

Home Visiting Performance Measurement for Arkansas

Universal Change: Benchmarks are required for ALL children enrolled in services (entered into ETO). In addition to developmental screening, sibling family assessments must be completed.

Measure	Definition	Data Sources	Education or Referral	Why Focus on This?
Measure 1: Preterm Birth (HFA, PAT)	Percent of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment	Demographic data fields	Multiple activities impact the outcome. Benchmark not tied to particular education/referral	Arkansas has one of the highest rates of preterm birth (11.8%) in the US (5%). Insufficient prenatal care and smoking are causes. Preterm infants, particularly extremely low birth weight infants, are at increased risk for death and long-term health and developmental risks.
Measure 2: Breastfeeding (HFA, PAT)	Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at 6 months of age	Family Map: How old was your child when you stopped breastfeeding?	Multiple activities impact the outcome. Benchmark not tied to particular education/referral	Breastfeeding is a practice associated with positive long-term cognitive outcomes, child health, adult education, and adult incomes.
Measure 5: Postpartum Care* (HFA, PAT)	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	Family Map: Did you have a postpartum visit with your doctor within 8 weeks after delivering? Answer Options: Yes/ No.	Multiple activities impact the outcome. Benchmark not tied to particular education/referral	The purpose of the postpartum check is to assess the mother's physical and emotional health, including postpartum depression.
Measure 4: Well-Child Visit* (All models)	Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule	Family Map: How old was your child at their last well- child visit? The last medical visit when your child was not sick and received recommended check- ups. Answer options: Newborn, 1, 2, 4, 6, 9, 12, 15, 18, 24, and 30 months OR Has your child received recommended check-ups from a doctor within the last 12 months? These happen when the child is not sick and are also called “well- child” visits. AND Home Visit Record	Multiple activities impact the outcome. Benchmark not tied to particular education/referral	Well-child care provides a critical opportunity to address important social, developmental, behavioral, and health issues for children.

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Measure 7: Safe Sleep* (FBBH, HFA, PAT)	Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing or soft bedding	Family Map: When your child sleeps, do you or anyone else co-sleep with your baby in the same bed or on a couch?; When you or anyone else puts your baby down to sleep, do you always place your baby on his/her back to sleep?; When you or anyone else puts your baby down to sleep, do you let the baby sleep on soft bedding or with any stuffed toys?	Multiple activities impact the outcome. Benchmark not tied to particular education/referral	These questions are directly tied to the American Academy of Pediatrics recommendations for sleep practices that decrease the risks of sleep-related deaths. Co-sleeping is an issue in AR. Infants should sleep in the same bedroom as their parents – but on a separate surface, such as a crib or bassinet, and never on a couch, armchair or soft surface.
Measure 8: Child Injury (All models)	Rate of injury-related visits to the Emergency Department (ED) since enrollment among children enrolled in home visiting	Home Visit Record: Has child been seen for medical care since last visit? Dates of care? Reason? Source of care?	Multiple activities impact the outcome. Benchmark not tied to particular education/referral	Unintentional injuries are a leading cause of death and disability among children ages 1 to 4 years.
Measure 9: Child Maltreatment (All models)	Percent of children enrolled in home visiting with at least 1 investigated case of maltreatment following enrollment within the reporting period	State administrative data (MOU in progress).	Multiple activities impact the outcome. Benchmark not tied to particular education/referral	Children exposed to adverse early experiences, including maltreatment, demonstrate a host of negative long-term outcomes ranging from lower incomes to poor health.
Measure 10: Parent-Child Interaction* (All models)	Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool	Family Map and Home Visit Record	Benchmark met if the child is present and awake for 20 minutes or more of the visit and Parent-Child Interaction question are completed on the FM or the Home Visit record	Supportive parenting behaviors and quality parent-child relationships are key predictors of school readiness and achievement.
Measure 11: Early Language and Literacy Activities* (All models)	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	Family Map: In a typical week, how many days do you or someone in your family read, tell stories or sing songs to your child?	Multiple activities impact the outcome. Benchmark not tied to particular education/referral	By 3 years of age, there is a 30 million word gap between children from the wealthiest and poorest families. A recent study shows that the vocabulary gap is evident in toddlers.

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Measure 15: Primary Caregiver Education (All models)	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	Family Map: Are you currently enrolled in school? Answer options: Not Enrolled, High School, GED, Votech, College; S5 What level of education have you completed? Answer options: No High School Degree, GED, High School, Votech, AA or AS Degree or Some College, College Degree AND Participant Demographics	Multiple activities impact the outcome. Benchmark not tied to particular education/referral	Research indicates that parents with higher educational attainment spend more time engaging in positive parenting practices to promote children's learning.
Measure 16: Continuity of Insurance Coverage (All models)	Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least 6 consecutive months	Family Map: Any lapses in insurance in the last 6 months? Answer options: Yes/ No. AND Participant Demographics	Multiple activities impact the outcome. Benchmark not tied to particular education/referral	Coverage for parents is associated with coverage for their children. Medicaid expansion has been associated with greater access to care, more preventive care, and improved chronic disease management, as well as improved financial well-being among low-income families.
Measure 6: Tobacco Cessation Referral* (All models)	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	Family Map: Does anyone living with you use any type of tobacco or e-cigarettes? Answer options: No, You , Other. If answer, "you", provide referral	Benchmark met when a Referral is made: "Parent Health: Tobacco cessation"	Secondhand smoke causes numerous health problems in infants and children, including more frequent and severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS). Smoking during pregnancy results in more than 1,000 infant deaths annually.
Measure 13: Behavioral Concerns* (All models)	Percent of home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning	Home Visit Record: Ask parents "Do you have any concerns regarding your child's development, behavior or learning?"	Benchmark met when parent is asked about concerns at every home visit	Early identification of potential delays enables access early interventions to improve children's developmental trajectories.

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Measure 3: Depression Screening* (All models)	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)	Family Map: In last 2 weeks, how often bothered by: a) Little interest or pleasure in doing things; b) Feeling down, depressed, or hopeless.	Benchmark met when FMI is completed	Even low levels of depression have a negative association with child development – particularly social-emotional development.
Measure 17: Completed Depression Referrals (All models)	Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts	Family Map: In last 2 weeks, how often bothered by: a) Little interest or pleasure in doing things; b) Feeling down, depressed, or hopeless.	Benchmark met when a Referral is made: “Parent Health: Depression/mental health svcs” and follow-up of “Receiving Services” is entered.	Identification of maternal depression through screening helps home visiting programs connect families to necessary services and contributes to efforts to mitigate the negative impact of maternal depression on child health and development.
Measure 12: Developmental Screening* (FBBH, HFA, PAT)	Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent- completed tool	ASQ-3 and ASQ:SE-2: conducted, at a minimum, at the 9-month, 18-month, and 24 and/or 30-month visits	Benchmark met when ASQ-3 and ASQ:SE-2 is completed at the required ages	Regular developmental screenings help identify delays and enable families to access early interventions to improve children’s developmental trajectories.
Measure 18: Completed Developmental Referrals (All models)	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. Children who screen positive 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	If child scored in the "Black" on the ASQ-3 or ASQ:SE-2.	Benchmark met when the following is completed. Parent Record: Home Visit: Did you provide additional support based on developmental delays or concerns? OR Referrals: "Child Hlth/Dev: TC# Early Int–PartC 0-3/PartB 3-5" will be used for Part C or Part B services. "Child Hlth/Dev: TC# Dev Delay– Community Svcs" will be used for community services Identify Target Child in the Referral Reason.	

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Measure 14: Intimate Partner Violence Screening* (All models)	Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (IPV) using a validated tool	IPV: Ongoing Abuse Screener	Benchmark met when questionnaire is completed. Suggested completion is 4-6 months after enrollment. MUST be completed before 6 months of enrollment	Children and youth who are exposed to domestic violence experience emotional, mental, and social trauma that can affect their developmental growth.
Measure 19: Intimate Partner Violence Referrals* (All models)	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	If answered "Yes" to any Parent Safety question. Automatically score responses and pop up a 'warning' screen.	Benchmark met when a Referral is made: "Parent Health: Domestic Violence"	
Experimental Measure 1: Substance Use Screening	Percent of primary caregivers enrolled in home visiting who are screened for both unhealthy alcohol use and drug use using a validated tool within 6 months of enrollment	Family Map: "Have you felt... ... you ought to cut down on your drinking or drug use? ... annoyed by people criticizing your drinking or drug use? ... bad or guilty about your drinking or drug use? ... you had a drink or used drugs as an eye opener first thing in the morning to steady your nerves? ... that you have drank or used drugs more than you meant to?"	Benchmark met when FMI is completed	
Experimental Measure 2: Substance Use Referral	Percent of primary caregivers referred to services for a positive screen for substance use who receive one or more service contacts	If answered "Yes" to any drug and alcohol question from the Family Map	Benchmark met when a Referral is made: "Parent Health: Subst use treat (drugs/alcohol)" and follow-up of "Receiving Services" is entered.	

*HRSA Performance Measure