end.

Next Steps

The Statute requires this report to be submitted at least every two years. It is expected that the next report will include an analysis of the data collected for FY15 as reported by the State-funded home visiting programs. This data will be used to inform future decisions regarding home visiting investments and will allow stakeholders to look at home visiting in Maryland through a single lens.

APPENDICES

APPENDIX A: SCAN of HOME VISITING PROGRAMS

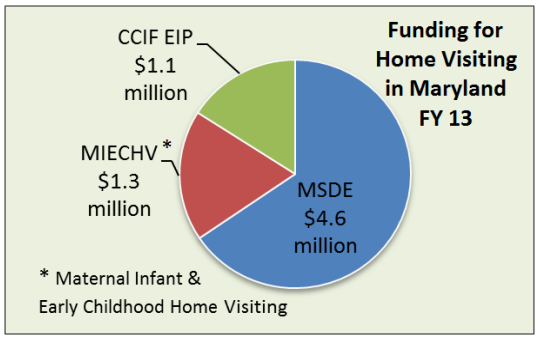
Maryland's Evidence-Based Home Visiting Programs
May 8th, 2013

Home visiting programs aim to support early parenting practices to confer measurable and long-term benefits for children's development. Home visiting is a method of service delivery and not a theoretical approach or specific program model, however. Individual home visiting programs vary with respect to:

- Age of the children served;
- Focus on particular family risk factors;
- Range of services offered;
- Intensity of the home visits;
- Content of curriculum used in the program;
- Expertise of the individuals providing services (i.e., nurses vs. paraprofessionals);
- Effectiveness of program implementation; and
- Range of outcomes observed.

Home Visiting in Maryland

- In FY13, home visiting received 8% of the Children's Cabinet's Early Intervention & Prevention funding.
- $4.6 million of State General Funds were awarded by MSDE to 17 LMB's for home visiting in FY13.
- Federal funds through MIECHV are level at $1.3 million per year supporting 6 jurisdictions, a data system, and administrative support for the project.
- During the 2012 legislative session, a workgroup convened on behalf of the Children's Cabinet recommended against consolidation of existing home visiting programs, while also concluding that increased collaboration and coordination is essential to the progression of home visiting in Maryland.
- Next steps:
  - ◊ Review current practices and suggest how collaboration and coordination can be improved to support home visiting programs and the families they serve.
  - ◊ In response to the 2012 Joint Chairman's Report (JCR), convene another workgroup to make recommendations on consistent data collection and performance measures for home visiting programs.



Scan of Maryland's Evidence-Based Home Visiting Programs

- To facilitate a systematic review of current practices, a survey was created by two experts with Maryland provider input. The survey was administered online (via Qualtrics).
- Each home visiting program in the state was contacted to identify survey respondents.
- The Governor's Office for Children sent a letter and survey invitation to all identified respondents. The survey was distributed **November 19th, 2012** to **35 programs** currently operating across the state. 100% completed the survey.
- Questions addressed fidelity, curricula, staffing, capacity, utilization, and data collection procedures.
- Upon survey completion, follow-up phone interviews were scheduled with each program.
- All Maryland jurisdictions are represented in the sample.

HV Content	% of Programs Addressing Content
Maternal stress, social support & mental health	100%
Community resources/referrals	100%
Facilitating parent-child interaction	97%
Baby & child development	97%
Family dynamics	91%
Self-sufficiency/family needs	91%
Maternal & child health, including prevention	91%
Crisis intervention	88%

86% of programs track the content that they address during home visits.

APPENDIX B:
MARYLAND'S EVIDENCE-BASED HOME VISITING PROGRAM SITES, FY 2015

Jurisdiction	All Sites						All Sites with MIECHV Program Funding					
	EHS	HFA	HIPPY	NFP	PAT	Total	EHS	HFA	HIPPY	NFP	PAT	Total
Allegany	1	1			1	2		1				1
Anne Arundel	1				1	1						
Baltimore	2	1			1	3		1				1
Baltimore City	4	6	2	1		15		5		1		6
Calvert	1	1	1			3						
Caroline	2	1			1	4		1				1
Carroll	1				1	2						
Cecil	1					1						
Charles		1				1						
Dorchester	1	1				2		1				1
Frederick		1			1	1						
Garrett	2	1				3						
Harford	1	1				2		1				1
Howard		1			1	2						
Kent		1				1						
Montgomery	2	1			1	3						
Prince George's	1	3			1	4		3				3
Queen Anne's		1			1	1						
St. Mary's						0						
Somerset	1	1				2		1				1
Talbot	1	1			1	2						
Washington	1	1				2	1	1				2
Wicomico	1	1			1	2		1				
Worcester	1	1	1			3						
Total	**25**	**27**	**4**	**1**	**13**	**70**	**1**	**16**	**0**	**1**	**0**	**18**

APPENDIX C:
HOME VISITING WORKGROUP PARTICIPANTS

NAME	AFFILIATION
Earleen Beckman	Garrett County Early Systems of Care
Ann Ciekot	Maryland Family Network
Michael Clark	Queen Anne's County Department of Community Services, Division of Housing/Local Management Board
Shanda Crowder	Department of Human Resources, Social Services Administration
Esther Diggs	Department of Juvenile Services, Behavioral Health and Victim Services
Rebecca Dineen	Baltimore City Department of Health, Maternal and Child Health
George Failla, Jr.	Department of Disabilities
Rachael Faulkner	Department of Disabilities
Marcella Franczkowski	Maryland State Department of Education, Division of Special Education/Early Intervention Services
Rolf Grafwallner	Maryland State Department of Education, Division of Early Childhood Development
Linda Heisner	Krieger Fund
Mary LaCasse	Department of Health and Mental Hygiene, Maternal and Child Health Bureau
Clinton MacSherry	Maryland Family Network
Kim Malat	Governor's Office for Children
llise Marrazzo	Department of Health and Mental Hygiene, Maternal and Child Health Bureau
Jean Mitchell	Maryland Family Network
Shelly Neal-Edwards	Healthy Families of Queen Anne's/Talbot Counties
Gena O'Keefe	Family League of Baltimore City, Inc. and the Annie E. Casey Foundation
Kaylene Richardson	Early Head Start, Catholic Charities Early Head Start of Harford County
Anne Sheridan	Governor's Office for Children
Cathy Surace	Maryland Disability Law Center
Nancy Vorobey	Maryland State Department of Education, Division of Special Education/Early Intervention
Colleen Wilburn	Home Visiting Alliance
Linda Zang	Maryland State Department of Education, Division of Early Childhood Development

Kay Johnson, (Johnson Consulting Group and Geisel Medical School, Dartmouth College) provided invaluable technical assistance on behalf of the Pew Foundation's Home Visiting Campaign.

Staff support for the workgroup was provided by Lisa Berlin, Sarah Nadiv, and Rebecca Bertell at The Institute for Innovation & Implementation, University of Maryland School of Social Work.

APPENDIX D:
HOME VISITING STANDARD MEASURES APPROVED BY THE CHILDREN'S CABINET, MARCH 2014

Domains	Child Health	Maternal Mental Health	Typical Child Development	Children's Special Needs	Relationships
Standardized Measures	Percent of enrolled children who have received well child check-ups according to the schedule recommended by the American Academy of Pediatrics	Percent of enrolled mothers who have been screened for mental health symptoms • indicate which symptoms [depression, anxiety, trauma, other] • according to which screening instrument	Percent of enrolled children whose development is scored as "typical" according to the Ages and Stages Questionnaire (ASQ-3)	Percent of enrolled children referred to Part C/Early Intervention services for special needs (ITP/Child Find)	Percent of mothers with an increase in parenting behavior and parent-child relationship as measured by the Healthy Families Parenting Inventory (HFA) or the H.O.M.E Inventory (NFP).
Standardized Measures		Percent of enrolled mothers who have been referred for mental health services	Percent of enrolled children whose socio-emotional development is scored as "typical" according to the Ages and Stages Questionnaire: Socio-emotional (ASQ: SE)		Percent of mothers who screened positive for domestic violence by 36 weeks.
Standardized Measure		Percent of enrolled mothers who have actually received supplemental mental health services			Of the mothers who screened positive for domestic violence at 36 weeks, the percent who have completed safety plans within 24 hours of screening.
Standardized Measure		Percent of enrolled mothers whose stress levels is scored over the clinical cutoff for parenting stress according to the Parenting Stress Index			

APPENDIX E:
STANDARD MEASURES DATA DICTIONARY

DATA DICTIONARY for STANDARDIZED REPORTING MEASURES for STATE-FUNDED HOME VISITING PROGRAMS

~based on~

HOME VISITING STANDARDIZED REPORTING MEASURES APPROVED BY THE MARYLAND CHILDREN'S CABINET (MARCH 20, 2014)

Funding Information		
State Funds Expended	*Document the amount of state funds that were expended in the 6-month reporting period.*	
Program Enrollment/Demographic Information		
Standardized Measure(s)	***Suggested Assessments and/or Instruments***	***Notes***
1. Number of enrolled women	*The total number of women who were enrolled during this reporting period.*	
2. Number of families served	*The total number of families serviced during the reporting period.*	
3. Number of enrolled expectant mothers	*The total number of pregnant women served during the reporting period.*	
4. Age range of enrolled expectant mothers	*The age range of pregnant women served during the reporting period.*	
5. Number of enrolled mothers	*The number of women served during the reporting period that has already given birth to the target child.*	
6. Age range of enrolled mothers	*The age range of women served during the reporting period that have already given birth to the target child.*	
7. Number of teenage clients served	*The number of both expectant teens and teen mothers served during this reporting period. Teen is defined as anyone under the age of 20.*	
8. Age Range of teens served	*The age range of teens under the age of 20 that were served during the reporting period.*	
9. Number of children served	*The total number of children served by the program in the reporting period.*	
10. Ages of children served	*The age range of children served during the reporting period*	
11. Number of target children born	*The total number of children born to pregnant women receiving services during the reporting period.*	

12. *Gender of children/families served*	*The total number of males and females served during the reporting period.*	
13. *Race/ethnicity of children/mothers served*	*Total number of active clients in the following categories:* *Hispanic, Latino, Spanish* *White* *Black/African American* *American Indian/Alaskan Native* *Multi-racial* *Asian* *Native Hawaiian/Pacific Islander* *Other*	
14. *Number of home visits provided*	*The total number of home visits provided*	
15. *Percent of families enrolled prenatally, where applicable*	*The total number of pregnant women enrolled divided by the total number of people enrolled.*	
Information on Child Health		
Standardized Measure(s)	***Suggested Assessments and/or Instruments***	***Notes***
16. *Percent of enrolled children who have received well child check-ups according to the schedule recommended by the American Academy of Pediatrics*	*The number of enrolled children who have adhered to the well child check-up scheduled recommended by the AAP during the reporting period divided by the total number of enrolled children during the same reporting period.*	*The AAP Well Child Check-up Schedule:* *By 1 month; 2 months; 4 months; 6 months; 9 months; 1 year; 15 months; 18 months; 2 years; 2 1/2 years; 3 years; 4 years; 5 years*
Information on Maternal Mental Health		
Standardized Measure(s)	***Suggested Assessments and/or Instruments***	***Notes***
17. *Percent of enrolled mothers who have been screened for mental health symptoms*	*The number of enrolled mothers screened for mental health symptoms during the reporting period divided by the total number of enrolled mothers during the same reporting period.*	
18. *Percent of enrolled mothers who have specific mental health symptoms*	*The proportion of enrolled mothers who screened positive for any/all mental health symptom(s) according to the Patient Health Questionnaire (multiple symptoms), CES-D (depressive symptoms), Edinburgh Postnatal Depression Scale (depressive symptoms) and/or GAD-7 (anxiety symptoms)*	

19. *Percent of enrolled mothers who have been referred for mental health services*	*The number of enrolled mothers referred for mental health services during the reporting period divided by the total number of enrolled mothers during the same reporting period.*	
20. *Percent of enrolled mothers who have actually received supplemental mental health services*	*The number of enrolled mothers who received supplemental mental health services during the reporting period divided by the total number of enrolled mothers during the same reporting period.*	
21. *Percent of enrolled mothers with clinically high self-reported parenting stress.*	*The number of enrolled mothers whose "Total" score on the Parenting Stress Index (PSI) exceeded the clinical cut-off score during the reporting period divided by the total number of enrolled mothers during the same reporting period. Mothers who have red flags on the Healthy Families Parenting Inventory ("Parent/Child Behavior" subscale), as observed and recorded by the home visitor.*	*The clinical cutoff score for the PSI = 91+ (i.e., any score above 90)*
Information on Typical Child Development		
Standardized Measure(s)	***Suggested Assessments and/or Instruments***	***Notes***
22. *Percent of enrolled children who are developing typically*	*The number of enrolled children whose development is scored as "typical" according to the Ages and Stages Questionnaire (ASQ-3) during the reporting period divided by the total number of enrolled children during the same reporting period.*	
23. *Percent of enrolled children whose socio-emotional development is typical*	*The number of enrolled children whose development is scored as "typical" according to the Ages and Stages Questionnaire: SE (ASQ: SE) during the reporting period divided by the total number of enrolled children during the reporting period.*	*"Typical" according to the ASQ: SE is defined as a score above the indicated cut-off (which varied depending on child age)*
Information on Children's Special Needs		
Standardized Measure(s)	***Suggested Assessments and/or Instruments***	***Notes***
24. *Percent of enrolled children with special needs*	*The number of enrolled children referred to Part C/Early Intervention services for special needs (ITP/Child Find) during the reporting period divided by the total number of enrolled children during the same reporting period.*	
[Additional] Domain: Information on Relationships		

Standardized Measure(s)	***Suggested Assessments and/or Instruments***	***Notes***
25. *Percent of mothers with improved parenting behaviors and/or parent-child relationships between 6 and 18 months (child age).*	*The number of mothers with a higher score at (child age) 18 months divided by the total number of mothers assessed at both 6 and 18 months, according to the HOME Inventory ("Responsivity" and "Acceptance" subscales) or mothers who have red flags on the Healthy Families Parenting Inventory ("Parent/Child Behavior" subscale), as observed and recorded by the home visitor.*	*Based on MIECHV benchmarks and Maryland's MIECHV benchmarks (developed by DHMH, April, 2012)*
26. Percent of enrolled mothers involved in domestic violence	*The number of mothers who screened positive for domestic violence at 36 weeks (pregnancy) divided by the total number of mothers enrolled during the same reporting period, according to the NFP's Relationship Assessment Form or the below [yes/no] questions, adapted from Healthy Moms, Healthy Babies: Futures without Violence.* • *Does my partner shame or humiliate me?* • *Does my partner threaten me, hurt me, or make me feel afraid?* • *Does my partner force me to do sexual things I don't want to?* • *Does my partner threaten to hurt my children or my family?*	*Based on MIECHV benchmarks and Maryland's MIECHV benchmarks (developed by DHMH, April, 2012)*
27. *Percent of enrolled mothers involved in domestic violence who have been assisted in making plans for safety*	*Of the mothers who screened positive for domestic violence, the percent that have completed safety plans within 24 hours of screening.*	

APPENDIX F:
MARYLAND HOME VISTING STANDARD DATA COLLECTION, FY15

1. **Jurisdiction: Please indicate the jurisdiction in which the program operates. Note: If this program serves multiple counties, please complete a separate tool to present county-level data.**

   [--Please Select--]

2. **Please provide complete information for the appropriate person to contact regarding any follow-up questions about this data.**

   First Name _____

   Last Name _____

   Work Phone _____

   Email Address _____

3. **Please select the Evidence-Based Home Visiting model for which data is being provided.**

   Note: If this organization operates multiple program models (Ex. Early Head Start and Healthy Families) please complete a separate survey for each program.

   [--Please Select--]

---

4. **Please indicate the percentage of funds that this program receives from each type of agency.**

   The sum of all entered values must be 100.

   Federal Government _____

   State Government _____

   Local Government _____

   Non-profit Organization _____

   Other _____

5. **If this program is funded directly from the Federal Government, what are the sources of Federal funds? Check N/A if no Federal funding is received for this program.**

MIECHV _____

Federal Source #2 _____

Federal Source #3 _____

Federal Source #4 _____

N/A _____

6. **If this program is funded through the State, please check the source(s) of funds received. Check N/A if no state funds are received for this program.**

 DHR

 MSDE

 Children's Cabinet

 N/A

 If other, please specify

_____

7. **Please list all of the sources of funding for this program that were counted in the "non-profit" or "other" categories from question #4.**

Source #1 _____

Source #2 _____

Source #3 _____

Source #4 _____

Source #5 _____

8. **What is the total capacity of this program during this reporting period? *Total capacity* is defined as the maximum number of families the program is funded to serve.**

_____

9. **What is the weighted capacity of this program during this reporting period? *Weighted capacity* is defined as the maximum number of families the program can serve based on the level of clients and the frequency of their home visits.**

_____

10. **What is the total number of women (mothers + expectant mothers) served by this program during this reporting period?**

_____

11. **Please record the numbers of mothers and expectant mothers in each age group who were served by this program during the reporting period (status as of the last day of the reporting period). Age should be recorded as client's age as of last birthday.**

The total number here should be equal to the response in question #10.

	<15 years old	**15-17 years old**	**18-19 years old**	**20-24 years old**	**25-29 years old**	**30-34 years old**	**35-39 years old**	**40-44 years old**	**45-49 years old**	**> 50**
Mothers	_	_	_	_	_	_	_	_	_	_
Expect	_	_	_	_	_	_	_	_	_	_

12. **Please indicate the numbers of women served by this program this reporting period who identify as the following race/ethnicity. The total # here should be equal to the total recorded in question #8.**

	White, not Hispanic	**Black or African American, not Hispanic**	**American Indian or Alaskan Native**	**Asian or Pacific Islander**	**Multiracial, not Hispanic**	**Multiracial AND Hispanic**	**White AND Hispanic, Latino or Spanish**	**Black AND Hispanic, Latino or Spanish**	**Hispanic, Latino or Spanish and unspecified race**	**Not Specified**
Number of women	_	_	_	_	_	_	_	_	_	_

13. **What is the total number of target children who are served by this program during this reporting period?**

_____

14. **Please indicate the age ranges of the target children served by this program during this reporting period. Please record child age range as of the last day of the reporting period.**

The total number here should be equal to the response in question #13.

	under 12 months	**12 months - 35 months old**	**36 months - 60 months old**
Number of Children	_	_	_

15. **Please indicate the numbers of children served by this program during this reporting period who are identified as the following race/ethnicity.**

	White, not Hispanic	**Black or African American, not Hispanic**	**American Indian or Alaskan Native**	**Asian or Pacific Islander**	**Multiracial, not Hispanic**	**Multiracial AND Hispanic**	**White AND Hispanic, Latino or Spanish**	**Black AND Hispanic, Latino or Spanish**	**Hispanic, Latino or Spanish and unspecified race**	**Not Specified**
Number of children	_	_	_	_	_	_	_	_	_	_

16. **Use these next 3 questions to provide information on primary caregivers other than the mother. Note: This is the only section to report information about primary caregivers other than the mother.**

How many of the following were enrolled as the primary caregiver to target children during this reporting period?

	#
Father	
Grandmother	_
Grandfather	_
Aunt	_
Uncle	_
Other	_

17. **What services does the program provide to primary caregivers other than mom? Please select all options that apply.**

	Yes	N/A
services per the model and curriculum	O	O
adapted services	O	O
other	O	O

18. **Please add any additional comments regarding other primary caregivers in this home visiting program.**

_____

_____

_____

_____

19. **What is the number of target children who have fully adhered to the well-child check-up schedule recommended by the American Academy of Pediatrics (AAP) while they have been enrolled in this program?**

    The AAP well-child check up schedule: by 1 month, 2 months, 4 months, 6 months, 9 months, 1 year, 15 months, 18 months, 2 years, 2.5 years, 3 years, 4 years and 5 years of age.

    If this program does not currently collect this data, please state "DNC" here.

    _____

20. **Please indicate any reasons that this program does not collect this data (ex. not previously been required).**

    _____

    _____

    _____

    _____

21. **Please complete this chart with data on depressive symptoms for the expectant and postpartum mothers served in this program during the reporting period. Only count each woman once, even if multiple screenings were performed. Count a woman as "screened positive for depression" if she screened positive at any point during this reporting period.**

If the program does not currently collect this data, please place an "x" the appropriate column.

	# of women	do not currently collect
# of women screened for depression	_	_
#of women who screened positive for depression	_	_
# of women who screened positive who were then referred for services	_	_
# of women who either initiated mental health services or continued services	_	_

22. **Please indicate all reasons that this program does not collect any of the above data on depressive symptoms (ex. not currently required, need to be trained on a screening tool, lack of services for referral when women screen positive, etc.)**

_____

_____

_____

_____

23. **Please use this chart to fill in data regarding substance use and abuse for the expectant and postpartum mothers served in this program during the reporting period. Only count each woman once, even if multiple screenings were performed. Count a woman as "screened positive for substance use/abuse" if she screened positive at any point during this reporting period.**

If the program does not currently collect this data, please place an "x" the appropriate column.

	# of women	do not currently collect

# of women screened for substance use and abuse	_	_
#of women who screened positive for use and abuse	_	_
# of women who screened positive who were then referred for services	_	_
# of women who either initiated substance use/abuse services or continued services	_	_

24. **Please indicate all reasons that this program does not collect any of the above data on substance use and abuse (ex. not currently required, need to be trained on a screening tool, lack of services for referral when women screen positive, etc.)**

_____

_____

_____

_____

25. **Please fill in the following chart with information regarding Clinically High Parenting Stress.**

Fill in only the column for the tool that is used. If this program does not currently collect this data, place an "x" in the appropriate column. Please count each women only once, even if multiple screenings were administered with one client. Also, please count a mother as "presenting with high parenting stress" if she screened positive at any point during this period.

	As measured by the Parenting Stress Index Tool	**As measured by the Healthy Families Parenting Inventory Tool**	**As measured by the Life Skills Progression Tool**	**As measured by another tool**	**Do not currently measure**

# of women presenting with high parenting stress	_	_	_	_	_

26. **If "another tool" was indicated in question #24, please specify what tool is used to measure parenting stress.**

_____

27. **Please indicate all reasons that this program does not collect any of the above data on parenting stress (ex. not currently required, need to be trained on a screening tool, lack of services for referral when women screen positive, etc.)**

_____

_____

_____

_____

28. **What is the total number of children who were screened for typical development of communication, gross motor, fine motor, problem solving and personal-social skills via the ASQ-3 Tool during this reporting period?**

Children should only be counted once, even if multiple screenings were performed.

_____

29. **Please answer the following questions about the children who were screened with the ASQ-3 Tool. All questions refer to the results from the child's most recent screening.**

	# of children
# who demonstrated atypical development as evidenced by a score below the cutoff	_
# who demonstrated atypical development and were referred for further services	_
# who are currently receiving further services for atypical development	_

30. **What is the total number of children who were screened for social-emotional development via the ASQ-SE Tool during this reporting period?**

Children should only be counted once, even if multiple screenings were performed.

_____

31. **Please answer the following questions about the children who were screened with the ASQ-SE Tool. All questions refer to the results from the child's most recent screening.**

	# of children
# who demonstrated atypical development as evidenced by a score above the cutoff	_
# who demonstrated atypical development and were referred for further services	_
# who are currently receiving further services for atypical development	_

32. **Please indicate any reasons that this program does not collect this data.**

_____

_____

_____

_____

33. **Please fill in the chart with data on children referred to or receiving the following services for disabilities during this reporting period.**

Acronyms used below: IEP- Individualized Education Plan, IFSP- Individualized Family Service Plan.

	# of children
Children REFERRED to the local school system Child Find Office for Part B preschool special education services	_
Children REFERRED to the local Infants and Toddlers program for Part C early intervention services	_
Children RECEIVING Part B preschool special education services through an IEP	_
Children RECEIVING Part C early intervention services through an IFSP	_
Children RECEIVING private services for disabilities	_

34. **What is the total number of mothers assessed for parenting behaviors and/or parent-child relationships at some initial baseline point (ex. 6 months of child's age).**

Examples of tools for this measurement include the HOME Inventory and the Healthy Families Parenting Inventory.

_____

35. **During this reporting period, how many women who had an initial parenting behaviors screening were screened for follow-up on this measure?**

_____

36. **How many mothers who were assessed at both baseline and follow-up showed improvement in their parenting behaviors/parent-child relationships?**

_____

37. **Please indicate all reasons that this program does not collect any of the above data on parenting behaviors/parent-child relationships (ex. not currently required, need to be trained on a screening tool, lack of services for referral, etc.)**

38. **Please indicate all times at which home visiting staff screens for Intimate Partner Violence (IPV)/Domestic Violence (DV).**

- ☐ At enrollment
- ☐ At 36 months pregnancy
- ☐ At every visit
- ☐ No IPV/DV screening at this time
- ☐ Other
- ☐ If other, please specify

39. **Please fill in the chart with information regarding women who were screened for IPV/DV. If your program currently does not collect this information, please indicate that with "DNC" in the appropriate column.**

	# of women
# screened by 36 weeks gestation	_
# who screened positive for IPV/DV by 36 weeks gestation	_
# who screened positive for IPV/DV by 36 weeks AND completed safety plans within 24 hours	_
# screened at any other interval	_
# who screened positive at any other interval	_
# who screened positive for IPV/DV at any other interval AND completed safety plans within 24 hours	_

40. **Please indicate all reasons that this program does not collect any of the above data on IPV/DV (ex. not currently required, need to be trained on a screening tool, lack of services for referral, etc.)**