

---

---

---

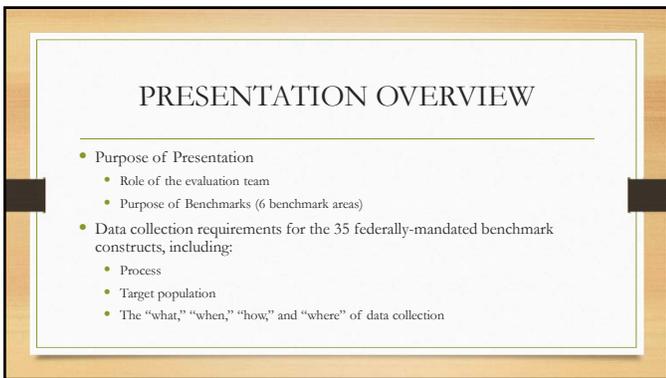
---

---

---

---

---



---

---

---

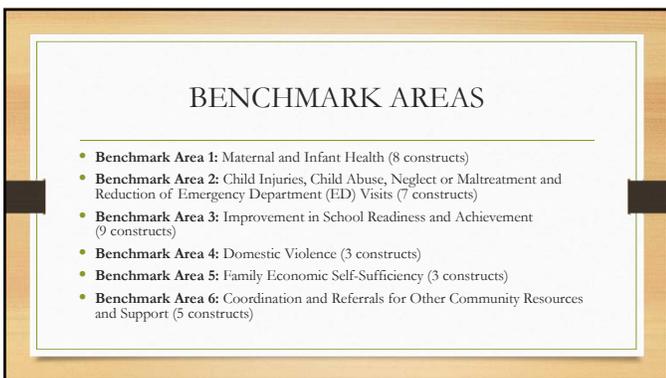
---

---

---

---

---



---

---

---

---

---

---

---

---

## BENCHMARK AREA 1: Maternal and Infant Health

- **Construct 1.1:** Prenatal Care (Process)
- **Construct 1.2:** Parental Use of Tobacco (Process)
- **Construct 1.3:** Preconception Care (Outcome)
- **Construct 1.4:** Inter-Birth Intervals (Process)
- **Construct 1.5:** Post-Partum Depression (PPD) Screening (Process)
- **Construct 1.6:** Breastfeeding (Outcome)
- **Construct 1.7:** Well-Child Visits (Outcome)
- **Construct 1.8:** Maternal and Child Insurance Status (Process)

---

---

---

---

---

---

---

---

---

---

### Construct 1.1: Prenatal Care

Process: Home visitors will document whether they have discussed optimal prenatal care visit schedule with pregnant women within the first four weeks of enrollment.

<b>Target Population:</b>	Women enrolled in the program prenatally
<b>What:</b>	Did the pregnant woman receive information about the recommended schedule of prenatal care visits?
<b>When:</b>	➤ Within six weeks of program participation
<b>How:</b>	The home visitor discusses optimal prenatal care visit schedule with the pregnant woman and documents this interchange on the following forms: <ul style="list-style-type: none"> <li>➤ <b>NFP: Use of Government &amp; Community Services - Intake:</b> noted whether prenatal care was discussed under "health care" - primary care provider - well client - prenatal care (Q29)</li> <li>➤ <b>PAT: Home Visit Encounter Form:</b> noted whether prenatal care was discussed under "topics addressed" (A-32)</li> </ul>
<b>Where:</b>	Home visitors or data entry staff enter the information into the ETO system on the appropriate form under the Assessments tab.
<b>Notes:</b>	<ul style="list-style-type: none"> <li>• Recommended Schedule of Prenatal Care Visits</li> <li>• Every 4 weeks for the first 28 weeks</li> <li>• Every 2-3 weeks between 28 and 36 weeks</li> <li>• Weekly until birth, after 36 weeks.</li> </ul>

---

---

---

---

---

---

---

---

---

---

### Construct 1.2: Parental Use of Tobacco

Process: Home visitors will document whether they have discussed risks associated with smoking with primary caregivers who screened positive for smoking at intake.

<b>Target Population:</b>	Primary caregivers who screened positive for smoking at intake
<b>What:</b>	Did the primary caregiver who screened positive for smoking at intake receive education on risks associated with smoking within 6 months of program participation?
<b>When:</b>	➤ Within 6 months of program participation
<b>How:</b>	The home visitor discusses risks associated with smoking with the participant and documents their exchange on the following forms: <ul style="list-style-type: none"> <li>➤ <b>NFP: Home Visit Encounter Form - NFP Supplement:</b> noted whether information was delivered (A-2)</li> <li>➤ <b>PAT: Home Visit Encounter Form:</b> noted whether risks were discussed under "topics addressed" (A-32)</li> </ul>
<b>Where:</b>	Home visitors or data entry staff enter the information into the ETO system on the appropriate form under the Assessments tab.

---

---

---

---

---

---

---

---

---

---



### Construct 1.6: Breastfeeding

Process: Home visitors will ask all women who gave birth during program participation how long they breastfed or pumped milk to feed their new babies and document participants' responses.

Target Population	Mothers who gave birth during program participation
What	How long did the mother who gave birth during program participation breastfeed or pump milk to feed her new baby?
When	➤ At 6 months post-delivery
How	The home visitor asks the question to the participant during the home visit and documents the answer on the following forms: ➤ <b>NFP: Infant Health Care - Infancy 6 months</b> , duration of breastfeeding noted (Q12, 13, & 14) ➤ <b>PAT: Child Health Form</b> , duration of breastfeeding noted (B-23 & B-24)
Where	Home visitors or data entry staff enter the information into the ETO system on the appropriate form under the Assessments tab.
Question	How many weeks or months did you breastfeed or pump milk to feed your new baby? ____ weeks OR ____ months

---

---

---

---

---

---

---

---

---

---

### 1.7: Well-Child Visits

Process: Home visitors will ask all primary caregivers of index children who enrolled in the program prenatally how many recommended well-child visits\* the index child accessed at 6 months of age and document participants' responses.

Target Population	Index children who enrolled prenatally
What	How many recommended well-child visits did the index child enrolled prenatally access at 6 months of age?
When	➤ At 6-12 months of index child's age
How	The home visitor asks the question to the primary caregiver and documents the answer on the following forms: ➤ <b>NFP: Infant Health Care - Infancy 6 months</b> , number of recommended well-child visits accessed by index child documented (Q1) ➤ <b>PAT: Child Health Form</b> , number of recommended well-child visits accessed by index child documented (B-23 & B-24)
Where	Home visitors or data entry staff enter the information into the ETO system on the appropriate form under the Assessments tab.
Question	Did you take your child to his/her ____ well-child visit? a) 1* week b) By 1 month c) 2 months d) 4 months
Note	*Definition of well-child visits according to the American Academy of Pediatrics (AAP): 1* week, by 1 month, 2 months, 4 months, 6 months, 9 months, 1 year, 15 months, 18 months, 2 years, 2 1/2 years, 3 years, 4 years, 5 years

---

---

---

---

---

---

---

---

---

---

### Construct 1.8: Maternal and Child Insurance Status

Process: Home visitors will document whether they have referred uninsured women and index children for insurance coverage within one month of determination of insurance status.

Target Population	Women and index children without credible health insurance*
What	Did the home visitor refer uninsured woman and/or index child for insurance coverage within one month of determination of insurance status?
When	➤ If enrolled post-delivery: • During the first 6 months of program participation, within one month of determining that the mother or child is not insured ➤ If enrolled prenatally: • During the first 6 months post-delivery, within one month of determining that the mother or child is not insured
How	The home visitor documents whether or not they have referred uninsured women and index children for insurance coverage on the following forms: ➤ <b>NFP: Referrals</b> , noted whether a referral for insurance coverage was made under health care* (Q13, 14, 15, & 16) ➤ <b>PAT: Home Visit Encounter Form</b> , noted whether a referral for insurance coverage was made under referrals made for* (A-3)
Where	Home visitors or data entry staff enter the information into the ETO system on the appropriate form under the Referrals tab.
Notes	* <b>Definition of credible health insurance:</b> Coverage that provides benefits for inpatient and outpatient hospital services and physician's medical and surgical services. Credible coverage excludes liability, limited scope dental, vision, specific disease or other supplemental-type benefits, HDAPA 16.03.01

---

---

---

---

---

---

---

---

---

---

## BENCHMARK AREA 2: Child Injuries, Child Abuse, Neglect or Maltreatment and Reduction of ED Visits

- **Construct 2.1:** Visits for Children to the ED, from all Causes (Outcome)
- **Construct 2.2:** Visits of Mothers to the ED, from all Causes (Outcome)
- **Construct 2.3:** Information Provided or Training of Participants on Prevention of Injuries (Process)
- **Construct 2.4:** Incidence of Child Injuries Requiring Medical Treatment (Outcome)
- **Construct 2.5:** Reported Suspected Maltreatment for Children in the Program – Suspected (Outcome)
- **Construct 2.6:** Reported Suspected Maltreatment for Children in the Program – Substantiated (Outcome)
- **Construct 2.7:** First Time Victims of Maltreatment for Children in the Program (Outcome)

---

---

---

---

---

---

---

---

---

---

### Construct 2.1: Child Visits to ED, all Causes

**Process:** Home visitors will ask primary caregivers of index children at intake and every six months thereafter how many times their child visited the Emergency Department (ED) for any cause in the past 6 months and document responses.

<b>Target Population:</b>	All index children
<b>What:</b>	How many times did the index child visit the ED in the past 12 months? <sup>a</sup>
<b>When:</b>	<ul style="list-style-type: none"> <li>➢ If enrolled post-delivery:                             <ul style="list-style-type: none"> <li>• At 6 months of program participation</li> <li>• Every 6 months of program participation thereafter</li> </ul> </li> <li>➢ If enrolled prenatally:                             <ul style="list-style-type: none"> <li>• At 6 months of age of index child</li> <li>• Every six months of program participation thereafter</li> </ul> </li> </ul>
<b>How:</b>	The home visitor asks the question to the primary caregiver and documents the answer on the following forms: <ul style="list-style-type: none"> <li>➢ <b>NFP Infant Health Care – Infancy 6 Months &amp; Infant Health Care – Infancy 12 months</b>, whether and how many times index child visited the ED for any cause noted under "ER visits and hospitalization" (sum of Q7 &amp; 10)</li> <li>➢ <b>PWT Child Health Form</b>, whether and how many times index child visited the ED for any cause noted under "health history" (sum of B-9/B-10 &amp; B-13/B-14)</li> </ul>
<b>Where:</b>	Home visitors or data entry staff enter the information into the ETO system on the appropriate form under the Assessments tab.
<b>Question:</b>	How many times did your child visit the ED in the past 6 months?
<b>Notes:</b>	<sup>a</sup> The aggregate from the two forms collected at 6 and 12 months will be used for benchmark reporting.

---

---

---

---

---

---

---

---

---

---

### Construct 2.2: Maternal Visits to ED, all Causes

**Process:** Home visitors will ask all expectant mothers and mothers how many times they visited the Emergency Department (ED) for any cause in the past six months and document responses. This question will be asked at intake and every six months of program participation.

<b>Target Population:</b>	All expectant mothers and mothers
<b>What:</b>	How many times did the expectant mother or mother visit the ED in the past 6 months?
<b>When:</b>	<ul style="list-style-type: none"> <li>➢ At 6 months of program participation</li> <li>➢ Every six months of program participation thereafter</li> </ul>
<b>How:</b>	The home visitor asks the question to the participant and documents the answer on the following forms: <ul style="list-style-type: none"> <li>➢ <b>NFP Demographic Update: Infancy 6 Months &amp; Toddler 18 Months</b>, noted whether and how many times mother visited the ED for any cause</li> <li>➢ <b>PAT: Maternal Health Form</b>, noted whether and how many times mother visited the ED for any cause (A-10/A-11)</li> </ul>
<b>Where:</b>	Home visitors or data entry staff enter the information into the ETO system on the appropriate form under the Assessments tab.
<b>Question:</b>	How many times did you visit the ED for your own care in the past 6 months?

---

---

---

---

---

---

---

---

---

---

### Construct 2.3: Injury Prevention Education

Process: Home visitors will document whether they have had any injury prevention-related discussions appropriate to the age of the index child with primary caregivers of index children within five months of program participation.

Target Population	All primary caregivers
What	Did the primary caregiver receive any education related to injury prevention appropriate to the age of the index child?
When	Within 5 months of program participation
How	The home visitor discusses injury prevention with the primary caregiver during the home visit and documents their interchange on the following forms: <ul style="list-style-type: none"> <li>➤ <b>NFP: Home Visit Encounters</b>, noted whether education was provided (Q1)</li> <li>➤ <b>PAT: Home Visit Encounters Form</b>, noted whether education was provided under 'topics addressed' (A-32)</li> </ul>
Where	Home visitors or data entry staff enter the information into the ETO system on the appropriate form under the Assessments tab.
Notes	* Injury prevention is defined as education on any of the following topics during the appropriate timelines: <ol style="list-style-type: none"> <li>a. Safe Sleep (birth-1 yr)</li> <li>b. Injury Prevention (birth-5 yrs)</li> <li>c. Poison Prevention (birth-5 yrs)</li> <li>d. Fire Safety (birth-5 yrs)</li> <li>e. Car Seat Safety (birth-5 yrs)</li> <li>f. Home Safety (birth-5 yrs), OR</li> <li>g. Shaken Baby Syndrome (birth-1 yr)</li> </ol>

---

---

---

---

---

---

---

---

---

---

### Construct 2.4: Child Injuries Requiring Medical Treatment

Process: Home visitors will ask primary caregivers of index children at intake or at birth and every six months thereafter how many times their child required medical treatment (i.e., ambulatory care, ED, or hospitalization) due to injury in the past 6 months and document responses.

Target Population	All index children
What	How many times did the index child require medical treatment due to injury in the past 12 months?
Where	<ul style="list-style-type: none"> <li>➤ If index child enrolled prenatally:                             <ul style="list-style-type: none"> <li>• Every six months of program participation thereafter</li> </ul> </li> <li>➤ If index child enrolled post-delivery:                             <ul style="list-style-type: none"> <li>• At intake or 6 months of index child's age, whichever comes first</li> <li>• Every six months of program participation thereafter</li> </ul> </li> </ul>
How	The home visitor asks the question to the primary caregiver and documents the answer on the following forms: <ul style="list-style-type: none"> <li>➤ <b>NFP: Infant Health Care – Intake at Month 0 and Infant Health Care – Intake 12 months</b>, whether and how many times index child visited the ED for any cause noted under 'ER visits and hospitalization' (Q9)</li> <li>➤ <b>PAT: Child Health Issues</b>, whether and how many times index child visited the ED for any cause noted under 'health history' (sum of B-9/B-10)</li> </ul>
Where	Home visitors or data entry staff enter the information into the ETO system on the appropriate form under the Assessments tab.
Questions	How many times did your child require medical treatment due to injury in the past 6 months?
Notes	* Aggregate from the two forms collected at 6 and 12 months will be used for benchmark reporting.

---

---

---

---

---

---

---

---

---

---

### BENCHMARK AREA 3: Improvement in School Readiness and Achievement

- **Construct 3.1:** Parent Support for Children's Learning and Development (Outcome)
- **Construct 3.2:** Parental Knowledge of Child Development (Process)
- **Construct 3.3:** Parental Behavior and Parent-Child Relationship (Outcome)
- **Construct 3.4:** Parental Stress or Parental Emotional Well-Being (Outcome)
- **Construct 3.5:** Child Communication, Language, and Emergent Literacy (Process)
- **Construct 3.6:** Child Cognitive Skills (Process)
- **Construct 3.7:** Child's Positive Approach to Learning (Process)
- **Construct 3.8:** Child's Social Behavior, Emotional Regulation, and Emotional Well-Being (Process)
- **Construct 3.9:** Child's Physical Health and Development (Process)

---

---

---

---

---

---

---

---

---

---







## BENCHMARK AREA 4: Domestic Violence

- **Construct 4.1:** Domestic Violence Screening (Process)
- **Construct 4.2:** Referrals Made for Families Identified with Domestic Violence (Process)
- **Construct 4.3:** Completion of Safety Plan for Families Identified with Domestic Violence (Process)

---

---

---

---

---

---

---

---

### Construct 4.1: Domestic Violence Screening

<b>Process:</b> Home visitors will document whether they have completed a domestic violence screen* with expectant mothers and mothers within three months of program participation.	
<b>Target Population:</b>	All expectant mothers and mothers
<b>What:</b>	Did the home visitor complete a domestic violence screen with the primary caregiver (expectant mother or mother) within 3 months of program participation?
<b>When:</b>	Within 3 months of program participation
<b>How:</b>	The home visitor completes the RYA or RYTP** screen in partnership with the expectant mother or mother and documents the screen on the following forms: <ul style="list-style-type: none"> <li>➢ NFP: Relationship Assessment Pregnancy - Initial, completion date</li> <li>➢ PWT: Relationship Assessment Tool, completion date</li> </ul>
<b>Where:</b>	Home visitors or data entry staff enter the information into the ETO system on the appropriate form under the Assessments tab.
<b>Screening Instrument:</b>	<ul style="list-style-type: none"> <li>• Domestic Violence Assessment Tools</li> <li>• NFP: Relationship Assessment (RYA)</li> <li>• PWT: Relationship Assessment Tool (RYT)</li> </ul>
<b>Note:</b>	* Relationship Assessment Tool (RYA) is free and publicly available through Futures Without Violence.

---

---

---

---

---

---

---

---

### Construct 4.2: Referrals Made for Families Identified with DV

<b>Process:</b> Home visitors will document whether they have referred expectant mothers and mothers identified as at-risk for domestic violence to appropriate services within two weeks of screening.	
<b>Target Population:</b>	All expectant mothers and mothers who were identified as at-risk for domestic violence
<b>What:</b>	Did the home visitor refer the primary caregiver (expectant mother or mother) identified as at-risk for domestic violence to domestic violence services within two weeks of screening?
<b>When:</b>	Within 2 weeks of screening as at risk for domestic violence
<b>How:</b>	The home visitor refers expectant mother or mother identified as at-risk for domestic violence to appropriate domestic violence services and documents that the referral has been made on the following forms: <ul style="list-style-type: none"> <li>➢ NFP: Home Visit Encounter, noted whether referral was made under 'referrals' (Q6)</li> <li>➢ PWT: Relationship Assessment Tool, noted whether referral was made: (C-1)</li> </ul>
<b>Where:</b>	Home visitors or data entry staff enter the information into the ETO system on the appropriate form under the Referrals tab.

---

---

---

---

---

---

---

---

### Construct 4.3: Completion of Safety Plan for Families Identified with DV

**Process:** Home visitors will document whether they have completed a safety plan\* with expectant mothers and mothers identified as at-risk for domestic violence within one month of screening.

<b>Target Population</b>	All expectant mothers and mothers who were identified as at-risk for domestic violence
<b>What</b>	Did the home visitor complete a safety plan with the primary caregiver (expectant mothers or mother) identified as at-risk for domestic violence within one month of screening?
<b>When</b>	<ul style="list-style-type: none"> <li>Within one month of screening as at risk for domestic violence</li> </ul>
<b>How</b>	The home visitor works with the expectant mother or mother to develop a safety plan and documents that a safety plan has been completed on the following forms: <ul style="list-style-type: none"> <li>NFP: <u>Home Visit Encouraging</u> noted whether IPV safety plan was discussed (Q2)</li> <li>PVT: <u>Relationship Assessment Tool</u> noted whether safety planning was offered (C-3)</li> </ul>
<b>Where</b>	Home visitors or data entry staff enter the information into the ETO system on the appropriate form under the Assessments tab.
<b>Notes</b>	<ul style="list-style-type: none"> <li>* Safety Plan:                             <ul style="list-style-type: none"> <li>NFP: Nurse Home Visitor Safety Plan</li> <li>PVT: Futures Without Violence Safety Plan</li> </ul> </li> </ul>

---

---

---

---

---

---

---

---

---

---

### BENCHMARK AREA 5: Family Economic Self-Sufficiency

- **Construct 5.1:** Household Income and Benefits (Outcome)
- **Construct 5.2:** Employment of Adults in Household (Outcome)
- **Construct 5.3:** Health Insurance Status (Outcome)

---

---

---

---

---

---

---

---

---

---

### Construct 5.1: Household Income and Benefits

**Process:** Home visitors will ask all primary caregivers about their income and benefits at intake and 12 months later. The home visitor will document participant responses.

<b>Target Population</b>	All primary caregivers
<b>What</b>	What are the primary caregiver's sources of income? How much money does the primary caregiver receive from those sources?
<b>When</b>	<ul style="list-style-type: none"> <li>At intake</li> <li>At 12 months of program participation</li> <li>Every 12 months thereafter</li> </ul>
<b>How</b>	The home visitor asks the questions to the primary caregiver and documents the responses on the following forms: <ul style="list-style-type: none"> <li>NFP: <u>Demographics, Frequency &amp; Demographics, Earning</u> annual income range documented (Q13 &amp; Q15, respectively)</li> <li>PVT: <u>Demographic, Intake Form &amp; Demographic Update</u> income weekly income amount documented (B-26 &amp; B-27, respectively)</li> </ul>
<b>Where</b>	Home visitors or data entry staff enter the information into the ETO system on the appropriate form under the Assessments tab.
<b>Questions</b>	<ol style="list-style-type: none"> <li>1. Primary Caregiver's Income (weekly)? _____</li> <li>2. Number of weeks worked per year? _____</li> </ol>

---

---

---

---

---

---

---

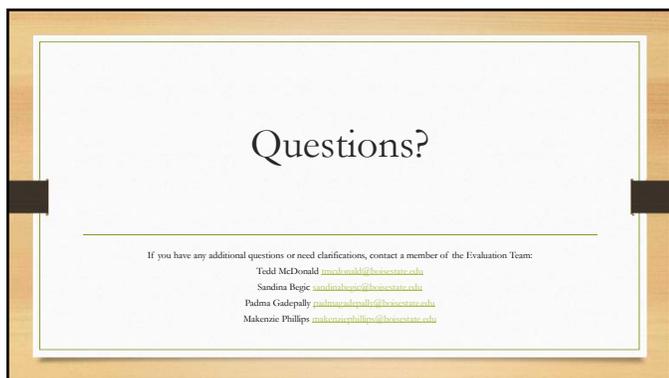
---

---

---







Questions?

---

If you have any additional questions or need clarifications, contact a member of the Evaluation Team:

- Todd McDonald [tmcdonald@boisestate.edu](mailto:tmcdonald@boisestate.edu)
- Sardina Begre [sardinabegre@boisestate.edu](mailto:sardinabegre@boisestate.edu)
- Padma Gadepally [padmagadepally@boisestate.edu](mailto:padmagadepally@boisestate.edu)
- Makenzie Phillips [makenziephillips@boisestate.edu](mailto:makenziephillips@boisestate.edu)

---

---

---

---

---

---

---

---