

# THE MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM

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FORM 2 PERFORMANCE INDICATORS AND SYSTEMS OUTCOMES  
TOOLKIT

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# The Maternal, Infant, and Early Childhood Home Visiting Program Form 2 Performance Indicators and Systems Outcomes Toolkit September 2018

## About HV-PM/CQI

The purpose of the Home Visiting Performance Measurement and Continuous Quality Improvement (HV-PM/CQI) contract is to provide evaluation capacity building technical assistance and training support to the Maternal, Infant, and Early Childhood Home Visiting Program.

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# The Maternal, Infant, and Early Childhood Home Visiting Program Form 2 Performance Indicators and Systems Outcomes Toolkit

## 2016 Redesign of the Performance Measurement System

Awardees funded under the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) must collect and report data on program implementation and performance for eligible families participating in the program in the legislatively mandated benchmark areas of: (1) improvements in maternal, newborn, and child health; (2) prevention of child injuries, child abuse, neglect, or maltreatment, as well as reductions of emergency room visits; (3) improvements in school readiness and child academic achievement; (4) reductions in crime or domestic violence; (5) improvements in family economic self-sufficiency; and (6) improvements in the coordination and referrals for other community resources and supports. MIECHV is administered by the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau in collaboration with the Administration for Children and Families (ACF).

In 2016, HRSA revised the existing performance measurement system for the MIECHV Program. The purpose was to simplify, standardize, and strengthen the reported performance measures. The redesigned performance measurement system builds on the PEW<sup>1</sup> Home Visiting Project and was developed with input from MIECHV awardees, federal partners, representatives of home visiting model developers, content experts, and technical assistance (TA) providers through listening sessions held from January through April 2015 and a public comment period from September through October 2015. The revised measures better align with other U.S. Department of Health and Human Services (HHS) performance metrics. The Office of Management and Budget (OMB) approved the revised performance measures in March 2016. Awardees began implementing the revised measures in October 2016.

The performance measures include two types of data:

**Form 1 – Demographic, Service Utilization, and Select Clinical Indicators.** These data summarize program participant demographics and characteristics of service utilization at the state level. Major revisions include the addition of variables related to the usual source of medical and dental care for index children, housing status, and participation by an evidence-based home visiting model. The revised form also streamlines reporting and reduces the burden for awardees by removing multi-variable tables (e.g., marital status by race).

**Form 2 – Performance Indicators and Systems Outcome Measures.** This form requires data to be submitted on eligible populations for select indicators that represent the six statutorily defined benchmark areas. There is an overall reduction in total measures from 37 to 19 in the revised system. Measures are standardized to better allow for aggregation and summarization at the national level. HRSA has included two types of measures in Form 2 – performance indicators and systems outcome measures.

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<sup>1</sup> <http://www.pewtrusts.org/en/research-and-analysis/reports/2015/10/using-data-to-measure-performance-of-home-visiting>

- **Performance indicators** are proximal to the home visiting intervention and have been shown through previous research to be sensitive to change through home visiting alone. Performance indicators will be used to describe and monitor the performance of awardees; to target technical assistance resources in areas where there are opportunities for performance improvement; and to assist in developing required continuous quality improvement (CQI) and technical assistance plans. In future years, they may be used to demonstrate program performance accountability. Performance on these indicators may be used as one determinant in future funding formulas, which will reward high performing awardees.
- **Systems outcome measures** are more distal to the intervention and/or do not have as strong evidence to support the effect of home visiting alone on the outcome due to many factors, including confounding influences or differences in available system infrastructure at the state or community level. Systems outcome measures will be used to describe and monitor systems-level change at the state level (not solely attributed to home visiting interventions); target technical assistance to state-level systems building and coordination efforts of awardees; and compare the outcomes of service populations with comparable populations using available state or nationally representative data sources.

Major revisions to Form 2 are described in the table below.

**Table 1. Revisions to Form 2**

<b>Added new constructs</b>	Preterm Birth, Postpartum Care, Safe Sleep, Behavioral Concerns, Continuity of Insurance, Completed Depression and Developmental Referrals
<b>Revised existing constructs</b>	Breastfeeding, Depression Screening, Tobacco Use, Well-Child Visits, Child Emergency Department Visits, Educational Attainment
<b>Removed constructs</b>	Prenatal Care, Preconception Care, Inter-Birth Interval, Maternal Emergency Department Visits, Suspected Maltreatment, Parent Emotional Well-Being, Intimate Partner Violence (IPV) Safety Plan, Arrests, Convictions, Income

## About the Toolkit

The purpose of this document is to support awardees in reporting quality, consistent, and accurate data for each of the standardized measures in Form 2. This document

- supplies guidance on how to collect and report performance measures; and
- includes awardee-populated fields to specify data sources, data collection plans, and modifications to existing processes to address new measures.

This document can also be used by awardees when developing and updating performance measurement plans. These plans should detail how the awardee plans to collect, analyze, and report annually on each of the 19 Form 2 measures.

Each performance measure includes four sections.

1. **HRSA Data Collection Form.** This is the data collection form as it appears in the Home Visiting Information System (HVIS). Data will be submitted on each measure in a table similar to what is presented on the data collection form. The HRSA data collection form for each measure is included in this document so awardees may identify what information will be submitted during each annual report.
2. **Measure Details.** This section provides additional information to help operationalize each measure, including details related to the target population, data collection time points, data elements, validated tools, missing data, and additional considerations related to the measure. Details about the measure provided in this section may be helpful as awardees develop or modify data collection forms and data systems for the new measures. Criteria for identifying and reporting missing data for each measure may also be found in Appendix B.
3. **Sample Data Collection Elements.** This section includes sample data elements collected for each measure along with sample calculations. This section is provided as an example to awardees of possible data elements that need to be available in order to calculate the data value for each measure.
4. **Logic Statements for Data Inclusion in Reporting.** This section is intended to aid awardees in reporting data that meet the inclusion criteria for each measure. The section includes a series of logic statements to help identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

## Key Terms

**Target population.** For the purposes of performance measurement reporting, the MIECHV Program service population is the one being assessed by the measure. For example, the target population for the maternal depression screening measure is all primary caregivers enrolled in MIECHV services for at least 3 months; the target population for the child injury measure is all index children enrolled in MIECHV services. The target population assessed for each measure determines which participants are eligible to be included in the numerator and denominator. The target population for each measure is included in the Measure Details section.

**Data collection time points.** This refers to the points in time during the reporting period or a family's time in service in which data elements need to be collected to be accurately reported for the measure. For example, a program may require primary caregivers to be screened for IPV within 1 month of enrollment and annually thereafter. The program will need to consider whether these data collection



time points align with HRSA's measure definitions or if additional data collection time points need to be added to meet the reporting requirements.

**Data elements.** Data elements reflect the types of responses that are being documented in the forms or data systems. Data elements are identified as needed for the calculation of a measure. Collection forms are intended to gather the necessary elements, and the data systems will then provide the appropriate variables for reporting. For example, in order to assess if primary caregivers were screened for IPV within 6 months of enrollment, awardees will need to identify the number of primary caregivers who have been enrolled for at least 6 months during that reporting year and whether an IPV screening was administered to the caregiver during that time. Necessary data elements may include identification of primary caregiver, date of enrollment, and date of IPV screening. If awardees only collect data on whether an IPV screening was administered (yes/no) without the date of the IPV screening, then they will be unable to assess whether the screening was completed within the 6-month window.

**Numerator.** In a fraction, the numerator is the top value. For the performance measures, the numerator reflects the portion/number of the population defined in the denominator for which the specified event is true. For example, if the fraction represents the proportion of primary caregivers enrolled in home visiting who received an IPV screening, then the numerator is the number of caregivers who received the screening. For proportions and percentages, the numerator should be a subset of the denominator and will never be larger than the denominator. For rates, the numerator is not a subset of the denominator. In the revised performance measurement system, Measure 9: Child Injuries is the only measure reported as a rate; the rest of the measures are reported as percentages.

**Denominator.** In a fraction, the denominator is the bottom value. For the performance measures, the denominator reflects the size/number of the population being assessed. In the example with the fraction representing the proportion of primary caregivers enrolled in home visiting who received an IPV screening, then the denominator is the number of primary caregivers who were enrolled.

**Validated tool.** A validated tool is an instrument that has been psychometrically tested for reliability, validity, sensitivity, and specificity. A reliable tool is both consistent and stable at measuring a construct. A valid tool measures the concept it was intended to measure. Sensitivity represents the degree to which an instrument correctly identifies those individuals who have a specific condition. Specificity is the degree to which an instrument correctly screens out those individuals who do not have a specific condition. Some measurement tools have training requirements that need to be met before staff can administer the tool. HRSA requires awardees to use a validated tool for four measures – Measure 3: Depression Screening, Measure 10: Parent-Child Interaction, Measure 12: Developmental Screening, and Measure 14: Intimate Partner Violence Screening. A list of validated tools by measure is provided in Appendix E.

# Measure 1: Preterm Birth

## Measure 1: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator and denominator values in HVIS. Missing data, along with any information that may help explain the data, should be reported in the notes.

<b>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</b>	
<b>CONSTRUCT: Preterm Birth</b>	
<b>2. TYPE OF MEASURE</b>	
Systems Outcome	
<b>3. PERFORMANCE MEASURE</b>	
Percent of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment	
<b>4. SPECIFICATION</b>	
<b>NUMERATOR: Number of live births (index child or subsequent children among mothers who enrolled in home visiting prenatally before 37 weeks) born before 37 completed weeks of gestation and after enrollment</b> <b>DENOMINATOR: Number of live births after enrollment who were born to mothers enrolled in home visiting prenatally before 37 weeks</b>	
<b>5. VALUE FOR REPORTING PERIOD</b>	Numerator:
Value: (percentage)	Denominator:
<b>6. NOTES</b>	

\*Columns highlighted in blue are data values entered by awardees in HVIS.

## Measure 1: Details

**Target Population:** Pregnant women enrolled prior to 37 completed weeks of gestation and who delivered in the reporting period.

**Data Collection Time Point:** End of pregnancy.

**Frequency of Reporting:** This measure is assessed for each pregnancy while enrolled in the program. Eligible pregnant women and pregnancies may therefore be included in more than one annual report.

**Suggested Data Elements:** Date of enrollment, gestational age at enrollment (or estimated delivery date to calculate gestational age at enrollment), child date of birth, live birth status (yes/no).

**Validated Tool:** NA

**Missing Data:**

- Missing data will affect accuracy of data and should be reported in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
- Missing data should not be included in the measure calculation.

- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

**Additional Notes:**

- To be included in the reporting period, participants need to have enrolled prior to 37 completed weeks of gestation and delivered the baby during the reporting period. If the participant enrolls prior to 37 weeks in the current reporting period but delivers in the subsequent reporting period, the participant will be included in the subsequent reporting submission. If she enrolls prior to 37 weeks in the previous reporting period but delivers in the current reporting period, she will be included in the current report submission.
- Preterm birth is defined as a birth before the 37 completed weeks of gestation (defined as up to 36 weeks and 6 days). The “37 completed weeks” means 36 weeks and 7 days. (Reference: <http://www.who.int/mediacentre/factsheets/fs363/en/>).

**Measure 1: Logic Statements for Data Inclusion in Reporting**

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

**Measure Definition:** Percentage of infants born to mothers enrolled in home visiting prior to 37 completed weeks of gestation (preterm) and delivered in the reporting period.

**Inclusion Criteria:** To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the child enrolled in home visiting was born during the reporting period, (2) if the primary caregiver enrolled prior to 37 completed weeks of gestation, and (3) the gestational age at the time of birth.

**Logic Statements:** The following steps will help to identify whom to include in the measure and how to identify missing data:

1. ***For each child enrolled in your program at any point during the reporting period, was s/he born during the reporting period?***

Yes – Continue to next question.



No – This child is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



2. ***Did the primary caregiver enroll prenatally prior to 37 completed weeks of gestation?***

Yes – Continue to next question.



No – This child is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



**3. What was the gestational age at the time of birth?**

Gestational age at birth determined – Continue to next question.



Gestational age at birth not determined – Include in missing cases for this measure.



**4. Was the child born less than 37 completed weeks of gestation?**

Yes – Include in numerator and denominator for this measure.



No – Include in denominator for this measure, but do not include in numerator.



Information missing – Include in missing cases for this measure.



## Measure 2: Breastfeeding

### Measure 2: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator and denominator values in HVIS. Missing data, along with any information that may help explain the data, should be reported in the notes.

<b>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</b>	
<b>CONSTRUCT: Breastfeeding</b>	
<b>2. TYPE OF MEASURE</b>	
Systems Outcome	
<b>3. PERFORMANCE MEASURE</b>	
Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age	
<b>4. SPECIFICATION</b>	
<b>NUMERATOR: Number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age</b>  <b>DENOMINATOR: Number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) enrolled in home visiting for at least 6 months</b>	
<b>5. VALUE FOR REPORTING PERIOD</b>	Numerator:
Value: (percentage)	Denominator:
<b>6. NOTES</b>	

\*Columns highlighted in blue are data values entered by awardees in HVIS.

### Measure 2: Details

**Target Population:** Index children who reached 6 to 12 months of age within the reporting period whose mothers enrolled prenatally and have been enrolled for at least 6 months.

**Data Collection Time Point:** Home visit at or after the index child reached 6 months and before the child reaches 12 months.

**Frequency of Reporting:** This measure is assessed in the reporting period for which the index children are between 6 and 12 months during the reporting period. Once an eligible index child has been included in the measure, s/he is excluded from subsequent reporting periods.

**Suggested Data Elements:** Date of enrollment, child's date of birth, breastfed any amount at 6 months, date assessed.

**Validated Tool:** NA

**Missing Data:**

- Missing data will affect accuracy of data and should be reported in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.

- Missing data should not be included in the measure calculation.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

**Additional Notes:**

- The measure captures if the index child received breastmilk in any amount at 6 months of age, not if the child was continuously or exclusively breastfed for 6 months.
- Since the measure reflects whether the index child received breastmilk at 6 months of age, data collection should occur when the child is older than 6 months, but prior to 12 months.
- This measure may be assessed retrospectively.
- Medical exclusion criteria can be found at <http://www.cdc.gov/breastfeeding/disease/>.

**Measure 2: Logic Statements for Data Inclusion in Reporting**

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

**Measure Definition:** Percentage of index children who were breastfed any amount at 6 months of age and whose mothers enrolled in home visiting prenatally.

**Inclusion Criteria:** To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the index child’s mother enrolled prenatally, (2) if the child’s age was between 6 and 12 months during the reporting period, (3) if the breastfeeding status was assessed, and (4) if the breastfeeding status was assessed when the child was between 6 and 12 months.

**Logic Statements:** The following steps will help to identify whom to include in the measure and how to identify missing data:

**1. Did the index child’s mother enroll in home visiting prenatally?**

Yes – Continue to next question.



No – This index child is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



**2. Was the index child between 6 to 12 months of age during the reporting period?**

Yes – Continue to next question.



No – This index child is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



**3. Did the date of the breastfeeding assessment occur between the index child's age of 6 and 12 months?**

Yes – Continue to next question.



No – This index child is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



**4. Did the breastfeeding assessment indicate the index child received breastmilk in any amount when s/he was 6 months of age?**

Yes – Include in numerator and denominator for this measure.



No – Include in denominator for this measure, but do not include in numerator.



Information missing – Include in missing cases for this measure.



## Measure 3: Depression Screening

### Measure 3: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator and denominator values in HVIS. Missing data, along with any information that may help explain the data, should be reported in the notes.

<b>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</b>	
<b>CONSTRUCT: Depression Screening</b>	
<b>2. TYPE OF MEASURE</b>	
Performance Indicator	
<b>3. PERFORMANCE MEASURE</b>	
Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally)	
<b>4. SPECIFICATION</b>	
<b>NUMERATOR:</b> For those not enrolled prenatally, number of primary caregivers enrolled in home visiting who are screened for depression within the first 3 months since enrollment; for those enrolled prenatally, the number of primary caregivers screened for depression within 3 months of delivery  <b>DENOMINATOR:</b> For those not enrolled prenatally, the number of primary caregivers enrolled in home visiting for at least 3 months; for those enrolled prenatally, the number of primary caregivers enrolled in home visiting for at least 3 months post delivery	
<b>5. VALUE FOR REPORTING PERIOD</b>	Numerator:
Value: (percentage)	Denominator:
<b>6. NOTES</b>	
<b>7. MEASUREMENT TOOL UTILIZED</b>	
Indicate the validated measurement tool(s) utilized to address this measure	

\*Columns highlighted in blue are data values entered by awardees in HVIS.

### Measure 3: Details

**Target Population:** Primary caregivers who have been enrolled for at least 3 months.

**Data Collection Time Point:** At least 3 months after enrollment for those enrolled postnatally and at least 3 months post-delivery for those enrolled prenatally.

**Frequency of Reporting:** This measure is assessed at one point in time per eligible family. Primary caregivers do not need to be reported again for subsequent pregnancies that occur after they are enrolled in home visiting.

**Suggested Data Elements:** Date of enrollment, child’s date of birth, caregiver depression screening, date of screening, enrolled prenatally.



**Validated Tool:** Awardees must use a validated tool for this measure. Depression should be defined in accordance to the validated depression screening tool’s definition of depression.

**Missing Data:**

- Missing data will affect accuracy of data and should be reported in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether the screening occurred using a validated tool, but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

**Additional Notes:** This measure captures two target populations with different screening windows. Data from both target populations should be aggregated into one value for this measure.

### Measure 3: Logic Statements for Data Inclusion in Reporting

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

**Measure Definition:** Percentage of primary caregivers enrolled in home visiting who were screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally).

**Inclusion Criteria:** To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the primary caregiver enrolled postnatally and was enrolled for at least 3 months in the reporting period or if the primary caregiver enrolled prenatally and was enrolled for at least 3 months postpartum in the reporting period and (2) if the primary caregiver was screened for depression with a validated tool within 3 months of enrollment for those enrolled postnatally or within 3 months of delivery for those enrolled prenatally.

**Logic Statements:** The following steps will help to identify whom to include in the measure and how to identify missing data:

**1. For each primary caregiver enrolled in your program, did she enroll prenatally or postnatally?**

Primary caregiver enrolled prenatally – Continue to next question.



Primary caregiver enrolled postnatally – Continue to question 4.



Information missing – Include in missing cases for this measure.



**2. For each primary caregiver who enrolled prenatally, did she reach 3 months postpartum during the reporting period?**

Yes – Continue to next question.



No – The primary caregiver is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



**3. For each primary caregiver who enrolled prenatally, was she screened for depression with a validated tool within 3 months postpartum?**

Yes – Include in the numerator and denominator for this measure.



No – Include in the denominator for this measure, but do not include in the numerator.



Screening information missing – Include in the denominator for this measure, but not in the numerator.



**4. For each primary caregiver who enrolled postnatally, was she enrolled for at least 3 months during the reporting period?**

Yes – Continue to next question.



No – This primary caregiver is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



**5. For each primary caregiver who enrolled postnatally, was she screened for depression using a validated tool within 3 months of enrollment?**

Yes – Include in numerator and denominator for this measure.



No – Include in the denominator for this measure, but do not include in the numerator.



Screening information missing – Include in the denominator for this measure, but not the numerator.



## Measure 4: Well-Child Visit

### Measure 4: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator and denominator values in HVIS. Missing data, along with any information that may help explain the data, should be reported in the notes.

<b>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</b>	
CONSTRUCT: Well Child Visit	
<b>2. TYPE OF MEASURE</b>	
Performance Indicator	
<b>3. PERFORMANCE MEASURE</b>	
Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule	
<b>4. SPECIFICATION</b>	
NUMERATOR: Number of children (index child) enrolled in home visiting who received the last recommended well child visit based on the AAP schedule	
DENOMINATOR: Number of children (index child) enrolled in home visiting	
<b>5. VALUE FOR REPORTING PERIOD</b>	Numerator:
Value: (percentage)	Denominator:
<b>6. NOTES</b>	

\*Columns highlighted in blue are data values entered by awardees in HVIS.

### Measure 4: Details

**Target Population:** Enrolled index children.

**Data Collection Time Point:** Data regarding well-child visits will be collected at multiple points in time throughout enrollment to correspond to the AAP recommendation schedule. Data may be collected after each scheduled well-child visit or retrospectively at the end of the reporting period

**Frequency of Reporting:** This measure is assessed in multiple reporting years for all index children enrolled in the program. Eligible children may therefore be included in more than one annual report.

**Suggested Data Elements:** Date of home visit, completion of last expected well-child visit.

**Validated Tool:** N/A

**Missing Data:**

- Missing data will affect accuracy of data and should be reported in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if the home visit occurred but the home visitor did not collect the data. If a home visit did not occur around the most recent age

requiring a well-child visit, then data from the previous expected well-child visit should be reported.

- Missing data should not be included in the measure calculation.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

**Additional Notes:**

- All index children who received services for any length of time during the reporting period should be counted in that reporting period.
- This measure does not assess if the index child is up to date on visits, but assesses if the last expected well-child visit was completed based on the child’s current age and the date it was collected.
- Awardees should use the following intervals, which are based on the American Academy of Pediatrics (AAP) schedule ([https://www.aap.org/en-us/Documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf)) and depend on the child’s age: 3 to 7 days, 2 to 4 weeks, 2 to 3 months, 4 to 5 months, 6 to 7 months, 9 to 10 months, 12 to 13 months, 15 to 16 months, 18 to 19 months, 2 to 2.5 years, 3 to 3.5 years, and 4 to 4.5 years. These intervals allow for a window for the visits to occur. For instance, the 9-month visit could occur for the index child anytime between 9 to 10 months of age.

### Measure 4: Logic Statements for Data Inclusion in Reporting

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

**Measure Definition:** Percentage of index children enrolled in home visiting who received the last recommended visit based on the AAP schedule.

**Inclusion Criteria:** Expected well-child visit may be determined using a table of recommended well-child visits based on the AAP schedule. At the end of the reporting period, verify (1) when each index child’s last home visit occurred, (2) the child’s age at the date of the last home visit, (3) which AAP expected well-child visit should have occurred prior to the last home visit, and (4) if the expected AAP visit was completed. When determining which AAP expected well-child visit should have occurred prior to the last home visit, keep in mind each well-child visit has a window for completion. The window for data collection should end prior to the last home visit.

**Logic Statements:** The following steps will help to identify whom to include in the measure and how to identify missing data:

**1. For each index child enrolled in your program, was s/he actively enrolled in home visiting for any part of the reporting period?**

Yes – Continue to next question.



No – This index child is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



**2. When was the last home visit with the family?**

Date provided – Continue to next question.



Date not provided – Include in missing cases for this measure.



**3. What was the index child's age at the time of the last home visit with the family?**

Index child's age is known/can be calculated – Continue to next question.



Unable to determine index child's age – Include in missing cases for this measure.



**4. Prior to the last home visit with the family, what was the last expected well-child visit based on AAP recommendations?**

Index child's age range during last expected well-child visit is known/can be calculated – Continue to next question.



Index child's age range during last expected well-child visit cannot be determined – Include in missing cases for this measure.



**5. What was the index child's age at her/his last reported well-child visit?**

Index child's age at last well-child visit is known/can be calculated – Continue to next question.



Index child's age at last well-child visit cannot be determined – Include in missing cases for this measure.



**6. Did the last reported well-child visit for the index child fall within the age range of the last expected well-child visit?**

Yes – Include in numerator and denominator for this measure.



No – Include in denominator for this measure, but do not include in numerator.



## Measure 5: Postpartum Care

### Measure 5: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator and denominator values in HVIS. Missing data, along with any information that may help explain the data, should be reported in the notes.

<b>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</b>	
<b>CONSTRUCT: Postpartum Care</b>	
<b>2. TYPE OF MEASURE</b>	
Performance Indicator	
<b>3. PERFORMANCE MEASURE</b>	
Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery	
<b>4. SPECIFICATION</b>	
<b>NUMERATOR: Number of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery</b>	
<b>DENOMINATOR: Number of mothers who enrolled in home visiting prenatally or within 30 days after delivery and remained enrolled for at least 8 weeks (56 days) after delivery</b>	
<b>5. VALUE FOR REPORTING PERIOD</b>	
Value: (percentage)	Numerator:
	Denominator:
<b>6. NOTES</b>	

\*Columns highlighted in blue are data values entered by awardees in HVIS.

### Measure 5: Details

**Target Population:** Mothers enrolled prenatally or within 30 days of giving birth and remain enrolled for at least 8 weeks after delivery.

**Data Collection Time Point:** At least 56 days postdelivery.

**Frequency of Reporting:** This measure is assessed at one point in time per eligible family. Primary caregivers do not need to be reported again for subsequent pregnancies that occur after they are enrolled in home visiting.

**Suggested Data Elements:** Mother enrolled prenatally, date of enrollment, postpartum health visit, postpartum health visit date, length of enrollment, child date of birth.

**Validated Tool:** N/A

**Missing Data:**

- Missing data will affect accuracy of data and should be reported in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.

- Missing data should not be included in the measure calculation.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

**Additional Notes:**

- This measure captures two target populations. Data from both target populations should be aggregated into one value for this measure.
- A postpartum visit is defined as a visit between the mother and her health care provider to assess her current physical health, including the status of pregnancy-related conditions like gestational diabetes, screen for postpartum depression, provide counseling on infant care and family planning as well as screening and referrals for the management of chronic conditions. Additionally, a provider may use this opportunity to conduct a breast exam and discuss breastfeeding.
- The American College of Obstetricians and Gynecologists recommends that mothers receive a postpartum care visit 4 to 6 weeks after delivery. (Reference: Health Resources and Services Administration. Child Health USA 2013: Postpartum Visit and Well-Baby Care. Retrieved from <http://mchb.hrsa.gov/chusa13/health-services-utilization/p/postpartum-visit-well-baby-care.html>.)

**Measure 5: Logic Statements for Data Inclusion in Reporting**

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

**Measure Definition:** Percentage of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit within 8 weeks (56 days) of delivery by a healthcare provider.

**Inclusion Criteria:** To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the mother enrolled in home visiting prenatally or within 30 days after delivery during the reporting period, (2) if the mother was 8 weeks (56 days) after delivery at any point in the reporting period, and (3) if a postpartum visit took place on or before 8 weeks (56 days) after delivery.

**Logic Statements:** The following steps will help to identify whom to include in the measure and how to identify missing data:

- 1. For each mother enrolled in your program at any point during the reporting period, was she enrolled prenatally or within 30 days after delivery?**

Yes – Continue to next question.



No – This mother is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



**2. Was the mother enrolled in your program for at least 8 weeks (56 days) after delivery within the reporting period?**

Yes – Continue to next question.



No – This mother is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



**3. Did the mother complete a postpartum visit on or before 8 weeks (56 days) after delivery?**

Yes – Include in numerator and denominator for this measure.



No – Include in the denominator for this measure, but do not include in the numerator.



Information missing – Include in missing cases for this measure.





## Measure 6: Tobacco Cessation Referrals

### Measure 6: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator and denominator values in HVIS. Missing data, along with any information that may help explain the data, should be reported in the notes.

<b>1. BENCHMARK AREA: MATERNAL AND NEWBORN HEALTH</b>	
<b>CONSTRUCT: Tobacco Cessation Referrals</b>	
<b>2. TYPE OF MEASURE</b>	
Performance Indicator	
<b>3. PERFORMANCE MEASURE</b>	
Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment	
<b>4. SPECIFICATION</b>	
<b>NUMERATOR: Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment</b>	
<b>DENOMINATOR: Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were enrolled for at least 3 months</b>	
<b>5. VALUE FOR REPORTING PERIOD</b>	
Value: (percentage)	Numerator:
	Denominator:
<b>6. NOTES</b>	

\*Columns highlighted in blue are data values entered by awardees in HVIS.

### Measure 6: Details

**Target Population:** Primary caregivers enrolled for 3 months who used tobacco or cigarettes at enrollment.

**Data Collection Time Point:** Intake and 3 months post enrollment.

**Frequency of Reporting:** This measure is assessed at one point in time per eligible family.

**Suggested Data Elements:** Date of enrollment, tobacco use at enrollment, tobacco cessation referral, date of tobacco cessation referral.

**Validated Tool:** N/A

**Missing Data:**

- Missing data will affect accuracy and should be reported in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether the primary caregiver used tobacco or cigarettes at enrollment since inclusion in the denominator

cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are known and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.

- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

**Additional Notes:**

- This measure requires all participants to be assessed for tobacco use at the time of enrollment, although only those who report tobacco use at the time of enrollment will be included in the measure.
- If they were already receiving tobacco cessation services at enrollment, primary caregivers should be excluded from the denominator.
- Home visiting models/programs should determine what constitutes an appropriate referral.
- Tobacco includes combustibles (cigarettes, cigars, pipes, hookahs, and bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and ENDS. Awardees must adhere to this definition of tobacco substances, which corresponds with the CDC definition (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6325a3.htm>).

**Measure 6: Logic Statements for Data Inclusion in Reporting**

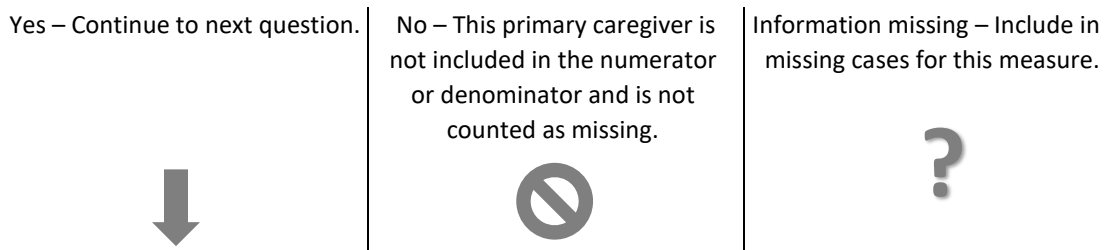
The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

**Measure Definition:** Percentage of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment.

**Inclusion Criteria:** To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the primary caregiver reported using tobacco or cigarettes at the time of enrollment and (2) if the primary caregiver received a referral to tobacco cessation counseling or services within 3 months of enrollment.

**Logic Statements:** The following steps will help to identify whom to include in the measure and how to identify missing data:

**1. For each primary caregiver enrolled in your program, did s/he report tobacco or cigarette use at the time of enrollment?**



**2. For each primary caregiver who indicated “yes” to tobacco use, was s/he already receiving tobacco cessation services?**

Yes – Exclude from the numerator and denominator, do not include in missing.



No – Continue to next question.



**3. Was the primary caregiver enrolled for at least 3 months during the reporting period?**

Yes – Continue to next question.



No – This primary caregiver is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



**4. Was the primary caregiver referred to tobacco cessation counseling or services within 3 months of enrollment?**

Yes – Include in numerator and denominator for this measure.



No – Include in the denominator for this measure, but do not include in the numerator.



# Measure 7: Safe Sleep

## Measure 7: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator and denominator values in HVIS. Missing data, along with any information that may help explain the data, should be reported in the notes.

<b>1. BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS</b>	
<b>CONSTRUCT: Safe Sleep</b>	
<b>2. TYPE OF MEASURE</b>	
Performance Indicator	
<b>3. PERFORMANCE MEASURE</b>	
Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing or soft bedding	
<b>4. SPECIFICATION</b>	
<b>NUMERATOR: Number of infants (index child aged less than 1 year) enrolled in home visiting whose primary caregiver reports that they are always placed to sleep on their backs, without bed-sharing or soft bedding</b>	
<b>DENOMINATOR: Number of infants (index child) enrolled in home visiting who were aged less than 1 year during the reporting period</b>	
<b>5. VALUE FOR REPORTING PERIOD</b>	Numerator:
Value: (percentage)	Denominator:
<b>6. NOTES</b>	

\*Columns highlighted in blue are data values entered by awardees in HVIS.

## Measure 7: Details

**Target Population:** Index children less than 1 year of age during the reporting period.

**Data Collection Time Point:** Within 1 year of date of birth.

**Frequency of Reporting:** This measure may be assessed in multiple reporting years for all eligible index children enrolled in the program. Eligible children may therefore be included in more than one annual report.

**Suggested Data Elements:** Child date of birth, safe sleep practices.

**Validated Tool:** N/A

### Missing Data:

- Missing data will affect accuracy of data and should be reported in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.

- Missing data should not be included in the measure calculation.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data, and if possible, describes plans to reduce the amount of missing data in future reporting.

**Additional Notes:**

- Safe sleep practices should be measured using primary caregiver’s reported sleep practices during the index child’s first year and may be measured at various times throughout the year.
- To assess the measure accurately, the primary caregiver should be asked specifically (1) if s/he **always** places the index child to sleep on her/his back and (2) if s/he **always** places the index child to sleep without bed-sharing or soft bedding. To be assessed as having safe sleep habits, the primary caregiver needs to answer “yes” to both parts of the measure.
- Safe sleep practices may be assessed at multiple data collection points. If measured at multiple points in time during enrollment (such as by asking the primary caregiver during each visit), then the assessment completed in the home visit closest to the end of the reporting period should be used in the calculation.

**Measure 7: Logic Statements for Data Inclusion in Reporting**

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

**Measure Definition:** Percentage of index children less than 1 year of age enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing or soft bedding. It is important to note in the second statement about bed-sharing and soft bedding, that neither bed-sharing nor soft bedding are considered safe sleep practices. It is not an “either or” statement.

**Inclusion Criteria:** To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the child enrolled in home visiting was exactly 1 year old or younger at any point during the reporting period, (2) if the primary caregiver was assessed for safe sleep practices at least once during the reporting period, and (3) if the primary caregiver responded affirmatively to all components of the measure.

**Logic Statements:** The following steps will help to identify whom to include in the measure and how to identify missing data:

**1. For each index child enrolled in your program, was s/he exactly 1 year old or younger at any point in the reporting period?**

Yes – Continue to next question.



No – This index child is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



**2. Did the primary caregiver report that s/he always placed her/his index child to sleep on her/his back and without bed-sharing or soft bedding?**

Yes – Include in numerator and denominator for this measure.



No – Include in the denominator for this measure, but do not include in the numerator.



Information missing/safe sleep assessment not completed – Include in missing cases for this measure.



# Measure 8: Child Injury

## Measure 8: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator and denominator values in HVIS. Missing data, along with any information that may help explain the data, should be reported in the notes.

<b>1. BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS</b>	
<b>CONSTRUCT: Child Injury</b>	
<b>2. TYPE OF MEASURE</b>	
System Outcome	
<b>3. PERFORMANCE MEASURE</b>	
Rate of injury-related visits to the Emergency Department (ED) since enrollment among children enrolled in home visiting	
<b>4. SPECIFICATION</b>	
<b>NUMERATOR: Number of parent-reported nonfatal injury-related visits to the ED since enrollment among children (index child) enrolled in home visiting</b>	
<b>DENOMINATOR: Number of children (index child) enrolled in home visiting</b>	
<b>5. VALUE FOR REPORTING PERIOD</b>	
Value: (rate)	Numerator:
	Denominator:
<b>6. NOTES</b>	

\*Columns highlighted in blue are data values entered by awardees in HVIS.

## Measure 8: Details

**Target Population:** Enrolled index children.

**Data Collection Time Point:** End of reporting period.

**Frequency of Reporting:** This measure is assessed in multiple reporting years for all eligible index children enrolled in the program. Eligible children may therefore be included in more than one annual report.

**Suggested Data Elements:** Emergency department visit, emergency department visit date.

**Validated Tool:** N/A

**Missing Data:**

- Missing data will affect accuracy of data and should be reported in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
- Missing data should not be included in the measure calculation.

- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

**Additional Notes:**

- Index child emergency department visits should only be recorded if they occur during enrollment. Visits that occur during the reporting period but prior to enrollment should be excluded.
- Injury-related emergency department visits are defined as injuries resulting from the following causes or mechanisms of injury: motor vehicle, suffocation, drowning, poisoning, fire/burns, falls, sports and recreation, and intentional injuries, such as child maltreatment. (Reference: Centers for Disease Control and Prevention. National Action Plan for Child Injury Prevention. 2012. Retrieved from [https://www.cdc.gov/safecild/pdf/national\\_action\\_plan\\_for\\_child\\_injury\\_prevention.pdf](https://www.cdc.gov/safecild/pdf/national_action_plan_for_child_injury_prevention.pdf).)
- This measure is reported as a rate. The numerator represents the number of emergency department visits, not the number of children who visited the emergency department.
- To ensure data are available by the end of the reporting period, the program may choose to assess the measure at multiple time points to ensure missed home visits do not prevent data collection. If the measure is assessed at multiple time points, the assessment closest to the end of the reporting period should be used.

**Measure 8: Logic Statements for Data Inclusion in Reporting**

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

**Measure Definition:** Rate of injury-related visits to the Emergency Department (ED) since enrollment for children enrolled in home visiting.

**Inclusion Criteria:** To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the index child was enrolled in home visiting for any length of time during the reporting period and (2) if the primary caregiver was assessed for nonfatal injury-related ED visits for the child during the reporting period.

**Logic Statements:** The following steps will help to identify whom to include in the measure and how to identify missing data:

1. ***For each index child enrolled in your program, was s/he actively enrolled for any part of the reporting period?***

Yes – Continue to next question.



No – This index child is not included in the denominator, no visits are included in the numerator, and the case is not counted as missing.



Information missing – Include in missing cases for this measure.





**2. How many nonfatal injury-related ED visits did the primary caregiver report the index child had during the reporting period?**

Number of ED visits assessed –  
Include the total number of  
reported ED visits in the  
numerator.



Information missing/ED  
assessment not completed –  
Include in missing cases for this  
measure.



# Measure 9: Child Maltreatment

## Measure 9: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator and denominator values in HVIS. Missing data, along with any information that may help explain the data, should be reported in the notes.

<b>1. BENCHMARK AREA: CHILD INJURIES, ABUSE, NEGLECT, AND MALTREATMENT AND EMERGENCY DEPARTMENT VISITS</b>	
<b>CONSTRUCT: Child Maltreatment</b>	
<b>2. TYPE OF MEASURE</b>	
System Outcome	
<b>3. PERFORMANCE MEASURE</b>	
Percent of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period	
<b>4. SPECIFICATION</b>	
<b>NUMERATOR: Number of children (index child) enrolled in home visiting with at least 1 investigated case of maltreatment since enrollment</b>	
<b>DENOMINATOR: Number of children (index child) enrolled in home visiting</b>	
<b>5. VALUE FOR REPORTING PERIOD</b>	Numerator:
Value: (percentage)	Denominator:
<b>6. NOTES</b>	

\*Columns highlighted in blue are data values entered by awardees in HVIS.

## Measure 9: Details

**Target Population:** Enrolled index children.

**Data Collection Time Point:** End of reporting period.

**Frequency of Reporting:** This measure is assessed in multiple reporting years for all eligible index children enrolled in the program. Eligible children may therefore be included in more than one annual report.

**Suggested Data Elements:** Investigated child maltreatment, date of investigated child maltreatment.

**Validated Tool:** N/A

### Missing Data:

- Missing data will affect accuracy of data and should be reported in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
- Missing data should not be included in the measure calculation.

- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

**Additional Notes:**

- Child maltreatment data should only be recorded if they occur during enrollment. Incidences that occurred during the reporting period but prior to enrollment should be excluded.
- This measure is reported for each reporting period the child is enrolled. Data reported each reporting period reflect the time enrolled during that reporting period only, not cumulatively across all years enrolled.
- Regardless of the disposition or outcome of the investigation, this measure captures children with at least one investigated case of maltreatment. For this measure, investigated cases have an allegation of maltreatment that was screened-in for investigation or assessment and received further investigation. (Reference: U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. (2017). Child Maltreatment 2015. Available from <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>.) A screened-in report is one that is accepted for investigation or assessment based on the state screen-in criteria. (Reference: Child Welfare Information Gateway. Screening and Intake. Retrieved from <https://www.childwelfare.gov/topics/responding/ia/screening/>.)
- Retrospective data collection and matching are acceptable for this measure if child welfare data is not available during the reporting period.

**Measure 9: Logic Statements for Data Inclusion in Reporting**

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

**Measure Definition:** Percentage of index children enrolled in home visiting with at least one investigated case of maltreatment following enrollment and occurring within the reporting period.

**Inclusion Criteria:** To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the index child was enrolled in home visiting during the reporting period and (2) if child maltreatment data on investigated case of maltreatment was collected from the child welfare agency during the reporting period.

**Logic Statements:** The following steps will help to identify whom to include in the measure and how to identify missing data:

**1. For each index child enrolled in your program, was s/he actively enrolled for any part of the reporting period?**

Yes – Continue to next question.



No – This index child is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



**2. As reported by the child welfare agency, has the index child had at least one investigated case of maltreatment since enrollment?**

Yes – Include in numerator and denominator for this measure.



No – Include in the denominator for this measure, but do not include in the numerator.



Information missing – Include in missing cases for this measure.



# Measure 10: Parent-Child Interaction

## Measure 10: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator and denominator values in HVIS. Missing data, along with any information that may help explain the data, should be reported in the notes.

<b>1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT</b>	
<b>CONSTRUCT: Parent-Child Interaction</b>	
<b>2. TYPE OF MEASURE</b>	
Performance Indicator	
<b>3. PERFORMANCE MEASURE</b>	
Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interactions by the home visitor using a validated tool	
<b>4. SPECIFICATION</b>	
<b>NUMERATOR: Number of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interactions by the home visitor using a validated tool</b> <b>DENOMINATOR: Number of primary caregivers enrolled in home visiting with children reaching the target age range</b>	
<b>5. VALUE FOR REPORTING PERIOD</b>	Numerator:
Value: (percentage)	Denominator:
<b>6. NOTES</b>	

\*Columns highlighted in blue are data values entered by awardees in HVIS.

## Measure 10: Details

**Target Population:** Primary caregivers with index children within the target age range of the validated tool selected.

**Data Collection Time Point:** Based on the administration protocol specified by the validated tool selected and the child’s age during the reporting period.

**Frequency of Reporting:** This measure may be assessed at multiple points in time per eligible primary caregiver and will be determined by the administration protocol of the tool selected. Eligible participants may therefore be included in more than one annual report. If primary caregivers are assessed multiple times per reporting period, only one observation per primary caregiver should be reported.

**Suggested Data Elements:** Parent-child interaction observation, parent-child interaction observation date.

**Validated Tool:** Awardees must use a validated tool for this measure.

### Missing Data:

- Missing data will affect accuracy of data and should be reported in the notes section. Data are

considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether the primary caregiver received an observation of caregiver-child interaction by the home visitor using a validated tool, but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.

- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

**Additional Notes:**

- All primary caregivers with children within the entire target age range of the selected tool should be reported.
- If multiple observations using a validated tool are made in the same reporting period, only one observation per primary caregiver should be reported.

**Measure 10: Logic Statements for Data Inclusion in Reporting**

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

**Measure Definition:** Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interactions by the home visitor using a validated tool.

**Inclusion Criteria:** To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if each primary caregiver enrolled in your program had an index child who reached the valid age range of the parent-child interaction tool during the reporting period (2) if the primary caregiver received a caregiver-child interaction by the home visitor using a validated tool during the reporting period.

**Logic Statements:** The following steps will help to identify whom to include in the measure and how to identify missing data:

1. ***For each primary caregiver enrolled in your program, did any have an index child who reached the valid age range required by the parent-child interaction tool during the reporting period?***

Yes – Continue to next question.



No – This primary caregiver is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure if the index child’s age cannot be determined or is missing



**2. For each primary caregiver enrolled in your program, did s/he receive a caregiver-child interaction by the home visitor using a validated tool during the reporting period?**

Yes – Include in numerator and denominator for this measure.



No – Include in the denominator for this measure, but do not include in the numerator.



Information missing – Include in denominator for this measure, but do not include in numerator.



# Measure 11: Early Language and Literacy Activities

## Measure 11: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator and denominator values in HVIS. Missing data, along with any information that may help explain the data, should be reported in the notes.

<b>1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT</b>	
<b>CONSTRUCT: Early Language and Literacy Activities</b>	
<b>2. TYPE OF MEASURE</b>	
Performance Indicator	
<b>3. PERFORMANCE MEASURE</b>	
Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day	
<b>4. SPECIFICATION</b>	
<b>NUMERATOR: Number of children (index child) enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day</b>	
<b>DENOMINATOR: Number of children (index child) enrolled in home visiting</b>	
<b>5. VALUE FOR REPORTING PERIOD</b>	Numerator:
Value: (percentage)	Denominator:
<b>6. NOTES</b>	

\*Columns highlighted in blue are data values entered by awardees in HVIS.

## Measure 11: Details

**Target Population:** Enrolled index children.

**Data Collection Time Point:** End of reporting period.

**Frequency of Reporting:** This measure is assessed in multiple reporting years for all eligible index children enrolled in the program. Eligible children may therefore be included in more than one annual report.

**Suggested Data Elements:** Caregiver or family member support of early language and literacy activities, date of caregiver or family member support of early language and literacy activities.

**Validated Tool:** N/A

**Missing Data:**

- Missing data will affect accuracy of data and should be reported in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
- Missing data should not be included in the measure calculation.



- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

**Additional Notes:**

- To accurately assess this measure, caregivers or family members should be asked if they (1) read, (2) told stories, and/or (3) sang songs to their children **every day** during a typical week. The measure asks primary caregivers or other family members to reflect on a typical week and report if at least one of the activities occurred each day during the week. Any combination of these activities over the week meets the criteria.
- Support of early language and literacy activities may be provided by a primary caregiver or other family members and does not need to be the same person each day.
- Although this measure may be collected at multiple data collection intervals, the data collection time point closest to the end of the reporting period should be used for reporting on the measure.

**Measure 11: Logic Statements for Data Inclusion in Reporting**

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

**Measure Definition:** Percentage of index children enrolled in home visiting with a caregiver or family member who reported that during a typical week s/he read, told stories, and/or sang songs with her/his child daily, every day

**Inclusion Criteria:** To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the index child was enrolled in home visiting for any length of time during the reporting period and (2) if the caregiver or family member was assessed for engaging in early language and literacy activities with the child.

**Logic Statements:** The following steps will help to identify whom to include in the measure and how to identify missing data:

**1. For each index child enrolled in your program, was s/he actively enrolled for any part of the reporting period?**

Yes – Continue to next question.



No – This index child is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



**2. Did the caregiver or family member report that during a typical week s/he read, told stories, and/or sang songs with her/his index child daily, every day?**

Yes – Include in numerator and denominator for this measure.



No – Include in the denominator for this measure, but do not include in the numerator.



Information missing – Include in missing cases for this measure.



# Measure 12: Developmental Screening

## Measure 12: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator and denominator values in HVIS. Missing data, along with any information that may help explain the data, should be reported in the notes.

<b>1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT</b>	
<b>CONSTRUCT:</b> Developmental Screening	
<b>2. TYPE OF MEASURE</b>	
Performance Indicator	
<b>3. PERFORMANCE MEASURE</b>	
Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool	
<b>4. SPECIFICATION</b>	
<b>NUMERATOR:</b> Number of children (index child) enrolled in home visiting with at least one screening within the AAP-defined age groups during the reporting period	
<b>DENOMINATOR:</b> Number of children (index child) enrolled in home visiting reaching the specified time frame during the reporting period	
<b>5. VALUE FOR REPORTING PERIOD</b>	Numerator:
Value: (percentage)	Denominator:
<b>6. NOTES</b>	
<b>7. MEASUREMENT TOOL UTILIZED</b>	
Indicate the validated measurement tool(s) utilized to address this measure	

\*Columns highlighted in blue are data values entered by awardees in HVIS.

## Measure 12: Details

**Target Population:** Primary caregivers with index children aged 9 months to 30 months.

**Data Collection Time Point:** Throughout reporting period for children aged 9 months to 30 months.

**Frequency of Reporting:** This measure is assessed in multiple reporting years for all eligible index children enrolled in the program. Eligible children may therefore be included in more than one annual report.

**Suggested Data Elements:** Date of developmental screening, index child age (eligibility for assessment).

**Validated Tool:** Awardees must use a validated tool that follows the AAP-recommended age intervals to determine when a developmental screening is expected for a given child.

### Missing Data:

- Missing data will affect accuracy of data and should be reported in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether the screening occurred using a validated tool, but all other data elements are known, then the child should be included in the denominator (if eligible), but not in the numerator.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

### Additional Notes:

- Developmental delays include delays in any or all areas including cognitive, social, language, sensory, and emotional development. (Reference: U.S. National Library of Medicine, National Institutes of Health. Psychological Index Terms via Unified Medical Language System, 2015. Retrieved from <http://ghr.nlm.nih.gov/glossary=developmentaldelay.>)
- Awardees should screen index children for developmental delays at each AAP-recommended age interval. AAP recommends that, at a minimum, standardized developmental screening tools should be administered when the child is 9-months, 18-months, and 24- or 30-months of age.
- Awardees should refer to the screening window provided by the tool developer. For instance, a tool may require the 9-month screener to be administered between 9 months 0 days and 9 months 30 days.
- AAP guidelines can be found on <http://pediatrics.aappublications.org/content/118/1/405.full>.
- A child may be excluded from the denominator if s/he has a previously identified developmental delay (prior to enrollment or prior to reaching an age-recommended screening).

## Measure 12: Logic Statements for Data Inclusion in Reporting

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

**Measure Definition:** Percentage of index children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool.

**Inclusion Criteria:** To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the index child is between the ages of 9 months and 30 months during the reporting period and (2) if the index child was screened for developmental delays with a validated tool during one of the AAP-defined age groups (9-months, 18-months, and 24- or 30-months) during the reporting period.

**Logic Statements:** The following steps will help to identify whom to include in the measure and how to identify missing data:

**1. For each index child enrolled in your program, was s/he between 9 and 30 months of age?**

Yes – Continue to next question.



No – The index child is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



**2. Was the index child screened for developmental delays with a validated tool during the reporting period?**

Yes – Include in the numerator and denominator for this measure.



No – Continue to the next question.



Screening information missing – Include in the denominator for this measure but not the numerator.



**3. If the index child was not screened for developmental delays during the reporting period, did s/he have a previous positive screen in a prior reporting period or before being enrolled?**

Yes – Exclude from the measure.



No – Include in the denominator for this measure, but not the numerator.



Information missing – Include in the denominator for this measure but not the numerator.



# Measure 13: Behavioral Concerns

## Measure 13: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator and denominator values in HVIS. Missing data, along with any information that may help explain the data, should be reported in the notes.

<b>1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT</b>	
<b>CONSTRUCT: Behavioral Concerns</b>	
<b>2. TYPE OF MEASURE</b>	
Performance Indicator	
<b>3. PERFORMANCE MEASURE</b>	
Percent of home visits where primary caregivers were asked if they have any concerns regarding their child’s development, behavior, or learning	
<b>4. SPECIFICATION</b>	
<b>NUMERATOR: Number of home visits where primary caregivers enrolled in home visiting were asked if they have any concerns regarding their child’s development, behavior, or learning</b>	
<b>DENOMINATOR: Total number of home visits during the reporting period</b>	
<b>5. VALUE FOR REPORTING PERIOD</b>	Numerator:
Value: (percentage)	Denominator:
<b>6. NOTES</b>	

\*Columns highlighted in blue are data values entered by awardees in HVIS.

## Measure 13: Details

**Target Population:** Postnatal primary caregivers with index children.

**Data Collection Time Point:** Each home visit throughout the reporting period.

**Frequency of Reporting:** This measure is assessed in multiple reporting years per eligible family. Eligible families may therefore be included in more than one annual report. It will only be assessed once per family per visit, regardless of the number of index children enrolled.

**Suggested Data Elements:** Developmental concerns inquiry, home visit date, primary caregiver’s pre- or postnatal status.

**Validated Tool:** N/A

**Missing Data:**

- Missing data will affect accuracy of data and should be reported in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. If a home visit occurred, but there is no documentation of whether the primary caregiver was asked about behavioral concerns, then

the home visit should be included in the denominator (if eligible – i.e., postnatal visit), but not in the numerator.

- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

**Additional Notes:**

- This measure requires home visitors to document if they did or did not ask the primary caregiver about developmental, behavioral, or learning concerns during each home visit that occurs postnatally.
- This measure captures the proportion of home visits where behavior concerns were discussed during all home visits in the reporting period.

### Measure 13: Logic Statements for Data Inclusion in Reporting

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

**Measure Definition:** Percentage of home visits where primary caregivers were asked if they have any concerns regarding their index children’s development, behavior, or learning.

**Inclusion Criteria:** To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the primary caregiver was postnatal for any length of time during the reporting period, (2) how many home visits occurred during the reporting period in which the primary caregiver was postnatal, and (3) how many home visits the primary caregiver was asked about behavioral concerns with the index child.

**Logic Statements:** The following steps will help to identify whom to include in the measure and how to identify missing data:

**1. Was the primary caregiver postnatal for any length of time during the reporting period?**

Yes – Continue to next question.



No – This primary caregiver’s home visits are not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



**2. How many home visits occurred during the reporting period in which the primary caregiver was postnatal?**

Include the total number of home visits that met this criterion in the denominator.



- 3. How many home visits occurred in the reporting period in which the primary caregiver was asked if she had any concerns regarding her index child's development, behavior, or learning?**

Include the total number of home visits that met this criterion in the numerator.





# Measure 14: Intimate Partner Violence Screening

## Measure 14: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator and denominator values in HVIS. Missing data, along with any information that may help explain the data, should be reported in the notes.

<b>1. BENCHMARK AREA: SCHOOL READINESS AND ACHIEVEMENT</b>	
<b>CONSTRUCT: Intimate Partner Violence Screening</b>	
<b>2. TYPE OF MEASURE</b>	
Performance Indicator	
<b>3. PERFORMANCE MEASURE</b>	
Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) using a validated tool	
<b>4. SPECIFICATION</b>	
<b>NUMERATOR: Number of primary caregivers enrolled in home visiting who are screened for IPV using a validated tool within 6 months of enrollment</b>	
<b>DENOMINATOR: Number of primary caregivers enrolled in home visiting for at least 6 months</b>	
<b>5. VALUE FOR REPORTING PERIOD</b>	Numerator:
Value: (percentage)	Denominator:
<b>6. NOTES</b>	
<b>7. MEASUREMENT TOOL UTILIZED</b>	
Indicate the validated measurement tool(s) utilized to address this measure	

\*Columns highlighted in blue are data values entered by awardees in HVIS.

## Measure 14: Details

**Target Population:** Primary caregivers enrolled for at least 6 months.

**Data Collection Time Point:** 6 months post-enrollment.

**Frequency of Reporting:** This measure is assessed at one point in time per eligible family.

**Suggested Data Elements:** IPV screening, IPV screening date, date of enrollment.

**Validated Tool:** Awardees must use a validated tool for this measure. A list of commonly used IPV screeners can be found in Appendix B.

### Missing Data:

- Missing data will affect accuracy of data and should be reported in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether the screening occurred using a validated tool (including if the screening did not occur because the

caregiver was male and they only have validated tools for use among female caregivers), but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.

- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

**Additional Notes:**

- IPV refers to physical violence, sexual violence, stalking, and psychological aggression (including coercive acts) by a current or former intimate partner. An intimate partner is a person with whom one has a close personal relationship that can be characterized by the following: emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, and familiarity and knowledge about each other’s lives. (Reference: Centers for Disease Control and Prevention. Injury Prevention and Control: Division of Violence Prevention, 2015. Retrieved from <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html>.)
- All primary caregivers should be screened for IPV regardless of relationship status.
- Awardees will need to ensure home visitors receive adequate training in the administration of the selected IPV screening tool.

**Measure 14: Logic Statements for Data Inclusion in Reporting**

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

**Measure Definition:** Percentage of primary caregivers enrolled in home visiting who are screened for IPV using a validated tool.

**Inclusion Criteria:** To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the primary caregiver reached 6 months post enrollment during the reporting period and (2) if the primary caregiver was screened for IPV on or before 6 months post enrollment.

**Logic Statements:** The following steps will help to identify whom to include in the measure and how to identify missing data:

**1. For each primary caregiver enrolled in your program, did s/he reach 6 months post enrollment during the reporting period?**

Yes – Continue to next question.



No – This primary caregiver is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure



**2. Did the primary caregiver receive an IPV screening using a validated tool within 6 months of enrollment?**

Yes – Include in numerator and denominator for this measure.



No – Include in the denominator for this measure, but do not include in the numerator.



Screening information missing – Include in the denominator for this measure, but do not include in the numerator.



# Measure 15: Primary Caregiver Education

## Measure 15: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator and denominator values in HVIS. Missing data, along with any information that may help explain the data, should be reported in the notes.

<b>1. BENCHMARK AREA: FAMILY ECONOMIC SELF-SUFFICIENCY</b>	
CONSTRUCT: Primary Caregiver Education	
<b>2. TYPE OF MEASURE</b>	
Systems Outcome	
<b>3. PERFORMANCE MEASURE</b>	
Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in, maintained continuous enrollment in, or completed high school or equivalent during their participation in home visiting	
<b>4. SPECIFICATION</b>	
NUMERATOR: Number of primary caregivers who enrolled in, maintained continuous enrollment in, or completed a high school degree or equivalent after enrollment in home visiting (and met the conditions specified in the denominator)	
DENOMINATOR: Number of primary caregivers without a high school degree or equivalent at enrollment	
<b>5. VALUE FOR REPORTING PERIOD</b>	Numerator:
Value: (percentage)	Denominator:
<b>6. NOTES</b>	

\*Columns highlighted in blue are data values entered by awardees in HVIS.

## Measure 15: Details

**Target Population:** Primary caregivers without a high school diploma or equivalent at enrollment.

**Data Collection Time Point:** Enrollment and end of each reporting period.

**Frequency of Reporting:** This measure may be assessed in multiple reporting years per eligible family. Primary caregivers who are eligible to be included in the denominator will be included in each annual report until the conditions in the numerator have been met. This means that a family may be included in more than one annual report. However, once the condition in the numerator is met, the primary caregiver will not be assessed in subsequent reporting periods. Primary caregivers who did not have a high school degree or equivalent at enrollment will be assessed for this measure during each reporting period for which they are enrolled.

**Suggested Data Elements:** High school diploma or equivalent status at enrollment, enrollment or completion of high school diploma or equivalent, enrollment or completion of high school diploma or equivalent screening date.

**Validated Tool:** N/A

**Missing Data:**

- Missing data will affect accuracy of data and should be reported in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
- Missing data should not be included in the measure calculation.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

**Additional Notes:** To be counted in the numerator, one of three conditions must be met for the primary caregiver: (1) s/he did not have a high school diploma or equivalent at enrollment but enrolled in an educational program aimed at attaining a high school diploma or equivalent during the reporting period; (2) s/he did not have a high school diploma or equivalent at enrollment, but was enrolled in and maintained enrollment in an educational program aimed at attaining a high school diploma or equivalent during the reporting period; or (3) s/he did not have a high school diploma or equivalent at enrollment but completed an educational program aimed at attaining a high school diploma or equivalent during the reporting period.

### Measure 15: Logic Statements for Data Inclusion in Reporting

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

**Measure Definition:** Percentage of primary caregivers who enrolled in home visiting without a high school diploma or equivalent who subsequently enrolled and maintained continuous enrollment in a high school program or completed a diploma or equivalent during their participation in home visiting.

**Inclusion Criteria:** To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the primary caregiver was assessed for having a high school diploma or equivalent at the time of enrollment and (2) what is the educational status of primary caregiver at or near the end of the reporting period.

**Logic Statements:** The following steps will help to identify whom to include in the measure and how to identify missing data:

1. ***For each primary caregiver enrolled in your program, did s/he report not having a high school diploma or equivalent at the time of enrollment?***

Yes – Continue to next question.



No – The primary caregiver is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



**2. Did the primary caregiver report being enrolled in or completing a high school diploma or equivalent at or near the end of the reporting period?**

Yes – Include in numerator and denominator for this measure.



No – Include in the denominator for this measure, but do not include in the numerator.



Information missing – Include in missing cases for this measure.



# Measure 16: Continuity of Insurance Coverage

## Measure 16: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator and denominator values in HVIS. Missing data, along with any information that may help explain the data, should be reported in the notes.

<b>1. BENCHMARK AREA: FAMILY ECONOMIC SELF-SUFFICIENCY</b>	
<b>CONSTRUCT: Continuity of Insurance Coverage</b>	
<b>2. TYPE OF MEASURE</b>	
Systems Outcome	
<b>3. PERFORMANCE MEASURE</b>	
Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least 6 consecutive months	
<b>4. SPECIFICATION</b>	
<b>NUMERATOR: Number of primary caregivers enrolled in home visiting who reported having health insurance coverage for at least 6 consecutive months since enrollment in home visiting</b>	
<b>DENOMINATOR: Number of primary caregivers enrolled in home visiting for at least 6 months</b>	
<b>5. VALUE FOR REPORTING PERIOD</b>	Numerator:
Value: (percentage)	Denominator:
<b>6. NOTES</b>	

\*Columns highlighted in blue are data values entered by awardees in HVIS.

## Measure 16: Details

**Target Population:** Primary caregivers who have been enrolled in home visiting for 6 consecutive months.

**Data Collection Time Point:** Measured on or after 6 months post-enrollment.

**Frequency of Reporting:** This measure is assessed in multiple reporting years per eligible family. Eligible primary caregivers may therefore be included in more than one annual report.

**Suggested Data Elements:** Date of enrollment, continuous health insurance status for 6 months.

**Validated Tool:** N/A

### Missing Data:

- Missing data will affect accuracy of data and should be reported in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
- Missing data should not be included in the measure calculation.

- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

**Additional Notes:**

- Continuous health insurance coverage refers to having coverage without any lapses.
- Primary caregivers should be assessed for this measure each reporting period as long as they have been enrolled for at least 6 months.
- The 6 consecutive months of health insurance coverage do not need to be within the same reporting period.
- This could be collected by (1) directly asking primary caregivers how many months they have had continuous health insurance coverage each reporting year or by (2) tracking health insurance status for each month to compute whether insurance was maintained for at least 6 consecutive months.

**Measure 16: Logic Statements for Data Inclusion in Reporting**

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

**Measure Definition:** Percentage of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least 6 consecutive months.

**Inclusion Criteria:** To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the primary caregiver has been enrolled in the program for 6 or more months and (2) if s/he reported having health insurance coverage for at least 6 consecutive months.

**Logic Statements:** The following steps will help to identify whom to include in the measure and how to identify missing data:

- 1. For each primary caregiver enrolled in your program, was s/he enrolled in the program for at least 6 months?**

Yes – Continue to next question.



No – This primary caregiver is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.





**2. Did the primary caregiver report having health insurance coverage for 6 consecutive months?**

Yes – Include in numerator and denominator for this measure.



No – Include in the denominator for this measure, but do not include in the numerator.



Information missing – Do not include in the numerator or denominator.



# Measure 17: Completed Depression Referrals

## Measure 17: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator and denominator values in HVIS. Missing data, along with any information that may help explain the data, should be reported in the notes.

<b>1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS</b>	
<b>CONSTRUCT: Completed Depression Referrals</b>	
<b>2. TYPE OF MEASURE</b>	
Systems Outcome	
<b>3. PERFORMANCE MEASURE</b>	
Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts	
<b>4. SPECIFICATION</b>	
<b>NUMERATOR: Number of primary caregivers enrolled in home visiting who received recommended services for depression (and met the conditions specified in the denominator)</b>	
<b>DENOMINATOR: Number of primary caregivers enrolled in home visiting who had a positive screen for depression within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally) and were referred for services</b>	
<b>5. VALUE FOR REPORTING PERIOD</b>	Numerator:
Value: (percentage)	Denominator:
<b>6. NOTES</b>	
<b>7. MEASUREMENT TOOL UTILIZED</b>	
Indicate the validated measurement tool(s) utilized to address this measure	

\*Columns highlighted in blue are data values entered by awardees in HVIS.

## Measure 17: Details

**Target Population:** Primary caregivers who screened positive for depressive symptoms and were referred for services.

**Data Collection Time Point:** After referral for positive depression screening.

**Frequency of Reporting:** This measure may be assessed in multiple reporting years per eligible family. Primary caregivers who are eligible to be included in the denominator will be included in each annual report until the conditions in the numerator have been met. This means that a family may be included in more than one annual report. Primary caregivers do not need to be reported again for subsequent pregnancies that occur after they are enrolled in home visiting. To assess this measure accurately, participants need to be screened for depressive symptoms at the appropriate time points (as specified in Measure 3: Depression Screening), receive a referral for a positive screening, and be monitored for

receipt of services from the referral agency. Since there is no specified time frame for when the receipt of services needs to be completed, the receipt of services may occur in a different reporting period than the screening and/or time of referral. As such, the numerator and denominator do not need to include the same sample as Measure 3 since the receipt of services can take place in a different reporting period than the depression screening.

**Suggested Data Elements:** Prenatal status, child date of birth, date of enrollment, positive depression screening results, referral for depression services, depression services received date.

**Validated Tool:** The validated depression screening tool used for Measure 3: Depression Screening should be indicated when reporting this measure.

**Missing Data:**

- Missing data will affect the accuracy of data and should be reported in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether the screening occurred using a validated tool since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

**Additional Notes:**

- After a positive depression screening, this measure tracks participant receipt of services from a referral agency.
- Recommended referral services refer to specific techniques and intervention models delivered in the context of client characteristics, culture, and preferences that have shown to have positive effects on outcomes through rigorous evaluations and have demonstrated to achieve positive outcomes for the client. (Reference: Home Visiting Collaborative Improvement and Innovation Network.)
- If a data sharing agreement has been established, receipt of services may be assessed through participant self-report or by following up with the referral agency.

## Measure 17: Logic Statements for Data Inclusion in Reporting

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

**Measure Definition:** Percentage of primary caregivers referred to services for a positive screening for depression who have received one or more service contacts.

**Inclusion Criteria:** To determine if participant data should be included in the measure calculation, at the end of the reporting period verify (1) if the primary caregiver screened positive for depressive symptoms with a validated tool within 3 months of enrollment (for those enrolled postnatally) or within 3 months postpartum (for those enrolled prenatally) and (2) if the primary caregiver was referred for services.

**Logic Statements:** The following steps will help to identify whom to count in the measure and how to identify missing data:

**1. For each primary caregiver enrolled in your program, did she screen positive for depressive symptoms within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally)?**

Yes – Continue to next question.



No – This primary caregiver is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



**2. Did the primary caregiver receive a referral for the positive screening?**

Yes – Continue to next question.



No, but reason unknown – The primary caregiver is included in the denominator but not the numerator.



No, because the primary caregiver is already receiving services for depressive symptoms – The primary caregiver is not included in the numerator or denominator and is not counted as missing.



Information missing – The primary caregiver is included in the denominator but not the numerator.



**3. Did the primary caregivers receive recommended services for depressive symptoms?**

Yes – Include in numerator and denominator for this measure.



No – Included in the denominator for this measure, but do not include in the numerator.



Information missing – Include in the denominator for this measure, but not the numerator.



# Measure 18: Completed Developmental Referrals

## Measure 18: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator and denominator values in HVIS. Missing data, along with any information that may help explain the data, should be reported in the notes.

<b>1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS</b>	
<b>CONSTRUCT: Completed Developmental Referrals</b>	
<b>2. TYPE OF MEASURE</b>	
Systems Outcome	
<b>3. PERFORMANCE MEASURE</b>	
Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner	
<b>4. SPECIFICATION</b>	
<b>NUMERATOR: Number of children enrolled in home visiting who a) received individualized developmental support from a home visitor; b) were referred to early intervention services and received an evaluation within 45 days; OR c) were referred to other community services who received services within 30 days (and met the conditions specified in the denominator)</b>	
<b>DENOMINATOR: Number of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool)</b>	
<b>5. VALUE FOR REPORTING PERIOD</b>	Numerator:
Value: (percentage)	Denominator:
<b>6. NOTES</b>	
<b>7. Measurement Tool Utilized</b>	
Indicate the validated measurement tool(s) utilized to address this measure	

\*Columns highlighted in blue are data values entered by awardees in HVIS.

## Measure 18: Details

**Target Population:** Index children who screened positive for developmental delays.

**Data Collection Time Point:** After positive developmental screening.

**Frequency of Reporting:** This measure may be assessed in multiple reporting years for all index children enrolled in the program. Children who are eligible to be included in the denominator will be included in each annual report until the conditions in the numerator have been met. This means that index children may be included in more than one annual report. While this measure is related to Measure 12, this measure tracks the receipt of services in a given reporting period rather than screenings that occurred in that period. Since the referral services can take place as much as a month to 45 days after the screening, it is possible that the receipt of developmental services would fall into the following reporting period. As

such, the numerator and denominator do not need to include the same sample as Measure 12 since the developmental screening can take place in a previous reporting period from the receipt of services.

**Suggested Data Elements:** Positive developmental screening, developmental delay services received, developmental delay service date.

**Validated Tool:** Validated developmental screening tool used for Measure 12: Developmental Screening should be indicated when reporting this measure.

**Missing Data:**

- Missing data will affect accuracy of data and should be reported in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether the screening occurred using a validated tool since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

**Additional Notes:**

- Developmental delays may include delays in any or all areas including cognitive, social, language, sensory, and emotional development. (Reference: U.S. National Library of Medicine, National Institutes of Health. Psychological Index Terms via Unified Medical Language System, 2015. Retrieved from <http://ghr.nlm.nih.gov/glossary=developmentaldelay>.)
- This measure tracks participant receipt of services after a positive developmental screening. To assess this measure accurately, index children who positively screen for a developmental delay should be monitored for services received within the specified time.
- If a data sharing agreement has been established with the referral agency, receipt of services may be assessed through participant self-report or by following up with the referral agency.
- Positive screenings from any developmental screening can be included in this measure, not just those that align with AAP-recommended screening time points.
- A child may be excluded from the denominator if s/he has a previously identified developmental delay (prior to enrollment or prior to reaching an age-recommended screening).
- Each of the three individual conditions described below can satisfy the numerator. The home visitor may be required to have a developmental screening followup process that involves tracking the services the primary caregiver and/or index child received and the dates associated with the followup. To be counted in the numerator, the index child must meet one of three conditions.
  - (1) Received individualized developmental support from a home visitor. This is a home visitor-delivered, specific developmental promotion to address the area of concern. This can include more frequent screenings, activities by model curriculum, ASQ activities, and CDC materials to target the developmental skill or domain for which there was a concern or positive screen.
  - (2) Received a referral to early intervention services and received an evaluation or individualized service plan within 45 days of that referral. This refers to index children with developmental and behavioral concerns that meet the criteria for referral to Part B or Part C early intervention services. The criteria for referral to Part B and Part C early intervention services vary by state and locale. Each program needs to be aware of what local criteria are

for referring children.

(3) Received a referral to another community service and received services from that provider within 30 days. This includes any services available that provide developmentally-enhancing support to children and families that do not fall under the funding/reimbursement system for Part B or Part C early intervention services. Examples include drop-in centers, parent-child groups, early literacy supports, and parent training. This may also include early childhood mental health treatment.

## Measure 18: Logic Statements for Data Inclusion in Reporting

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

**Measure Definition:** Percentage of index children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who received services in a timely manner.

**Inclusion Criteria:** To determine if participant data should be included in the measure calculation, at the end of the reporting period verify if the index child was screened positive during the reporting period for developmental delays with a validated tool.

**Logic Statements:** The following steps will help to identify whom to include in the measure and how to identify missing data:

- 1. For each index child enrolled in your program who was screened for developmental delays, did s/he screen positive?**

Yes – Continue to next question.



No – This index child is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



**2. For each index child enrolled in your program who screened positive for developmental delays, were one of the following criteria met: a) received individualized developmental support from a home visitor, b) referred to early intervention services and received an evaluation within 45 days, OR c) referred to other community services who received services within 30 days?**

Yes – Include in numerator and denominator for this measure.



No, because the index child was already receiving services or had a previously identified developmental delay (prior to enrollment or prior to the due date for an age recommended screening) – This child is not included in the numerator or denominator and is not counted as missing.



No, for other reason – Include in denominator for this measure, but do not include in numerator.



Information missing – Include in denominator for this measure, but do not include in numerator.





# Measure 19: Intimate Partner Violence Referrals

## Measure 19: HRSA Data Collection Form

The HRSA data collection form below identifies the measure definition and what information will be submitted during each annual report. Awardees will enter the numerator and denominator values in HVIS. Missing data, along with any information that may help explain the data, should be reported in the notes.

<b>1. BENCHMARK AREA: COORDINATION AND REFERRALS FOR OTHER COMMUNITY RESOURCES AND SUPPORTS</b>	
<b>CONSTRUCT: Intimate Partner Violence Referrals</b>	
<b>2. TYPE OF MEASURE</b>	
Performance Indicator	
<b>3. PERFORMANCE MEASURE</b>	
Percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information to IPV resources	
<b>4. SPECIFICATION</b>	
<b>NUMERATOR: Number of primary caregivers enrolled in home visiting who received referral information to IPV resources (and met the conditions specified in the denominator)</b>	
<b>DENOMINATOR: Number of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) within 6 months of enrollment</b>	
<b>5. VALUE FOR REPORTING PERIOD</b>	Numerator:
Value: (percentage)	Denominator:
<b>6. NOTES</b>	
<b>7. Measurement Tool Utilized</b>	
Indicate the validated measurement tool(s) utilized to address this measure	

\*Columns highlighted in blue are data values entered by awardees in HVIS.

## Measure 19: Details

**Target Population:** Primary caregivers who screened positive for intimate partner violence (IPV).

**Data Collection Time Point:** After positive IPV screening.

**Frequency of Reporting:** This measure may be assessed in multiple reporting years per eligible family. Primary caregivers who are eligible to be included in the denominator will be included in each annual report until the conditions in the numerator have been met. This means that a family may be included in more than one annual report. This measure does not track receipt of referral services, only referrals made for positive IPV screenings.

Although IPV screenings must occur within 6 months of enrollment, there is no specific time frame for when the referral should occur. The referral can occur in a different reporting period than the screening. As such, the numerator and denominator do not need to include the same sample as Measure 14 since

the IPV screening can take place in a previous reporting period from the receipt of services.

**Suggested Data Elements:** Positive IPV screening results, IPV screening date, IPV referral, IPV referral date, date of enrollment.

**Validated Tool:** Validated IPV screening tool used for Measure 14: IPV Screening should be indicated when reporting this measure.

**Missing Data:**

- Missing data will affect the accuracy of data and should be reported in the notes section. Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether the screening occurred using a validated tool since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.
- When the percent of missing data is greater than 10%, provide a table note that addresses the reason for the missing data and, if possible, describes plans to reduce the amount of missing data in future reporting.

**Additional Notes:**

- IPV refers to physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner. An intimate partner is a person with whom one has a close personal relationship characterized by the following: emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, and familiarity and knowledge about each other's lives. (Reference: Centers for Disease Control and Prevention. Injury Prevention and Control: Division of Violence Prevention, 2015. Retrieved from <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/definitions.html>.)
- All primary caregivers should be screened for IPV regardless of relationship status.
- Awardees will need to ensure home visitors receive adequate training in the administration of the selected IPV screening tool.

## Measure 19: Logic Statements for Data Inclusion in Reporting

The logic statements provided below are intended to help awardees identify the parameters for data inclusion in each reporting period. The logic statements align with the measure definition.

**Measure Definition:** Percentage of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information to IPV resources.

**Inclusion Criteria:** To determine if participant data should be included in the measure calculation, at the end of the reporting period verify if the primary caregiver screened positive for IPV using a validated tool within the first 6 months of enrollment.

**Logic Statements:** The following steps will help to identify whom to include in the measure and how to identify missing data:

**1. For each primary caregiver enrolled in your program, did s/he screen positive for IPV using a validated tool within the first 6 months of enrollment?**

Yes – Continue to next question.



No – The primary caregiver is not included in the numerator or denominator and is not counted as missing.



Information missing – Include in missing cases for this measure.



**2. Did the primary caregiver receive a referral for IPV resources during the reporting period?**

Yes – Include in numerator and denominator for this measure.



No – Include in the denominator for this measure, but do not include in the numerator.



Referral status missing – Include in the denominator for this measure, but do not include in the numerator.



## Appendix A

### Guidance on Reporting Index Children

For the purposes of Form 2, the same standard used for reporting index children for Form 1 will apply. All children who meet the definition of an index child, were enrolled in home visiting services during the reporting period and meet the inclusion criteria for a given measure should be reported in the appropriate measures contained in Form 2.

Per the guidance, multiple index children per family may be enrolled. Awardees should follow programmatic and model-specific guidance related to the enrollment and reporting of multiple index children per household. Guidance related to the identification and reporting of primary caregivers is not impacted by this guidance.

The table below provides clarification on how to report on measures which reference the primary caregiver and index child. Additional clarification is provided below the table for selected measures. The first column lists measures where the unit of measurement is the index child, and the guidance for these measures is to report on all index children, including those from subsequent pregnancies. In the last column, the unit of measurement is the caregiver without reference to the index child. These measures are not impacted by the additional clarification for reporting index children. For the measures listed in the second column, the unit of measurement is the primary caregiver, but the measure references the index child. For some of these measures, the primary caregiver could be counted more than once in the same or subsequent reporting years, depending on the number of index children enrolled. Further HRSA guidance on these measures is provided below the table.

<b>Measures with Index Child as Target Population</b>	<b>Measures with Primary Caregiver as Target Population with a reference to Index Child</b>	<b>Measures with Primary Caregiver as Target Population</b>
Preterm birth (#1)* Breastfeeding (#2) Well-child visits (#4) Safe sleep (#7) Child injury (#8) Child maltreatment (#9) Early language and literacy activities (#11) Developmental screening (#12) Completed developmental referrals (#18)	Depression screening (#3) Postpartum care (#5) Parent-child interaction (#10) Completed depression referrals (#17)	Tobacco cessation referrals (#6) Behavioral concerns (#13) IPV screening (#14) Education (#15) Health Insurance (#16) IPV referrals (#19)

\*Births are the target population, including index children and subsequent children

Below is additional clarification for selected measures.

**Column 1: Measures with Index Child as Target Population**

- Measures 2, 4, 7, 8, 9, 11, 12, 18. These measures need to be reported for all index children, including those from subsequent pregnancies after enrollment in the home visiting program.
- Measure 1: Preterm Birth: This should be reported for each live birth, including those from subsequent pregnancies after enrollment in the home visiting program.

**Column 2: Measures with Primary Caregiver as Target Population with a reference to Child**

- Measure 3: Depression Screening: This is a one-time measure. Depression screenings do not need to be reported again for primary caregivers with pregnancies that occur after enrollment in the home visiting program.
- Measure 5: Postpartum Care: This is a one-time measure. Postpartum care does not need to be reported again for mothers with subsequent pregnancies that occur after enrollment in the home visiting program.
- Measure 10: Parent-Child Interaction: This measure is for the primary caregiver-index child dyad. It needs to be reported for each dyad that meets the definition of these participants, including index children from subsequent pregnancies.
- Measure 17: Completed Depression Referrals: This is a one-time measure. Completed depression referrals do not need to be reported again for primary caregivers with subsequent pregnancies that occur after enrollment in the home visiting program.

**Column 3: Measures with Primary Caregiver as Target Population**

- Measures 6, 13, 14, 15, 16, 19. These measures are not affected by the additional clarification for reporting index children.

## Appendix B

### Guidance on Identifying Missing Data

The Health Resources and Services Administration’s (HRSA) Maternal and Child Health Bureau (MCHB) revised the Home Visiting Program performance measurement system, which was approved by the Office of Management and Budget (OMB) in March 2016. This guidance includes instructions for the identification of missing data and is one of several technical assistance resources to support MIECHV awardees in adopting and implementing the new performance measures. Data identified as missing per the criteria below should be reported as missing in annual awardee data submissions.

Construct/Topic	Indicator	Numerator	Denominator	Missing Data	
1	Preterm Birth	(Systems Outcome) Percent of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment	Number of live births (index child or subsequent children among mothers who enrolled in home visiting prenatally before 37 weeks) born before 37 completed weeks of gestation and after enrollment	Number of live births after enrollment who were born to mothers enrolled in home visiting prenatally before 37 weeks	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
2	Breastfeeding	(Systems Outcome) Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age	Number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age	Number of infants aged 6-12 months (index child among mothers who enrolled in home visiting prenatally) enrolled in home visiting for at least 6 months	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
3	Depression Screening	Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally)	For those not enrolled prenatally, number of primary caregivers enrolled in home visiting who are screened for depression within the first 3 months since enrollment; for those enrolled prenatally, the number of primary caregivers screened for depression within 3 months of delivery	For those not enrolled prenatally, the number of primary caregivers enrolled in home visiting for at least 3 months; for those enrolled prenatally, the number of primary caregivers enrolled in home visiting for at least three months post delivery	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether the screening occurred using a validated tool, but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.
4	Well Child Visit	Percent of children enrolled in home visiting who received the	Number of children (index child) enrolled in home visiting who	Number of children (index child) enrolled in home visiting	Data are considered missing if one or more data elements needed to

Construct/Topic	Indicator	Numerator	Denominator	Missing Data	
	last recommended visit based on the American Academy of Pediatrics (AAP) schedule	received the last recommended well child visit based on the AAP schedule		determine inclusion in the numerator or denominator are unknown, including if the home visit occurred but the home visitor did not collect the data. If a home visit did not occur around the most recent age requiring a well-child visit, then data from the previous expected well-child visit should be reported.	
5	Postpartum Care	Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery	Number of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery	Number of mothers who enrolled in home visiting prenatally or within 30 days after delivery and remained enrolled for at least 8 weeks (56 days) after delivery	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
6	Tobacco Cessation Referrals	Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment.	Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment	Number of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were enrolled for at least 3 months	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether the primary caregiver used tobacco or cigarettes at enrollment since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are known and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.
7	Safe Sleep	Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing or soft bedding	Number of infants (index child aged less than 1 year) enrolled in home visiting whose primary caregiver reports that they are always placed to sleep on their	Number of infants (index child) enrolled in home visiting who were aged less than 1 year during the reporting period	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.

	Construct/Topic	Indicator	Numerator	Denominator	Missing Data
			backs, without bed-sharing or soft bedding		
8	Child Injury	<b>(Systems Outcome)</b> Rate of injury-related visits to the Emergency Department (ED) since enrollment among children enrolled in home visiting	Number of parent-reported nonfatal injury-related visits to the ED since enrollment among children (index child) enrolled in home visiting	Number of children (index child) enrolled in home visiting	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
9	Child Maltreatment	<b>(Systems Outcome)</b> Percent of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period	Number of children (index child) enrolled in home visiting with at least 1 investigated case of maltreatment since enrollment	Number of children (index child) enrolled in home visiting	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
10	Parent-Child Interaction	Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool	Number of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool	Number of primary caregivers enrolled in home visiting with children reaching the target age range	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether the primary caregiver received an observation of caregiver-child interaction by the home visitor using a validated tool, but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.
11	Early Language and Literacy Activities	Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day	Number of children (index child) enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories, and/or sang songs with their child daily, every day	Number of children (index child) enrolled in home visiting	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
12	Developmental Screening	Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool	Number of children (index child) enrolled in home visiting with at least one screening within the AAP-defined age groups during the reporting period	Number of children (index child) enrolled in home visiting reaching the specified time frame during the reporting period	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether the screening occurred using a validated tool, but all other data



Construct/Topic	Indicator	Numerator	Denominator	Missing Data	
				elements are known, then the child should be included in the denominator (if eligible), but not in the numerator.	
13	Behavioral Concerns	Percent of home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning	Number of home visits where primary caregivers enrolled in home visiting were asked if they have any concerns regarding their child's development, behavior, or learning	Total number of home visits during the reporting period	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. If a home visit occurred, but there is no documentation of whether the primary caregiver was asked about behavioral concerns, then the home visit should be included in the denominator (if eligible – i.e., postnatal visit), but not in the numerator.
14	IPV Screening	Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) within 6 months of enrollment using a validated tool	Number of primary caregivers enrolled in home visiting who are screened for IPV using a validated tool within 6 months of enrollment	Number of primary caregivers enrolled in home visiting for at least 6 months	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown. When there is no documentation of whether the screening occurred using a validated tool (including if the screening did not occur because the caregiver was male and they only have validated tools for use among female caregivers), but all other data elements are known, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.
15	Primary Caregiver Education	<b>(Systems Outcome)</b> Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in, maintained continuous enrollment in, or completed high school or equivalent during their participation in home visiting	Number of primary caregivers who enrolled in, maintained continuous enrollment in, or completed a high school degree or equivalent after enrollment in home visiting (and met the conditions specified in the denominator)	Number of primary caregivers without a high school degree or equivalent at enrollment	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.

Construct/Topic		Indicator	Numerator	Denominator	Missing Data
16	Continuity of Health Insurance Coverage	<b>(Systems Outcome)</b> Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least 6 consecutive months	Number of primary caregivers enrolled in home visiting who reported having health insurance coverage for at least 6 consecutive months since enrollment in home visiting	Number of primary caregivers enrolled in home visiting for at least 6 months	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown.
17	Completed Depression Referrals	<b>(Systems Outcome)</b> Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts	Number of primary caregivers enrolled in home visiting who received recommended services for depression (and met the conditions specified in the denominator)	Number of primary caregivers enrolled in home visiting who had a positive screen for depression within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally) and were referred for services	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether the screening occurred using a validated tool since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.
18	Completed Developmental Referrals	<b>(Systems Outcome)</b> Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner	Number of children enrolled in home visiting who a) received individualized developmental support from a home visitor; b) were referred to early intervention services and receive an evaluation within 45 days; OR c) were referred to other community services who received services within 30 days (and met the conditions specified in the denominator)	Number of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool)	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether the screening occurred using a validated tool since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary

	Construct/Topic	Indicator	Numerator	Denominator	Missing Data
					caregiver should be included in the denominator (if eligible), but not in the numerator.
19	IPV referrals	Percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information to IPV resources	Number of primary caregivers enrolled in home visiting who received referral information to IPV resources (and met the conditions specified in the denominator)	Number of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) within 6 months of enrollment	Data are considered missing if one or more data elements needed to determine inclusion in the numerator or denominator are unknown, including if there is no documentation of whether the screening occurred using a validated tool since inclusion in the denominator cannot be determined if the screening result is unknown. When there is no documentation of whether a referral was provided, but all other data elements are available and inclusion in the denominator can be determined, then the primary caregiver should be included in the denominator (if eligible), but not in the numerator.

## Appendix C

### Content Area Alignment for the MIECHV Program’s Performance Measures

This table summarizes content area alignment for the MIECHV Program’s performance indicators and system outcome measures with other federal measures, national datasets, and indicators from the PEW Home Visiting Data for Performance Initiative. Although many of the content areas align for selected measures, there may be variations in the definition and operationalization of these measures across the data sources.

HRSA/MCHB Federal Home Visiting Performance Indicators		Other HRSA/MCHB Measures				Other Federal Measures		National Datasets				Other
Measure #	Content Area	Title V	HV CoIIN	IM CoIIN	Healthy Start	Medicaid	HP2020	NSCH	NHIS	PRAMS	Other	PEW
1	Preterm Birth	X		X			X	X			NVSS	
2	Breastfeeding	X	X		X		X	X		X	NIS	X
3	Depression Screening		X		X	X	X					
4	Well Child Visit				X	X		X	X			X
5	Postpartum Care			X	X	X	X			X		X
6	Tobacco Cessation Referrals			X		X	X					
7	Safe Sleep	X		X	X		X	X		X		
8	Child Injury	X					X				NHAMCS, NEISS	
9	Child Maltreatment						X				NCANDS	X
10	Parent-Child Interaction											
11	Early Language and Literacy Activities				X		X	X				
12	Developmental Screening	X	X			X	X	X				
13	Behavioral Concerns		X									

HRSA/MCHB Federal Home Visiting Performance Indicators		Other HRSA/MCHB Measures				Other Federal Measures		National Datasets				Other
Measure #	Content Area	Title V	HV CoIIN	IM CoIIN	Healthy Start	Medicaid	HP2020	NSCH	NHIS	PRAMS	Other	PEW
14	IPV Screening				X	X						
15	Primary Caregiver Education										SIPP	X
16	Continuity of Health Insurance Coverage								X			
17	Completed Depression Referrals		X									X
18	Completed Developmental Referrals		X				X	X				X
19	IPV referrals											

## Appendix D

### Definition of a MIECHV Household

For the purposes of reporting to HRSA on performance reporting Forms 1, 2, and 4, a “MIECHV household” is defined as a family served during the reporting period by a trained home visitor implementing services with fidelity to the model and that is identified as a MIECHV household at enrollment. HRSA has identified two different methods that can be used to identify MIECHV households that are described below:

1. *Home Visitor Personnel Cost Method (preferred method)*: Families are designated as MIECHV at enrollment based on the designation of the home visitor they are assigned. Using this methodology, recipients designate all families as MIECHV that are served by home visitors for whom at least 25 percent of his/her personnel costs (salary/wages including benefits) are paid for with MIECHV funding.
2. *Enrollment Slot Method (temporary option available until at least the end of the FY 2018 project period, September 30, 2020)*: Families are designated as MIECHV families based on the slot they are assigned to at enrollment. Using this methodology, recipients identify certain slots as MIECHV-funded and assign families to these slots at enrollment in accordance with the terms of the contractual agreement between the MIECHV state recipient and the LIA regardless of the percentage of the slot funded by MIECHV.

Once designated as a MIECHV household, the household is tracked for the purposes of data collection through the tenure of household participation in the program.

#### **MIECHV Household Status Changes**

The revised definition of a MIECHV household includes the following language: “Once designated as a MIECHV family, the family is tracked for the purposes of data collection through the tenure of family participation in the program.” This language was included to encourage continued data collection on MIECHV families for the purpose of documenting outcomes as a benefit for families, programs, and awardees. In addition, the language is meant to limit shifts in participant status, particularly as it relates to temporary changes in participant status, in order to promote stability and consistency in provision of services.

#### **Temporary Household Status Changes**

It is HRSA’s understanding that in most circumstances, efforts are taken to minimize changes in participant status (i.e., changing from a MIECHV home visitor/slot to a non-MIECHV home visitor/slot, or vice versa), and any changes that do take place are generally permanent in nature. However, there are some circumstances that may warrant a temporary change in status. For example, a home visitor goes on family leave or extended medical leave, or a position is temporarily vacant, and families may not be able to transfer to another MIECHV home visitor/slot. In these cases, families may need to switch to a non-MIECHV home visitor/slot until they can return to the MIECHV home visitor’s caseload/MIECHV slot. In these instances, if an awardee is deeming the transfer as temporary, HRSA’s MCHB would expect continued data collection and reporting on these families.

- **Forms 1 and 2:** Data should continue to be reported on families, counting data as unknown/missing if it is unable to be provided.
- **Form 4:** Because HRSA's MCHB would anticipate that the slot for this family is being held for a defined period of time, we expect them to continue to be reported as part of the current caseload numbers in Table A.1, and that they would continue to be reported as currently receiving services in Table A.3.

#### **Permanent Household Status Changes**

- **Forms 1 and 2:** If an awardee is considering the status change as permanent, awardees should consider if it is feasible to continue to collect and report MIECHV data.
  - For programs that continue data collection and reporting, awardees should continue to report data for those participants for Forms 1 and 2, while maintaining the family status as "currently receiving services" on Table 17 (Family Engagement).
  - For programs that are not able to continue data collection and reporting for MIECHV, awardees should count families under "stopped services before completion" on Table 17.
- **Form 4:** In both instances these families would no longer be counted towards current caseload numbers in Form 4 and should therefore be reported under "stopped services before completion" on Table A.3.

## Appendix E

### Examples of Validated Tools by Measure

To support awardees in identifying validated tools, a list of validated tools is provided below. The list of validated tools in this document does not constitute an endorsement of the tool by the authors, publishers, TA providers, or HHS.

#### Measure 3: Depression Screening, Measure 17: Completed Depression Referrals

##### 1. Beck Depression Inventory- II (BDI-II)

21-item self-report measure used to screen for severity of depressive symptoms.

Beck, A. T., Brown, G. K., and Steer, R. A. (1996). *Beck Depression Inventory-II*. San Antonio, TX: The Psychological Corporation.

Beck, A. T. (2000). *InterpreTrak*. San Antonio, TX: The Psychological Corporation.

Contact: Pearson, 800.627.7271

<http://www.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=015-8018-370&Mode=summary>

##### 2. Brief Symptom Inventory (BSI)

Self-report assessment screening for psychological problems in respondents across 9 symptom scales and 3 global indices; screens for specific symptoms as well as intensity.

Black, M. M., Dubowitz, H., Krishnakumar, A., and Starr, R. H., (2007). Early intervention and recovery among children with failure to thrive: Follow-up at age 8. *Pediatrics*, 120(1), 59-69.

Cox, C. E., Kotch, J. B., and Everson, M. D. (2003). A longitudinal study of modifying influences in the relationship between domestic violence and child maltreatment. *Journal of Family Violence*, 18(1), 5-17.

Contact: Pearson, 800.627.7271

<https://www.pearsonclinical.com/psychology/products/100000450/brief-symptom-inventory-bsi.html>

##### 3. Center for Epidemiological Studies Depression Scales (CES-D)

Non-standardized 20-item self-report measure assessing depressive symptoms.

Radloff, Lenore. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1: 385–401.

Contact: Counselling Resource, [comments@counsellingresource.com](mailto:comments@counsellingresource.com)

<http://counsellingresource.com/quizzes/cesd/index.html>

##### 4. Composite International Diagnostic Inventories (CIDI) - Short Form- Major Depression, Generalized Anxiety Disorder, Alcohol Dependence, Drug Dependence

Self-report assessment used to screen for major episodes of depression.

Robins, L. N., Wing, J., Wittchen, H. U., Helzer, J. E., Babor, T. F., Burke, J., Farmer, A., Jablenski, A., Pickens, R., Regier, D. A., Sartorius, N., and Towle, L. H. (December 1988). The Composite International Diagnostic Interview: An epidemiologic instrument suitable for use in conjunction with different diagnostic systems and in different cultures. *Arch Gen Psychiatry*, 45: 1069-1077.

World Health Organization. (January 1997). *Composite International Diagnostic Interview (CIDI)*,



Core Version 2.1, Interviewer's Manual. World Health Organization.

Contact: World Health Organization, [CIDI-Training@umich.edu](mailto:CIDI-Training@umich.edu)

<https://www.hcp.med.harvard.edu/wmhcdi/> and <http://www.ncbi.nlm.nih.gov/pubmed/9375257>

## 5. Depression Anxiety Stress Scales (DASS)

42-item standardized self-report measure assessing caregiver mental health; 3 scales: Depression, Anxiety, and Stress.

Lovibond, S. H., and Lovibond, P. F. (1995). *Manual for the Depression Anxiety Stress Scales (2nd. Ed.)*. Sydney: Psychology Foundation. ISBN 7334-1423-0.

Lovibond, P. F., and Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behavior Research and Therapy*, 33: 335-343.

Brown, T. A., Korotitsch, W., Chorpita, B. F., and Barlow, D. H. (1997). Psychometric properties of the Depression Anxiety Stress Scales (DASS) in clinical samples. *Behaviour Research and Therapy*, 35: 79-89.

Antony, M. M., Bieling, P. J., Cox, B. J., Enns, M. W., and Swinson, R.P. (1998). Psychometric properties of the 42-item and 21-item versions of the Depression Anxiety Stress Scales (DASS) in clinical groups and a community sample. *Psychological Assessment*, 10: 176-181.

Contact: DASS Orders, [L.Camilleri@unsw.edu.au](mailto:L.Camilleri@unsw.edu.au)

<http://www2.psy.unsw.edu.au/groups/dass/order.htm>

## Edinburgh Postnatal Depression Scale (EPDS)

10-item non-standardized self-report measure assessing maternal postnatal/postpartum depression.

Lee, D. T. S., and Chung, K. H. (1999). What should be done about postnatal depression in Hong Kong? *Hong Kong Medical Journal*, 5(1): 39-42.

Murray, L., and Carothers, A. D. (1990). The validation of the Edinburgh Post-natal Depression Scale on a community sample. *British Journal of Psychiatry*, 157: 288-290.

Warner, R., Appleby, L., Whitton, A., and Faraghen, B. (1996). Demographic and obstetric risk factors for postnatal psychiatric morbidity. *British Journal of Psychiatry*, 168: 607-611.

Additional information: Users may reproduce the scale without further permission providing they respect copyright by quoting the names of the authors, the title, and the source of the paper in all reproduced copies.

[http://med.stanford.edu/content/dam/sm/ppc/documents/DBP/EDPS\\_text\\_added.pdf](http://med.stanford.edu/content/dam/sm/ppc/documents/DBP/EDPS_text_added.pdf) (English and Spanish)

## 6. Patient Health Questionnaire-9 (PHQ-9)

9-item screener for DSM-IV depression criteria and other leading major depressive symptoms.

Gjerdingen, D., Crow, S., McGovern, P., Miner, M., and Center, B. (2009). Postpartum depression screening at well-child visits: Validity of a 2-question screen and the PHQ-9. *Annals of Family Medicine*, 7:63-70.

<http://www.phqscreeners.com/>

## 7. Postpartum Depression Screening Scale™ (PDSS™)

35-item Likert-type response scale consisting of 7 domains to identify women who might be suffering from postpartum depression.

Beck C.T. and Gable R.K. Postpartum Depression Screening Scale: development and psychometric testing. *Nursing Research*, 49:272–282.

Beck, C.T. and Gable, R.K. (2002). *Postpartum Depression Screening Scale-PDSS*. Los Angeles, CA: Western Psychological Services.

Contact: Western Psychological Services, 800.648.8857

<http://www.wpspublish.com/store/p/2902/postpartum-depression-screening-scale-pdss>

**8. Zung Self-Rating Depression Scale**

20-item self-administered survey to quantify the depressed status of a patient.

Zung, W.W. (1965). A self-rating depression scale. *Archives of General Psychiatry*, 12:63-70.

Contact: Psychology Tools, [contact@psychology-tools.com](mailto:contact@psychology-tools.com)

<https://psychology-tools.com/zung-depression-scale>

## Measure 10: Parent-Child Interaction

### 1. Dyadic Assessment of Naturalistic Caregiver-Child Experiences (DANCE)

Observational measure of caregiver-child interactions; 4 domains: Emotional Quality, Sensitivity and Responsiveness, Support of Behavior and Emotional Regulation, and Promotion of Developmental Growth for children birth to age 2.

Contact: 303.724.7350, [DANCE@ucdenver.edu](mailto:DANCE@ucdenver.edu)

### 2. CHEERS Check-In (CCI)

Observational measure of caregiver-child interactions.

LeCroy & Milligan Associates, Inc. (2017). Healthy Families America CHEERS Check-In: Validation of an Observational Measure of Parent-Child Interaction. Tucson, AZ: Author.

LeCroy & Milligan Associates, Inc. (2018). Healthy Families America CHEERS Check-In: Further Validation of an Observational Measure of Parent-Child Interaction. Tucson, AZ: Author.

Contact: [hfamail@preventchildabuse.org](mailto:hfamail@preventchildabuse.org)

### 3. Emotional Availability Scale (EAS)

Observational and self-report assessment of the quality of communication and connection between caregivers and child; 2 versions: Infancy/Early Childhood (0-5 years) and Middle Childhood/Youth (6-14 years).

Biringen, Z. (2000). Emotional availability: Conceptualization and research findings. *American Journal of Orthopsychiatry*, 70: 104-114.

Biringen, Z. (2004). *Raising a secure child: Creating emotional availability between you and your child*. New York: Perigee/Penguin Group.

Biringen, Z., Brown, D., Donaldson, L., Green, S., Krmarik, S., and Lovas, G. (2000). Adult attachment interview: linkages with dimensions of emotional availability for mothers and their pre-kindergarteners. *Attachment and Human Development*, 2: 188-202.

Biringen, Z., Damon, J., Grigg, W., Mone, J., Pipp-Siegel, S., Skillern, S., and Stratton, J. (2005). Emotional Availability: Differential predictions to infant attachment and kindergarten adjustment based on observation time and context. *Infant Mental Health Journal*, 26: 295-308.

<http://www.emotionalavailability.com/products/>

### 4. Home Observation for Measurement of the Environment (HOME) – 3<sup>rd</sup> Ed.

Observational measure completed by the home visitor; assesses stimulation and support available to the child in the home environment; 4 versions: Infant/Toddler (birth-3), Early Childhood (3-6), Middle Childhood (6-10), and Early Adolescence (10-15); items and scales vary across versions; short form also available.

Caldwell, B. M., and Bradley, R. H. (2001). *Home Inventory Administration Manual, Third Edition, 2001*. Little Rock, AR: University of Arkansas at Little Rock.

Caldwell, B. M., and Bradley, R. H. (unpublished manuscript). *Psychometric Characteristics*.

Contact: 715.835.4393, Lorraine Coulson [lrcoulson@ualr.edu](mailto:lrcoulson@ualr.edu) or Robert H. Bradley [rbradle2@exchange.asu.edu](mailto:rbradle2@exchange.asu.edu)

### 5. Keys to Interactive Parenting Scale (KIPS)

A 12-item non-standardized observational measure completed by home visitors to assess parenting behaviors.

Comfort, M., and Gordon, P. R. (2006). The Keys to Interactive Parenting Scale (KIPS): A practical observational assessment of parenting behavior. *NHSA Dialog: A Research-To-Practice Journal*

*for the Early Intervention Field*, 9(1): 22-48.

Comfort, M., Gordon, P. R., English, B., Hacker, K., Hembree, R., Knight, R., and Miller, C. (2010). The Keys to Interactive Parenting Scale: KIPS shows how parents grow. *Zero to Three*, 30(4): 33-39.

Contact: Marilee Comfort and Phil Gordon, 610.455.1463, [info@comfortconsults.com](mailto:info@comfortconsults.com)  
<http://www.comfortconsults.com/>

#### **6. NCAST Nursing Child Assessment Feeding Scale (NCAFS)**

Observational measure of parent-child interaction; set of observable behaviors describing the caregiver-child communication and interaction during a feeding situation, birth to 12 months of life.

Barnard, K. (1994). *NCAST Feeding Scale*. Seattle: NCAST-AVENUW, University of Washington, School of Nursing.

Contact: NCAST, 206.543.8528, [pcrp@uw.edu](mailto:pcrp@uw.edu)  
[https://www.pcrprograms.org/index.cfm?fuseaction=category.display&category\\_ID=2](https://www.pcrprograms.org/index.cfm?fuseaction=category.display&category_ID=2)

#### **7. NCAST Nursing Child Assessment Teaching Scale (NCAST)**

73-item standardized observational measure; completed by the home visitor; assesses strengths and weaknesses in the parent-child teaching interaction for children ages birth to 3; 6 subscales: four assess caregiver behavior and two child behavior.

Barnard, K. (1994). *NCAST Teaching Scale*. Seattle: NCAST-AVENUW, University of Washington, School of Nursing.

Summer, G., and Spietz, A.L. (1995). *NCAST Caregiver/Parent-Child Interaction Teaching Manual, 2nd Edition*. Seattle, WA: NCAST Publications, University of Washington.

Contact: NCAST, 206.543.8528, [pcrp@uw.edu](mailto:pcrp@uw.edu)  
[https://www.pcrprograms.org/index.cfm?fuseaction=category.display&category\\_ID=2](https://www.pcrprograms.org/index.cfm?fuseaction=category.display&category_ID=2)

#### **8. Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO and PICCOLO+B)**

Observational measure of parent-child interactions that assesses 18 behaviors; 4 domains: Affection, Responsiveness, Encouragement, and Teaching; for children ages birth – preschool.

Cook, G., and Roggman, L. (2009). *PICCOLO (Parenting Interactions with Children: Checklist of Observations Linked to Outcomes) Technical Report*. Logan: Utah State University, Early Intervention Research Institute.

Cook, G. A., Innocenti, M. S., and Roggman, L. A. (2010, February). *PICCOLO (Parenting Interactions with Children: Checklist of Observations Linked to Outcomes): An easy-to-use observational measure of parent-child interactions to guide parenting interventions and track program outcomes*. Santa Barbara, CA: The Zigler Institute.

For more information on validation and the table of additional PICCOLO guidelines for babies 3 to 9 months old, contact: Lori Roggman, [loriroggman@gmail.com](mailto:loriroggman@gmail.com)

Contact: Brookes Publishing, 800.638.3775  
<https://www.brookespublishing.com/product/piccolo/>

#### **9. Three-Bag Assessment**

Observational measure of child and parent behaviors and parent-child interactions at 14, 24, and 36 months; 6 parenting subscales and 3 child scales. The 6 parenting scales: parental sensitivity, parental positive regard, parental stimulation of cognitive development, parental intrusiveness, parental negative regard, and parental detachment. The 3 child scales: child engagement of the parent, child sustained attention with objects, and child negativity toward the parent.

Brady-Smith, C., O'Brien, C., Berlin, L., Ware, A., Fauth, J., Brooks-Gunn, J. (2000). *Child-parent interaction rating scales for the Three-Bag assessment: 36-month wave*. New York: Teachers College, Columbia University.

14-month coding scales:

Ware, A., Brady-Smith, C., O'Brien, C., and Berlin, L. (1998). (unpublished) National Center for Children and Families, Teachers College, Columbia University.

24-month coding scales:

Brady-Smith, C., O'Brien, C., Berlin, L., and Ware, A. (1999). (unpublished) National Center for Children and Families, Teachers College, Columbia University.

36-month coding scales:

Brady-Smith, C., O'Brien, C., Berlin, L., Ware, A., Fauth, R. (2000). (unpublished) National Center for Children and Families, Teachers College, Columbia University.

Contact: Jeanne Brooks-Gunn, [brooks-gunn@columbia.edu](mailto:brooks-gunn@columbia.edu)

## Measure 12: Developmental Screening, Measure 18: Completed Developmental Referrals

### 1. Achenbach System of Empirically-Based Assessment (ASEBA)

Standardized multi-report assessment of social-emotional development for children ages 18-60 months; consists of 99 items of the child behavior checklist plus an additional language development survey; data collected from multiple respondents (parents, teachers, child) to capture variations in child functioning from one context to another.

Achenbach, T., and Rescorla, L. (1999). *Achenbach System of Empirically-Based Assessment (ASEBA)*. Burlington, VT: Research Center for Children, Youth, & Families.

Contact: Achenbach System of Empirically Based Assessment, 802.656.5130, [mail@ASEBA.org](mailto:mail@ASEBA.org)

[www.aseba.org](http://www.aseba.org)

### 2. Adaptive Behavior Assessment System – 3<sup>rd</sup> edition (ABAS-3)

Measure of behavioral functioning of children ages birth to 5 years; 2 functional scales: Functional Communication and Social Skills; and 8 clinical scales Aggression, Anxiety, Attention Problems, Atypicality, Depression, Hyperactivity, Somatization, and Withdrawal.

du Preez, J. (2017) Adaptive Behavior Assessment System – third edition (ABAS-3). In: The elements of applied psychological practice in Australia: preparing for the National Psychology Examination. Taylor & Francis (Routledge), Milton Park, United Kingdom, pp. 73-76.

Contact: Pearson, 800.627.7271

<https://www.pearsonclinical.com/psychology/products/100001262/adaptive-behavior-assessment-system-third-edition-abas-3.html>

### 3. Ages and Stages Questionnaires, 3<sup>rd</sup> Edition (ASQ-3)

30-item standardized caregiver-report measure assessing child development in the first 5 years; 5 domains: Communication, Gross Motor, Fine Motor, Problem-Solving, and Personal-Social.

Squires, J., and Bricker, D. (2009). *Ages and Stages Questionnaires: A parent-completed child monitoring system, third edition*. Baltimore, MD: Paul Brookes.

Contact: Brookes Publishing, 800.638.3775

<https://www.brookespublishing.com/product/asq-3/>

### 4. AGS Early Screening Profiles

Observational measure that screens the five major developmental areas: cognitive, language, motor, self-help, and social development for children ages 2-6 years.

Harrison, P. L., Kaufman, A. S., Kaufman, N. L., Bruininks, R. H., Rynders, J., Ilmer, S., Sparrow, S. S., and Cicchetti, D. V. (1990). AGS Early Screening Profiles. *Journal of Psychoeducational Assessment*, 13: 101-104.

Harrison, P. L., Kaufman, A. S., Kaufman, N. L., Bruininks, R. H., Rynders, J., Ilmer, S., Sparrow, S. S., and Cicchetti, D. V. (1990). *Early Screening Profiles Manual*. Circle Pines, MN: American Guidance Service.

Telzrow, C. (1995). Review of the AGS Early Screening Profiles. In J. C. Conoley and J. C. Impara (Eds.), *Twelfth Mental Measurements Yearbook* (pp. 63-65). Lincoln, NE: Buros Institute of Mental Measurements.

Contact: Pearson, 800.627.7271

[http://www.pearsonassessments.com/haiweb/cultures/en-us/productdetail.htm?pid=PAa3500&Community=AI\\_EC\\_Screening](http://www.pearsonassessments.com/haiweb/cultures/en-us/productdetail.htm?pid=PAa3500&Community=AI_EC_Screening)

- 5. Assessment, Evaluation, and Programming System for Infants and Children (AEPS), 2<sup>nd</sup> Edition**  
 Observational and caregiver report measure to assess developmental capabilities of children birth to 3 years of age; assesses developmental functioning across 6 domains: Fine Motor, Gross Motor, Adaptive, Cognitive, Social-Communication, and Social Development.  
 Cripe, J., Slentz, K., and Bricker, D. (1993). *AEPS curriculum for birth to three years, volume 2*. Baltimore, MD: Paul H. Brookes Publishing Co., Inc.  
 Contact: Brookes Publishing, 800.638.3775  
<https://www.brookespublishing.com/product/aeps/>
- 6. Bayley Scale for Infant Development (BSID-III)**  
 Assesses basic brain function, ability to comprehend and express and intellectual processes in children 0-2 years.  
 Bayley, N. (1993). *Bayley Scales of Infant Development, Second edition (BSID-II)*. San Antonio, TX: The Psychological Corporation.  
 Black, M. M. and Matula, K. (1999). *Essentials of Bayley Scales of Infant Development II Assessment*. San Antonio, TX: The Psychological Corporation.  
 Contact: Pearson, 800.627.7271  
<https://www.pearsonclinical.com/childhood/products/100000123/bayley-scales-of-infant-and-toddler-development-third-edition-bayley-iii.html>
- 7. Battelle Developmental Inventory Screening Test**  
 Developmental assessment for birth to 8 years; 2 types of assessments: full version and screening test; 96 items in shorter version; results indicate whether advisable to administer full version; 5 domains of 341 items in full version.  
 Newborg, J., Stock, J., and Wnek, L. (1984). *Battelle Developmental Inventory Screening Test*. Allen, TX: LINC Associates.  
 Contact: Houghton Mifflin Find Your Rep: <http://hnhco.force.com/replocator>  
<http://www.riversidepublishing.com/products/bdi2/scoring.html>
- 8. Bayley Infant and Neurodevelopmental Screener (BINS)**  
 Standardized direct child assessment for children 1 month – 42 months of age; assessed impairment or delays; 3 scales: Mental Scale, Motor Scale, and Behavior Rating Scale.  
 Aylward, G. P. (1995). *Bayley Infant and Neurodevelopmental Screener*. San Antonio, TX: The Psychological Corporation.  
 Contact: Pearson, 800.627.7271  
<https://www.pearsonclinical.com/psychology/products/100000163/bayley-infant-neurodevelopmental-screener-bins-bins.html>
- 9. Behavior Problems Index (BPI): Total**  
 28-item parent report measure assessing problem behaviors in children; provides a total summary score, plus 4 subscale scores: Antisocial Behavior, Anxious/Depressed Mood, Hyperactive Behavior, and Peer Conflict/ Socially Withdrawn.  
 Zill, N. (1990). *The Behavior Problems Index*. Washington, DC: Child Trends.  
 Peterson, J. L., and Zill, N. (1986). Marital Disruption, Parent-Child Relationships, and Behavior Problems in Children. *Journal of Marriage and Family*, 48(2), 295.  
 Baker, P. C., Keck, C. K., Mott, F. L., and Quinlan, S. V. (1993). *NLSY Child Handbook (Rev. ed.)*. Columbus: The Ohio State University, Center for Human Resources Research.  
 Contact: Child Trends, 240.223.9200

<https://www.childtrends.org/publications/behavior-problems-index>

**10. Behavior Rating Inventory of Executive Function-Preschool Version (BRIEF-P)**

63-item self-report measure assessing child executive functions within the context of his or her everyday environments—both home and preschool; 3 clinical scales: Inhibitory Self-Control, Flexibility, and Emergent Metacognition; and one global scale: Global Executive Composite.

Gioia, G. A., Espy, K. A., and Isquith, P.K. (2003). *Behavior Rating Inventory of Executive Function-Preschool Version (BRIEF-PV)*. Odessa, FL: Psychological Assessment Resources, Inc.

Contact: Therapro, Inc., 800.257.5376

<http://www.therapro.com/Browse-Category/Cognitive-Assessments/Behavior-Rating-Inventory-of-Executive-Function-Preschool-Version-BRIEF-P.html>

**11. Brief Infant-Toddler Social Emotional Assessment (BITSEA)**

60-item standardized self-report; a screening version of longer ITSEA (195 items); screening tool for developmental delays; detects social-emotional behavior problems and competences; for children 12-36 months.

Carter, A. S., and Briggs-Gowan, M. (2005). *ITSEA BITSEA: The Infant-Toddler and Brief Infant Toddler Social Emotional Assessment*. PsychCorp: San Antonio, TX.

Contact: Alice Carter, [AliceS.Carter@umb.edu](mailto:AliceS.Carter@umb.edu)

<https://eprovide.mapi-trust.org/instruments/brief-infant-toddler-social-emotional-assessment>

**12. Brigance Diagnostic Inventory of Early Development II (Brigance IED II)**

Criterion-based measure comprised of structured tasks, observations, and interviewing to assess multiple domains of child development for children ages 0-7 years; assesses 200 skills across 1 domain; 4 versions: Infant Toddler, Early Preschool, Preschool, and K and 1<sup>st</sup>.

Brigance, A. H. (1978). *Diagnostic inventory of early development*. North Billerica, MA: Curriculum Associates.

Brigance, A. H. (1991). *Brigance Diagnostic Inventory of Early Development: Revised*. North Billerica, MA: Curriculum Associates.

Bagnato, S. J., Neisworth, J. T., and Muson, S. M. (1997). *Linking assessment and early intervention: An authentic curriculum-based approach*. Baltimore, MD: Brookes.

Contact: Curriculum Associates, 800.225.0248

<https://www2.curriculumassociates.com/products/detail.aspx?title=BrigIED2>

**13. Carey Temperament Scales (CTS)**

Standardized self-report questionnaire completed by the caregiver; up to 100 items per scale; 5 scales: Early Infant Temperament Questionnaire (EITQ) for infants ages 1 to 4 months; the Revised Infant Temperament Questionnaire (RITQ) for infants ages 4 to 8 months (and applicable, but not normed, for ages 9 to 11 months); the Toddler Temperament Scale (TTS) for children ages 1 to 2 years; the Behavioral Style Questionnaire (BSQ) for children 3 to 12; and Middle Childhood Temperament Questionnaire (MCTQ), for children ages 3 to 12.

Carey, W.B. (2000). *The Carey Temperament Scales Test Manual*. Scottsdale, AZ: Behavioral-Developmental Initiatives.

Contact: Behavioral-Developmental Initiatives, 800.405.2313

<https://www.b-di.com/ctsindex.html>

**14. Carolina Curriculum for Infant and Toddlers with Special Needs, 3<sup>rd</sup> Edition (CCITSN)**

Observational measure designed for use with infants from birth to 2 years developmental age who



have mild to severe special needs; 6 developmental domains (cognition, communication, social/adaptation, fine motor, and gross motor) divided into 26 teaching areas (or sequences). Johnson-Martin, N., Jens, K., Attermeier, S., and Hacker, B. (2001). *The Carolina Curriculum for Infants and Toddlers with Special Needs, Second Edition*. Baltimore, MD: Paul H. Brookes Publishing Co.

Contact: Brookes Publishing, 800.638.3775

<https://products.brookespublishing.com/The-Carolina-Curriculum-for-Infants-and-Toddlers-with-Special-Needs-CCITSN-Third-Edition-P485.aspx>

#### **15. Child Behavior Checklists (CBCL)**

112-item standardized self-report measure assessing caregiver report of child problem behavior and social competence; 3 scales: Internalizing Behaviors, Externalizing Behaviors, and Total Problems. (\*\*The Language Development Survey can be ordered as a supplement to the Child Behavior Checklist – see language development domain.)

Achenbach, T.M., and Rescorla, L.A. (2001). *Manual for ASEBA School-Age Forms and Profiles*. Burlington, VT: University of Vermont, Research Center for Children, Youth and Families.

Contact: Achenbach System of Empirically Based Assessment, 802.656.5130, [mail@ASEBA.org](mailto:mail@ASEBA.org)  
<http://www.aseba.org/preschool.html>

#### **16. Children’s Behavior Rating Scale (CBRS)**

20-item non-standardized self-report measure assessing perceptions of child problem behaviors.

Hudson, W. W., and Hudson, M. K. (1990). *Children’s Behavior Rating Scale (CBRS)*. Tallahassee, FL: WALMYR.

Contact: WALMYR Publishing Company, 850.383.0045

<http://www.walmyr.com/index.html>

#### **17. Child Development Inventory (CDI)**

300-item assessment to be completed by parents to assess child development for ages 2 to 6 in the following domains: social, self-help, gross motor, fine motor, expressive language, language comprehension, letters, and numbers.

Ireton, H. and Glascoe F.P. (1995). Assessing children's development using parents' reports: The Child Development Inventory. *Clinical Pediatrics*, 34: 248-55.

Doig, K.B., Macias, M.M., Saylor, C.F., Craver, J.R., and Ingram, P.E. (1999). The child development inventory: A developmental outcome measure for follow-up of the high-risk infant. *Journal of Pediatrics*, 135: 358–362.

Contact: Behavior Science Systems, Inc., Child Development Review, 612.850.8700

<http://childdevrev.com/specialiststools/child-development-inventory>

#### **18. Denver Developmental Screening Test II (DDST)**

125-item self-report measure that assesses development in children birth to 6 years; also includes a Pre-screening Development Questionnaire consisting of 91 items from the full version.

Frankenburg, W. K., and Dodds, J. B. (1967). The Denver Developmental Screening Test. *Journal of Pediatrics*, 71: 181.

Frankenburg, W. K., Dodds, J., Archer, P., Bresnick, B., Maschka, P., and Edelman, N. (1996). *The DENVER II Technical Manual*. Denver, CO: Denver Developmental Materials.

Frankenburg, W. K., Dodds, J., Archer, P. et al. (1992). The Denver II: A major revision and restandardization of the Denver Developmental Screening Test. *Pediatrics*, 89:91-97.

[www.denverii.com](http://www.denverii.com)

**19. Developmental Indicators for the Assessment of Learning, Fourth Edition (DIAL-4)**

Early childhood screening assessment for children ages 2 to 6 in the following areas: motor, language, concepts, self-help, and social development.

Mardell-Czudnowski, C. and Goldenberg, D.S. (2011). *Test review: Developmental Indicators for the Assessment of Learning, Fourth edition*. Bloomington, MN: NCS Pearson.

Contact: Pearson, 800.627.7271

<https://www.pearsonclinical.com/childhood/products/100000304/dial-4-developmental-indicators-for-the-assessment-of-learning-fourth-edition-dial-4.html>

**20. Developmental Profiles 3 (DP-3)**

186-item direct observation and/or parent report measure that comprehensively assesses motor, language, personal/self-help, social, and intellectual development for children from birth through 9 years; assesses functional, developmental age level of child.

Alpern, G., Boll, T., and Shearer, M. (2000). *Developmental Profile II Manual*. Los Angeles, CA: Western Psychological Services.

Contact: Western Psychological Services, 800.648.8857

<https://www.wpspublish.com/store/p/2743/dp-3-developmental-profile-3>

**21. Devereux Early Childhood Assessment (DECA)**

37-item observational measure that assesses for behavioral problems and protective factors for children 2-5 years.

LeBuffe, P. A., and Naglieri, J. A. (1999). *Devereux Early Childhood Assessment (DECA)*. Lewisville, NC: Kaplan Press.

Naglieri, J. A., LeBuffe, P. A., and Pfeiffer, S. I. (1995). *The Devereux Scales of Mental Disorders*. San Antonio, TX: The Psychological Corporation.

Contact: [deca@devereux.org](mailto:deca@devereux.org)

<http://www.devereux.org/uploads/deca/elearning/index.htm>

**22. Early Coping Inventory (ECI)**

48-item observation instrument; used for assessing the coping-related behavior of children whose chronological or developmental age is between 4 and 36 months; 3 coping clusters: Sensorimotor Organization, Reactive Behavior, and Self-Initiated Behavior.

Zeitlin, S., Williamson, G.G., and Szczepanski, M. (1988). *Early Coping Inventory: A Measure of Adaptive Behavior*. Bensenville, Illinois: Scholastic Testing Service.

Contact: Scholastic Testing Service, Inc., 800.642.6787

<http://ststesting.com/COPI.html>

**23. Early Learning Accomplishment Profile (E-LAP)**

Standardized observational measure assessing development in 6 domains for children birth to 36 months; appropriate for all children, including those with disabilities.

Glover, E. M., Preminger, J. L., and Sanford, A. R. (1995). *Early Learning Accomplishment Profile Revised Edition (E-LAP)*. Lewisville, NC: Kaplan Press.

Contact: Kaplan, 800.334.2014

<http://www.kaplanco.com/store/trans/productDetailForm.asp?CatID=17%7CEA1035%7C0&PID=13649>

**24. Early Screening Profiles (ESP)**

Assessment to measure cognitive, language, motor, self-help, and social development among children ages 2 to 6.

Lenkarski, S., Singer, M., Peters, M., and McIntosh, D. (2001). Utility of the early screening profiles in identifying preschoolers at risk for cognitive delays. *Psychology in the Schools*, 38: 17-24.

Contact: Pearson, 800.627.7271

<https://www.pearsonclinical.com/childhood/products/10000089/early-screening-profiles-esp.html>

## **25. Eyberg Child Behavior Inventory (ECBI)**

36-item standardized self-report measure assessing caregiver report of problem behaviors in children; for children ages 2-16; 2 scales: Problem and Intensity.

Eyberg, S. and Pincus, D. (1999). *Eyberg Child Behavior Inventory & Sutter-Eyberg Student Behavior Inventory-Revised: Professional Manual*. Odessa, FL: Psychological Assessment Resources.

Contact: Psychological Assessment Resources, 800.331.8378

<https://www.parinc.com/Products/Pkey/97>

## **26. Functional Emotional Assessment Scale (FEAS)**

Observational measure of parent-child interactions to screen for delays and social-emotional development; for children 7-48 months.

Greenspan, S. I., Degangi, G., and Wieder, S. W. (2001). *Functional Emotional Assessment Scale (FEAS) for infancy and early childhood: Clinical and research applications*. Bethesda, MD: Interdisciplinary Council on developmental and Learning Disorders.

DeGangi, G. (2000). *Pediatric disorders of regulation in affect and behavior: A therapist's guide to assessment and treatment*. San Diego, CA: Academic Press.

<https://www.amazon.com/Functional-Emotional-Assessment-Infancy-Childhood/dp/0972892516>

## **27. Griffiths Mental Development Scales – Revised: Birth to 2 years**

Assessment to measure locomotor, personal-social, hearing and language, eye and hand coordination, and performance among infants and toddlers ages birth to 2 years.

Biasini, A., Monti, F., Gianstefani, I., Bertozzi, L., Agostini, F., and Neri, E. (2015). Griffiths mental development scales as a tool for the screening of motor disability in premature infants: Is it worth it? *Journal of Clinical Neonatology*, 4: 22-25.

Luiz, D.M., Foxcroft, C.D., and Povey, J.L. (2006). The Griffiths Scales of Mental Development: A factorial validity study. *South African Journal of Psychology*, 36: 192-214.

Huntley, M. (1996). *Griffiths Mental Development Scales – Revised: Birth to 2 years*. Thames, UK: Association for Research in Infant and Child Development.

Contact: Hogrefe Ltd., [customersupport@hogrefe.co.uk](mailto:customersupport@hogrefe.co.uk)

<http://www.hogrefe.co.uk/gmds-0-2.html>

## **28. Hawaii Early Learning Profile (HELP) Checklist**

Comprehensive non-standardized observational measure assessing development across 6 domains (Cognitive, Language, Gross Motor, Fine Motor, Social-Emotional, and Self-Help) in children ages 0-3.

Furuno, S., O'Reilly, K. A., Hosaka, C. M., Inatsuka, T. T., Zeisloft-Falbey, B., and Allman, T. (1988). *Hawaii Early Learning Profile checklist (HELP)*. Palo Alto, CA: VORT Corporation.

Furuno, S., O'Reilly, K. A., Hosaka, C. M., Inatsuka, T. T., Zeisloft-Falbey, B., and Allman, T. (1988). HELP checklist Hawaii early learning profile. *Mental Measurements Yearbook*, 11.

Parks, S. (1999). *Inside HELP: Administration and Reference Manual, 1997 Revision*. Palo Alto, CA: VORT Corporation.

VORT Corporation. (1994). *Using HELP effectively*. Palo Alto, CA: VORT Corporation.

Contact: VORT Corporation, 888.757.8678

<http://www.vort.com/product.php?productid=13>

### **29. Infant and Toddler Development Assessment, 2<sup>nd</sup> Edition (IDA-2)**

Multi-phase assessment process consisting of two or more professionals; uses interviews, parent self-report, and direct observation to screen for developmental delays in children ages 0-42 months.

Provence, S., Erikson, J., Vater, S., and Palmeri, S. (1995). *Infant-Toddler Developmental Assessment (IDA) Administration Manual*. Itaska, IL: Riverside Publishing.

Contact: Houghton Mifflin Find Your Rep: <http://hnhco.force.com/relocator>

<http://www.riverpub.com/products/ida/inex.html>

### **30. Infant and Toddler Social and Emotional Assessment (ITSEA)**

166-item standardized parent self-report or provider-report form; 17 subscales across 4 domains: Externalizing, Internalizing, Dysregulation, and Compliance; available in a brief form.

Carter, A. S., and Briggs-Gowan, M. (1993). *The Infant–Toddler Social and Emotional Assessment (ITSEA). Unpublished Measure*. Yale University Department of Psychology, New Haven, CT. University of Massachusetts Boston Department of Psychology, Boston, MA.

Carter, A.S., and Briggs-Gowan, M. (2000). *The Infant–Toddler Social and Emotional Assessment (ITSEA). Unpublished Manual*. University of Massachusetts Boston Department of Psychology, Boston, MA. Yale University, New Haven, CT.

Contact: Alice Carter, [AliceS.Carter@umb.edu](mailto:AliceS.Carter@umb.edu)

<https://eprovide.mapi-trust.org/instruments/infant-toddler-social-emotional-assessment>

### **31. Infant Development Inventory (IDI)**

Inventory to assess the development of infants ages birth to 18 months with regards to the following areas: social, self-help, gross motor, fine motor, and language.

Creighton, D.E. and Suave, R.S. (1988). Minnesota Infant Development Inventory in the developmental screening of infants at eight months. *Journal of Behavioural Science*, 20: 424-433.

Contact: Behavior Science Systems, Inc., Child Development Review, 612.850.8700

<http://childdevrev.com/specialiststools/infant-development-inventory>

### **32. Infant-Toddler and Family Instrument (ITFI)**

35-question interview and 38-item checklist to ask caregivers about their child’s characteristics, daily activities, health, development, and family life.

Apfel, N.H. and Provence, S. (2001). *Manual for the Infant-toddler and Family Instrument (ITFI)*. Baltimore, MD: Brookes Publishing.

<https://www.amazon.com/Manual-Infant-Toddler-Family-Instrument-ITFI/dp/1557664935>

### **33. Kaufman Brief Intelligence Test, 2<sup>nd</sup> Edition (KBIT-2)**

Standardized assessment tool measuring verbal and nonverbal intelligence for children ages 4 and up; comprised of two subsets: Vocabulary (expressive vocabulary and definitions) and Matrices (ability to perceive relationships & complete analogies).

Kaufman, A. S., and Kaufman, N. L. (1990). *Kaufman Brief Intelligence Test Manual*.

Circle Pines, MN: American Guidance Service.

Contact: Pearson, 800.627.7271

<https://www.pearsonclinical.com/psychology/products/100000390/kaufman-brief-intelligence-test-second-edition-kbit-2.html>

### **34. MacArthur-Bates Communicative Development Inventories (CDI)**

Parent-report forms for assessing early language and communication skills in infants and young children ages 8 to 30 months.

Fenson, L., Dale, P. S., Reznick, J. S., Thal, D., Bates, E., Hartung, J. P., Pethick, S., and Reilly, J. S. (1993). *The MacArthur Communicative Development Inventories: User's Guide and Technical Manual*. San Diego: Singular Publishing Group.

Contact: Brookes Publishing, 800.638.3775

[www.brookespublishing.com/cdi](http://www.brookespublishing.com/cdi)

### **35. McCarthy Scales of Children's Abilities (MSCA)**

Assess cognitive development and motor skills of children ages 2 ½ - 8 ½ across 5 scales: Verbal, Quantitative, Perceptual-Performance, Memory, and Motor Scales; parts of this test included in the McCarthy Screening Test used to assess school readiness in the early grades.

McCarthy, D. (1972). *McCarthy Scales of Children's Abilities*. New York: Psychological Corporation.

McCarthy, D. (1972). *Manual for the McCarthy Scales of Children's Abilities*. New York: Psychological Corporation.

Wortham, S. C. (1990). *Tests and measurement in early childhood education*. Columbus, OH: Merrill Publishing Co.

Contact: Pearson (United Kingdom), [info@pearsonclinical.co.uk](mailto:info@pearsonclinical.co.uk)

<https://www.pearsonclinical.co.uk/Psychology/ChildCognitionNeuropsychologyandLanguage/ChildGeneralAbilities/McCarthyScalesofChildrensAbilities/McCarthyScalesofChildrensAbilities.aspx>

### **36. Modified Checklist for Autism in Toddlers, Revised (M-CHAT-R)**

23-item screening assessment for toddlers between 16 and 30 months to assess for autism spectrum disorders.

Chlebowski, C., Robins, D.L., Barton, M.L., and Fein, D. (2013). Large-scale use of the Modified Checklist for Autism in Toddlers in low-risk toddlers. *Pediatrics*, 131: e1121-1127. PMID:23530174.

Robins, D., Fein, D., and Barton, M. (1999). *The Modified Checklist for Autism in Toddlers (M-CHAT)*. Storrs, CT: University of Connecticut.

Contact: M-CHAT, <https://m-chat.org/en-us/page/what-to-do-next/contact-us>

<https://m-chat.org/en-us/>

### **37. Mullen Scales of Early Learning**

Series of five scales assessing gross motor, visual reception, fine motor, expressive language, and receptive language in children ages birth to 68 months.

Akshoomoff, N. (2006). Use of the Mullen Scales of Early Learning for the assessment of young children with autism spectrum. *Child Neuropsychology*, 12: 269-277.

Mullen, E.M. (1995). *Mullen Scales of Early Learning: AGS edition*. Circle Pines, MN: American Guidance Service.

Contact: Pearson, 800.627.7271

<https://www.pearsonclinical.com/childhood/products/100000306/mullen-scales-of-early-learning.html>

### **38. National Survey of Early Childhood Health (NSECH)**

Standardized interview that assesses child health for children ages 19 to 35 months from the caregiver.

Blumberg, S. J., Olson, L., Osborn, L., Srinath, K. P., and Harrison, H. (2002). Design and operation of the National Survey of Early Childhood Health, 2000. National Center for Health Statistics. *Vital Health Stat*, 1(40). PDF Version (2.3 MB)

Halfon, N., Olson, L., Inkelas, M., Mistry, R., Sareen, H., Lange, L., Hochstein, M., and Wright, J. (2002). Summary statistics from the National Survey of Early Childhood Health, 2000. National Center for Health Statistics. *Vital Health Stat*, 15(3). PDF Version (3.4 MB).

Blumberg, S. J., Halfon, N., and Olson, L. M. (2004). The National Survey of Early Childhood Health. *Pediatrics*, 113: S1899-1906.

Hayman, L., and Callister, L. (2005). Racial and ethnic disparities in early childhood health and healthcare. *American Journal of Maternal Child Nursing*, 30:276.

Contact: CDC-INFO, <https://www.cdc.gov/dcs/ContactUs/Form>  
[http://www.cdc.gov/nchs/data/slatis/survey\\_sech00.pdf](http://www.cdc.gov/nchs/data/slatis/survey_sech00.pdf)

### **39. Parents' Evaluation of Developmental Status (PEDS)**

Screeners for children birth to age 8 to elicit and address parental concerns related to children's language, motor, self-help, early academic skills, behavior and social-emotional/mental health.

Gustawan, I.W., and Machfudz, S. (2010). Validity of parents' evaluation of developmental status (PEDS) in detecting developmental disorders in 3-12 month old infants. *Paediatrica Indonesiana*, 50: 6-10.

Glascoe, F.P. (2013). *Collaborating with Parents, 2nd Edition*. Nolensville, Tennessee: PEDStest.com, LLC.

Contact: PEDStest.com, 877.296.9972, [evpress@pedstest.com](mailto:evpress@pedstest.com)  
<http://www.pedstest.com/>

### **40. Pediatric Quality of Life**

23-item parent or child report that assesses health-related quality of life in healthy and non-healthy children and adolescents ages 5 to 18 across 4 scales: Physical, Emotional, Social, and School Functioning; Infant scales available for infants 1 to 24 months.

Varni, J. W., Limbers, C. A., Neighbors, K., Schulz, K., Lieu, J. E. C., Heffer, R. W., Tuzinkiewicz, K., Mangione-Smith, R., Zimmerman, J. J., and Alonso, E. M. (2011). The PedsQL™ Infant Scales: Feasibility, internal consistency reliability and validity in healthy and ill infants. *Quality of Life Research*, 20: 45-55.

Varni, J. W., Limbers, C. A., and Burwinkle, T.M. (2007). How young can children reliably and validly self-report their health-related quality of life?: An analysis of 8,591 children across age subgroups with the PedsQL™ 4.0 Generic Core Scales. *Health and Quality of Life Outcomes*, 5(1): 1-13.

Contact: [jvarni@tamu.edu](mailto:jvarni@tamu.edu)  
<https://eprovide.mapi-trust.org/instruments/pediatric-quality-of-life-inventory>

### **41. Preschool and Early Childhood Functional Assessment Scale – PECFAS (CAFAS for preschool children)**

A measure of functional impairment related to behavioral, emotional, psychological, or psychiatric problems for children ages 3-7 who have not yet entered school full-time; 7 subscales: School/Daycare, Home, Community, Behavior Toward Others, Moods/Emotions, Self-Harmful Behavior, and Thinking/ Communication; two additional subscales to assess the caregiving environment: Material Needs and Family/Social Support.

Hodges, K. (2003). *CAFAS Manual for training coordinators, clinical administrators, and data managers, second edition*. Ann Arbor, MI: Kay Hodges.

Contact: Functional Assessment Systems, 800.456.3003

<http://www.fasoutcomes.com/Content.aspx?ContentID=13>

#### **42. Preschool Language Scales, 5<sup>th</sup> Edition (PLS-5)**

Standardized direct assessment that identifies language disorders in children ages 2 weeks to 6 years; 2 subscales: Auditory Comprehension and Expressive Communication.

Zimmerman, I. L., Steiner, V. G., and Pond, R. E. (1992). *Preschool Language Scale - 3: Examiner's Manual*. San Antonio, TX: The Psychological Corporation.

Contact: Pearson, 800.627.7271

<https://www.pearsonclinical.com/language/products/100000233/preschool-language-scales-fifth-edition-pls-5.html?origsearchtext>

#### **43. Temperament and Atypical Behavior Scale (TABS)**

55-item checklist completed by caregivers covering temperament, attention, social behavior, play, vocal and oral behavior, sense and movement, self-stimulation and self-injury, and neurobehavioral state to identify temperament and self-regulation issues.

Neisworth, J.T., Bagnato, S.J., Salvia, J., and Hunt, F.M. (1999). *TABS manual for the Temperament and Atypical Behavior Scale: Early childhood indicators of developmental dysfunction*. Baltimore, MD: Brookes Publishing Company.

Contact: Brookes Publishing, 800.638.3775

<http://products.brookespublishing.com/Temperament-and-Atypical-Behavior-Scale-TABS-Assessment-Tool-P526.aspx>

#### **44. The Ounce Scale**

Observational functional assessment that enables caregivers and families to understand and enhance young children's (birth to 3 years) development, particularly social and emotional development.

Meisels, S. J. (2001). Fusing assessment and intervention: Changing parents' and providers' views of young children. *Zero to Three*, 21(4): 4-10.

Meisels, S. J., Dombro, A. L., Marsden, D. B., Weston, D. R., and Jewkes, A. M. (in draft). *The Ounce Scale*. Ann Arbor, MI: Rebus.

Contact: Pearson, 800.627.7271

<http://www.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=PAaOunce>

#### **45. Vineland Adaptive Behavior Scales, 3<sup>rd</sup> Edition (Vineland-3)**

Assesses personal and social functioning in infants and toddlers through structured interviews with caregivers; standardized; widely used to screen for mental retardation or other handicaps; 4 behavior domains: Communication, Daily Living Skills, Socialization, and Motor Skills.

Sparrow, S. S., Balla, D. A., and Cicchetti, D. V. (1984). *Vineland Adaptive Behavior Scales Interview Edition Expanded Form Manual*. Circle Pines, MN: American Guidance Service.

Contact: Pearson, 800.627.7271

<https://www.pearsonclinical.com/psychology/products/100001622/vineland-adaptive-behavior-scales-third-edition--vineland-3.html>

**46. Vineland Social-Emotional Early Childhood Scales (Vineland SEECs)**

122-item interviewer assisted parent report; assesses social-emotional functioning in children (0-5 years) through structured interviews with caregivers; standardized assessment; 3 scales: Interpersonal Relationships, Play and Leisure Time, and Coping Skills; and provides an overall Social-Emotional Composite Score.

Sparrow, S. S., Balla, D. A., and Cicchetti, D. V. (1998). *Vineland Social-Emotional Early Childhood Scales/Vineland SEEC*. Circle Pines, MN: American Guidance Service.

Sparrow, S. S., Balla, D. A., and Cicchetti, D. V. (2001). *Vineland SEEC ASSIST (Automated System for Scoring and Interpreting Standardized Tests)*. Circle Pines, MN: American Guidance Service, Inc.

Contact: Pearson (Canada), [cs.canada@pearson.com](mailto:cs.canada@pearson.com)

<https://www.pearsonclinical.ca/en/products/product-master.html/item-35>

**47. Woodcock-Johnson IV, 4<sup>th</sup> Edition**

Standardized self-assessment measuring language proficiency in the four domains of reading, writing, speaking, and listening.

Mather, N., and Woodcock, R. W. (2001). *Examiner's Manual: Woodcock-Johnson III Tests of Cognitive Abilities*. Itasca, IL: Riverside Publishing.

McGrew, K. S., and Woodcock, R.W. (2001). *Technical Manual: Woodcock-Johnson III*. Itasca, IL: Riverside Publishing.

Schrank, F. A., and Woodcock, R. W. (2001). *WJ III Compuscore and Profiles Program (computer software)*. Itasca, IL: Riverside Publishing.

Contact: Houghton Mifflin Find Your Rep: <http://hnhco.force.com/relocator>

<https://www.hnhco.com/progrms/woodcock-johnson-iv/overview>



## Measure 14: Intimate Partner Violence Screening, Measure 19: Intimate Partner Violence Referrals

### 1. Abuse Assessment Screen (AAS)

5-question screen involving open-ended questions to assess intimate partner violence.

Deshpande, N.A. and Lewis-O'Connor, A. (2013). Screening for intimate partner violence during pregnancy. *Reviews in Obstetrics and Gynecology*, 6:141-148.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4002190/figure/F5/>

### 2. Abusive Behavior Inventory (ABI)

30-item scale completed by male batterer that measures the frequency of perpetration of physical and psychological abusive behaviors.

Shepard, M. F., and Campbell, J. A. (1992). The Abusive Behavior Inventory: a measure of psychological and physical abuse. *Journal of Interpersonal Violence*, 7: 291–305.

Contact: Sage Publications. Used with permission.

<http://www.cdc.gov/ncipc/dvp/Compendium/IPV%20Compendium.pdf>

### 3. Composite Abuse Scale (Revised)—Short Form (CAS<sub>R</sub>-SF)

30-item assessment of partner abuse across 4 subscales: Severe Combined Abuse, Emotional Abuse, Physical Abuse, and Harassment.

Hegarty K., Sheehan M., and Schonfeld C. (1999). A multidimensional definition of partner abuse: development and preliminary validation of the Composite Abuse Scale. *Journal of Family Violence*, 14: 399–415.

Hegarty K., Bush R., and Sheehan M. (2005). The Composite Abuse Scale: further development and assessment of reliability and validity of a multidimensional partner abuse measure in clinical settings. *Violence and Victims*, 20: 529-547.

Contact: Marilyn Ford-Gilboe, [mfordg@uwo.ca](mailto:mfordg@uwo.ca)

[bmjopen-2016-012824supp.pdf](http://bmjopen-2016-012824supp.pdf)

### 4. Conflict Tactics Scales – Revised (CTS)

78-item non-standardized; administered as either self-report or observational measure to assess domestic violence, specific to partner relationship; 3 subscales: Physical Aggression, Psychological Aggression, and Sexual Coercion.

Straus, M. A., Hamby, S. L., Boney-McCoy, S., Sugarman, D. B. (1996). The Revised Conflict Tactics Scale (CTS2): development and preliminary psychometric data. *Journal of Family Issues*, 17: 283–316.

Contact: Western Psychological Services, 800.648.8857

<https://www.wpspublish.com/store/p/2728/cts-conflict-tactics-scales>

### 5. Domestic Violence Screening for Pediatric Settings

6-item screen to identify patients experiencing domestic violence during well-child pediatric visits.

Siegel, R.M., Hill, T.D., Henderson, V.A., Ernst, H.M., and Boat, B.W. (1999). Screening for domestic violence in the community pediatric setting. *Pediatrics*, 104: 874-77.

[http://www.cdc.gov/violenceprevention/pdf/ipv/ipvandsv\\_screening.pdf](http://www.cdc.gov/violenceprevention/pdf/ipv/ipvandsv_screening.pdf)

### 6. Harassment in Abusive Relationships: A Self-Report Scale (HARASS)

45-item self-report measure; 2 scales: OFTEN and DISTRESS scales measure how often a harassing

behavior occurs and how distressing the behavior is perceived by the participant.  
Sheridan, D. J. (2001). Treating survivors of intimate partner abuse: forensic identification and documentation. In: Olshaker JS, Jackson MC, Smock WS, editors. *Forensic emergency medicine*. Philadelphia, PA: Lippincott, Williams, & Wilkins, 203–228.

<http://www.cdc.gov/ncipc/dvp/Compendium/IPV%20Compendium.pdf>

#### **7. Humiliation, Afraid, Rape, Kick, Child (HARK-C)**

4-question assessment to reliably identify women experiencing IPV who present in clinical settings.  
Sohal, H., Eldridge, S., and Feder, G. (2007). The sensitivity and specificity of four questions (HARK) to identify intimate partner violence: A diagnostic accuracy study in general practice. *BMC Family Practice*, 8, 49.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2034562/table/T1/>

#### **8. Hurt, Insulted, Threatened with Harm and Screamed (HITS)**

4-question assessment asking how often a partner hurts you, insults you, threatens you, and screams at you to form the acronym HITS.

Deshpande, N.A. and Lewis-O'Connor, A. (2013). Screening for intimate partner violence during pregnancy. *Reviews in Obstetrics and Gynecology*, 6:141-148.

Sherin, K.M., Sinacore, J.M., Li, X.Q., et al. (1998). HITS: a short domestic screening tool for use in a family practice setting. *Family Medicine*, 30:508–512.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4002190/figure/F4/>

#### **9. Ongoing Abuse Screening (OAS)**

5 items adapted from the Abuse Assessment Screen (AAS) to assess ongoing physical, sexual, emotional IPV, and fear.

Ernst, A.A., Weiss, S.J., Cham, E., and Marquez, M. (2002). Comparison of three instruments for assessing ongoing intimate partner violence. *Medical Science Monitor*, (8)3, 197-201.

Weiss, S.J., Ernst, A.A., Cham, E., and Nick, T.G. (2003). Development of a screen for ongoing intimate partner violence. *Violence and Victims*, (18)2, 131-141.

<https://www.cdc.gov/violenceprevention/pdf/ipv/ipvandsvscreening.pdf>

#### **10. Partner Violence Screen (PVS)**

3-question short screening tool for interpersonal violence.

Koziol-McLain, J., Brand, D., Morgan, D., Leff, M., and Lowenstein, S. R. (2000). Measuring injury risk factors: Question reliability in a statewide sample. *Injury Prevention*, 6, 148-150.

Koziol-McLain, J., Coates, C. J., and Lowenstein, S. R. (2001). Predictive validity of a screen for partner violence against women. *American Journal of Preventive Medicine*, 21(2), 93-100.

Contact: Jane Koziol-McLain, [jane.koziol-mclain@aut.ac.nz](mailto:jane.koziol-mclain@aut.ac.nz)

#### **11. Profile of Psychological Abuse of Women (PPA)**

21-item self-report measure of psychological abuse; 4 subscales: Jealous Control, Ignore, Ridicule Traits, and Criticize Behavior.

Sackett, L. A., and Saunders, D. G. (1999). The impact of different forms of psychological abuse on battered women. *Violence and Victims*, 14:105–177.

<http://www.midss.org/content/profile-psychological-abuse-women>

#### **12. Relationship Assessment Tool (formerly the Women's Experience with Battering [WEB])**

10-item measure of psychological/emotional victimization.

Smith, P., Earp, J., and DeVellis, R. (1995). Measuring battering: development of the Women's Experiences with Battering (WEB) Scale. *Women's Health: Research on Gender, Behavior, and Policy*, 1:273–288.

Smith, P., Smith, J., and Earp, J. (1999). Beyond the measurement trap: a reconstructed conceptualized and measurement of woman battering. *Psychology of Women Quarterly*, 23:177–193.

Smith, P., Thornton, G., DeVellis, R., Earp, J., and Coker, A. (2002). A population-based study of the prevalence and distinctiveness of battering, physical assault, and sexual assault in intimate relationships. *Violence Against Women*, 8:1208–1232.

Contact: Futures Without Violence, 415.678.5500, [info@futureswithoutviolence.org](mailto:info@futureswithoutviolence.org)  
<https://www.dropbox.com/s/53yhktumby1nd9k/RAT%20English%20Spanish.pdf?dl=0>

### **13. The Relationship Chart**

4-items asking about problems occurring in the household using a picture scale to rate responses.

Wasson, J.H., Jette, A.M., Anderson, J., Johnson, D.J., Nelson, E.C., and Kilo, C.M. (2000). Routine, single-item screening to identify abusive relationships in women. *The Journal of Family Practice*, 49: 1017-22.

<http://www.cdc.gov/violenceprevention/pdf/ipv/ipvandsvscreening.pdf>

### **14. Universal Violence Prevention Screening Protocol – Adapted**

6-question screening protocol administered by a clinician or self-report to identify relationship abuse.

Heron, S.L., Thompson, M.P., Jackson, E., and Kaslow, N.J. (2003). Do responses to an intimate partner violence screen predict scores on a comprehensive measure of intimate partner violence in low-income black women? *Annals of Emergency Medicine*, 42: 483-91.

<http://www.cdc.gov/violenceprevention/pdf/ipv/ipvandsvscreening.pdf>

### **15. Women Abuse Screening Tool (WAST)**

8-question screener to identify women who are victims of abuse.

Brown, J.B., Lent, B., Schmit, G., and Sas, G. (2000). Application of the Woman Abuse Screening Tool (WAST) and WAST-Short in the family practice setting. *Journal of Family Practice*, 49:896-903.

<http://womanabuse.webcanvas.ca/documents/wast.pdf>