

| Minnesota Family Home Visiting Evaluation | | | |
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| January-December 2011 | | | |
| <i>Family Home Visiting (FHV) programs to be included in this evaluation: Any non-medical home visiting program for pregnant women and families with children that is administered and/or contracted by a local public health department in which a public health nursing assessment is carried out during the initial home visit and the visits are provided by a trained home visitor to achieve the goals listed under the Family Home Visiting statute [M.S. § 145A.17]. This evaluation covers all FHV programs irrespective of funding source.</i> | | | |
| I. Population Description | Primary Caregivers and Prenatal Clients | Prenatal Clients | Infants and Children |
| A. Primary caregivers, prenatal clients, and infants and children descriptors | | | |
| 1. Total enrollment: | | | |
| 2. Total newly enrolled: | | | |
| 3. Total closed: | | | |
| 4. Total home visits completed: | | | |
| 5. Major medical care resource: <i>Collect data at enrollment. Report annually.</i> | | | |
| | Primary Caregivers and Prenatal Clients | Infants and Children | |
| a. Private insurance | | | |
| b. Medical Assistance | | | |
| c. Minnesota Care | | | |
| d. Other sources (grants, etc) | | | |
| e. Uninsured (self pay) | | | |
| f. Unknown | | | |
| B. Primary caregiver and prenatal client descriptors | Primary Caregivers and Prenatal Clients | | |
| 1. Total home visits planned but not home/not found: | | | |
| 2. Female clients: | | | |
| 3. Marital status: <i>Collect data at enrollment. Report annually.</i> | | | |
| a. Unmarried (single, separated, divorced, widowed) | | | |
| b. Married | | | |
| c. Unknown | | | |
| 4. Education attainment: <i>Collect data at enrollment. Report annually.</i> | | | |
| a. No high school diploma | | | |
| b. High school diploma or GED | | | |
| c. Some post-secondary education or degree | | | |
| d. Unknown | | | |
| 5. Primary language: <i>Collect data at enrollment. Report annually.</i> | | | |
| a. English | | | |
| b. Hmong | | | |
| c. Somali | | | |
| d. Spanish | | | |
| e. Other (specify) | | | |
| f. Unknown | | | |

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| 6. Employment: <i>Collect data at enrollment. Report annually.</i> | | | | | | | |
| a. 1 or more employed adults in household | | | | | | | |
| b. No employed adults in household | | | | | | | |
| c. Unknown | | | | | | | |
| 7. Total length of enrollment at closure: | | | | | | | |
| a. Less than or equal to 6 months | | | | | | | |
| b. 7-12 months | | | | | | | |
| c. 13-24 months | | | | | | | |
| d. >24 months | | | | | | | |
| C. Race and age of participants: <i>Collect data at enrollment. Report annually.</i> | | | | | | | |
| Age group | White | Black /African American | American Indian/Alaskan Native | Asian | Nat Hawaiian /Other PI | >1 Race Reported | Other & Unknown |
| 1. Primary caregiver and prenatal client age: | | | | | | | |
| <15 | | | | | | | |
| 15-17 | | | | | | | |
| 18-19 | | | | | | | |
| 20-21 | | | | | | | |
| 22-24 | | | | | | | |
| 25-34 | | | | | | | |
| 35 + | | | | | | | |
| Unknown | | | | | | | |
| 2. Prenatal client age: | | | | | | | |
| <15 | | | | | | | |
| 15-17 | | | | | | | |
| 18-19 | | | | | | | |
| 20-21 | | | | | | | |
| 22-24 | | | | | | | |
| 25-34 | | | | | | | |
| 35 + | | | | | | | |
| Unknown | | | | | | | |
| 3. Child age: | | | | | | | |
| <1 yrs | | | | | | | |
| 1-2 yrs | | | | | | | |
| 3-4 yrs | | | | | | | |
| 5-6 yrs | | | | | | | |
| Unknown | | | | | | | |

| D. Hispanic ethnicity and age of participants: <i>Collect data at enrollment. Report annually.</i> | | | |
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| Age group | Primary Caregivers and Prenatal Clients | Prenatal Clients | Infants and Children |
| <15 | | | / |
| 15-17 | | | / |
| 18-19 | | | / |
| 20-21 | | | / |
| 22-24 | | | / |
| 25-34 | | | / |
| 35+ | | | / |
| Unknown | | | / |
| <1 yrs | / | / | |
| 1-2 yrs | / | / | |
| 3-4 yrs | / | / | |
| 5-6 yrs | / | / | |
| Unknown | / | / | |
| Please describe any challenges you had in collecting descriptive data and methods you used to overcome the challenges. | | | |

| II. Early Childhood Development: <i>To be completed by all FHV programs.</i> | Infants and Children |
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| Denominator IIa. Infants/children eligible for developmental screening. Denominator for A1 and B1. | |
| Denominator IIb. Infants/children eligible for social-emotional screening. Denominator for A2 and B2. | |
| A. Infants and children screened with a standardized instrument according to the instrument's recommended schedule for: | |
| 1. Developmental milestones | |
| 2. Social-emotional milestones | |
| B. Infants and children who at their most recent screening with a standardized instrument: | |
| 1. Met developmental milestones | |
| 2. Met social-emotional milestones | |
| C. Infants and children not meeting developmental milestones who: | |
| 1. Are referred to community resources and/or services | |
| 2. Receive follow up by a family home visitor on that referral | |
| 3. Received assessment and/or services for developmental milestone concerns | |
| D. Infants and children not meeting social-emotional milestones who: | |
| 1. Are referred to community resources and/or services | |
| 2. Receive follow up by a family home visitor on that referral | |
| 3. Received assessment and/or services for social-emotional milestone concerns | |
| Please describe any challenges you had in collecting early child development data and methods you used to overcome the challenges. | |

| III. Parent-Child Interaction: (Optional for 2011) | Primary Caregivers |
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| A. Status of parent-child interaction at enrollment or at time of first assessment: | |
| <i>Collect at enrollment. Report annually.</i> | |
| 1. Not appropriate (e.g., Does not provide physical care, relates to infant or child in indifferent or hostile manner, inappropriate discipline for age of child and situation, no enjoyment of infant or child, cues are missed on a consistent basis, soothing not attempted, infant or child experiences little or no response to needs, response is physically abusive, home visitor has grave concerns for infant or child.) | |
| 2. Rarely appropriate (e.g., Provides minimal physical care, parenting not contingent upon cues from infant or child, rarely disciplines appropriately for age of child and situation, cues are missed by both parent and child, soothing attempted but met with little success, serious avoiding of caregiver role, often does not respond or response is highly unpredictable, allows infant to go unchanged or crying for hours, home visitor has serious concerns regarding infant or child safety.) | |
| 3. Inconsistently appropriate (e.g., Provides adequate physical care some of the time, sometimes shows nurturing behavior, inconsistently disciplines appropriately for age of child and situation, sporadic enjoyment of infant or child, weak cues given by infant or cues given are missed, success with soothing is unpredictable and creates concern, inappropriate delays in caring for infant, poor anticipation of infant needs, home visitor observes infant hazards and has concerns.) | |
| 4. Usually appropriate (e.g., Provides adequate physical care most of the time, often shows nurturing behavior, usually disciplines appropriately for age of child and situation, enjoys infant or child, soothing of baby is sometimes difficult, uncertainty in responding to infant's cues, becomes flustered around demands but is able to meet demands in a timely way, anticipates needs beforehand, home visitor not concerned for safety of infant.) | |
| 5. Consistently appropriate (e.g., Provides adequate physical care and nurtures consistently, parenting contingent upon cues, discipline appropriate for age of child and situation, playful interaction pervades relationship with contributions from both, soothing occurs predictably and effectively, reads cues of infant and responds appropriately in feeding, home visitor not concerned for safety of infant.) | |
| 6. Unknown | |
| B. Status of parent-child interaction at closure: | |
| 1. Not appropriate | |
| 2. Rarely appropriate | |
| 3. Inconsistently appropriate | |
| 4. Usually appropriate | |
| 5. Consistently appropriate | |
| 6. Unknown | |
| C. Change in parent-child interaction status at closure compared to enrollment: | |
| 1. Negative change | |
| 2. No change | |
| 3. Positive change of 1 level | |
| 4. Positive change of 2 or more levels | |
| 5. Level of 5 at both enrollment and closure | |
| 6. Unknown | |
| Please describe any challenges you had in collecting parent-child interaction data and methods you used to overcome the challenges. | |

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| IV. Access, Utilization of Services, Resources and Supports: To be completed by all programs. | | |
| Denominators for this section will be taken from Section I. Population Description | | |
| A. Connection to community resources | Primary Caregivers and Prenatal Clients | |
| 1. Referred to community resources and/or services: | | |
| 2. Received follow-up by a family home visitor on that referral: | | |
| B. Current with well-child care (i.e., Child and Teen Check Up, American Academy of Pediatrics or the child’s health care provider): "Current" refers to within 1 month of the periodicity schedule for children 18 months and younger and within 3 months of the periodicity schedule for children older than 18 months. | Infants and Children | |
| 1. Current with well-child care at enrollment: Collect at enrollment. Report annually. | | |
| 2. Changes in well-child care current status at closure: | | |
| a. Negative change: No longer current | | |
| b. No change: Still not current | | |
| c. No change: Maintained current status | | |
| d. Positive change: Became current | | |
| e. Unknown | | |
| C. Immunization status | | |
| 1. Infants and children current with immunizations: | | |
| D. Health care home | | |
| 1. Infants and children with a health care home (i.e., consistent primary health care provider) at enrollment: Collect at enrollment. Report annually. | | |
| 2. Change in health care home at closure: | | |
| a. Negative change: No longer has a health care home | | |
| b. No change: Did not acquire a health care home | | |
| c. No change: Maintained a health care home | | |
| d. Positive change: Acquired a health care home | | |
| e. Unknown | | |
| E: Major medical care resource available for medical services | | |
| 1. Change in insurance status at closure: | Primary Caregivers and Prenatal Clients | Infants and Children |
| a. Negative change: No longer insured | | |
| b. No change: Still uninsured | | |
| c. No change: Still insured | | |
| d. Positive change: Acquired insurance | | |
| e. Unknown | | |
| Please describe any challenges you had in collecting Access data and methods you used to overcome the challenges. | | |

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| V. Birth or Pregnancy: <i>To be completed by FHV programs directing resources to this area (i.e., Does your FHV program provide outreach to pregnant women? Does your FHV program target pregnant women?).</i> | |
| Denominator Va. Prenatal clients delivering during the reporting period: Denominator for Vd., B1, C1, D1, and D2 | |
| Denominator Vb. Births to prenatal clients delivering during the reporting period: <i>Include all births (e.g., twins=2).</i> Denominator for A2. | |
| Denominator Vc. Full term singleton births to prenatal clients delivering during the reporting period: Denominator for A1. | |
| Denominator Vd. Number of infants 6 to 12 months of age. Denominator for B2. | |
| Descriptor Ve. Number of prenatal clients delivering during the reporting period who were first time mothers (no previous live or still births): | |
| A. Birth outcomes | |
| 1. Infants born at healthy birth weight (2500 grams or 5.5 lbs and higher): | |
| 2. Infants born at full term (greater than or equal to 37 weeks gestation): | |
| B. Breastfeeding <i>Report on prenatal clients delivering during the reporting period. (optional for 2011)</i> | |
| 1. Initiation | Prenatal clients delivering during the reporting period |
| a. Prenatal clients delivering during the reporting period who fed their baby breast milk at time of birth: | |
| 2. Duration | Infants 6-12 mo |
| a. Infants ages 6 to 12 months who were breastfed for 6 months or greater. | |
| C. Tobacco use during pregnancy: <i>(optional for 2011)</i> | |
| 1. Change in cigarette smoking during pregnancy. | Prenatal clients delivering during the reporting period |
| a. Negative change: Increased the number of cigarettes smoked during pregnancy compared to before pregnancy. | |
| b. No change: Still smoked the same number of cigarettes compared to before pregnancy. | |
| c. No change: Never smoked | |
| d. Positive change: Still smoked during pregnancy, but decreased the number of cigarettes smoked compared to before pregnancy. | |
| e. Positive change: Quit smoking during pregnancy | |
| f. Positive change: Quit smoking during pregnancy and maintained tobacco free status at 3 months postpartum. | |
| D. Postpartum depression <i>(optional for 2011)</i> | |
| | Prenatal clients delivering during the reporting period |
| 1. Number screened with a standardized instrument: | |
| 2. Number screened positive for possible postpartum depression: | |
| a. Women screened positive for possible postpartum depression who were referred to community resources and/or services: | |
| b. Receive follow-up by a family home visitor on that referral: | |
| Please describe any challenges you had in collecting Birth or Pregnancy data and methods you used to overcome the challenges. | |

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| <p>VI. Economic Self-Sufficiency: <i>To be completed by FHV programs directing resources to this area (i.e., Does your FHV program target interventions to meet these areas? Does your FHV program have an agreement either formal or informal with the county human service agency to provide MFIP services that are part of a participant's employment or education plan? Does your FHV program provide information to the county human services agency that may result in sanctions to an MFIP participant?).</i></p> | | |
| <p>Primary caregiver and prenatal client enrollment denominators will be taken from Population Description.</p> | | |
| <p>A. Education</p> | <p>Pregnant or Parenting Teens</p> | <p>Primary Caregivers and Prenatal Clients</p> |
| <p>1. Change in education at closure for those without a high school diploma or GED at enrollment:</p> | | |
| a. No change or negative change: Not enrolled or no longer enrolled in a high school or GED program | | |
| b. No change: Remains currently enrolled in a high school or GED | | |
| c. Positive change: Newly enrolled in a high school or GED program | | |
| d. Positive change: Achieved a high school diploma or GED | | |
| e. Positive change: Enrolled or completed post-secondary education | | |
| f. Unknown | | |
| <p>2. Change in education at closure for those with a high school diploma or GED at enrollment:</p> | | |
| a. No change or negative change: Not enrolled or no longer enrolled in a post-secondary education program | | |
| b. No change: Remains enrolled or completed post-secondary education | | |
| c. Positive change: Enrolled or completed post-secondary education | | |
| d. Unknown | | |
| <p>B. Food insecurity: <i>Indicated by answering "often true" or "sometimes true" to both of the following questions. "Within the past three months: 1. We worried whether our food would run out before we got money to buy more (often true, sometimes true, never true); 2. The food that we bought just didn't last, and we didn't have money to get any more (often true, sometimes true, never true)."</i></p> | | |
| <p>1. Food insecure at enrollment: <i>Collect at enrollment. Report annually.</i></p> | <p>Primary Caregivers and Prenatal Clients</p> | |
| a. Yes, food insecure | | |
| b. No, food secure | | |
| <p>2. Change in food insecurity at closure:</p> | | |
| a. Negative change: Became food insecure | | |
| b. No change: Still food insecure | | |
| c. No change: Maintained food secure status | | |
| d. Positive change: Became food secure | | |
| e. Unknown | | |

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| <p>C. Housing insecurity: <i>Indicated by moving 2 or more times or being homeless in the previous 12 months. Homeless is defined as lacking a fixed, regular and adequate nighttime residence, living in a primary residence that is a shelter designed to provide temporary living accommodations, or sleeping in a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.</i></p> | |
| <p>1. Housing insecure at enrollment: <i>Collect at enrollment. Report annually.</i></p> | <p>Primary Caregivers and Prenatal Clients</p> |
| <p>a. Yes, housing insecure.</p> | |
| <p>b. No, housing secure.</p> | |
| <p>Denominator VIa. Women closed during the reporting period who were served for 12 or more months: Denominator for C2 and D1.</p> | |
| <p>2. Change in housing insecurity at closure:</p> | <p>Primary Caregivers and Prenatal Clients served for 12 or more months at closure</p> |
| <p>a. Negative change: Became housing insecure</p> | |
| <p>b. No change: Still housing insecure</p> | |
| <p>c. Positive Change: Became housing secure</p> | |
| <p>d. No change: Maintained housing secure status</p> | |
| <p>e. Unknown</p> | |
| <p>D. Subsequent birth: <i>Report at closure.</i></p> | <p>Women served 12 or more months at closure</p> |
| <p>1. Women who did not have a subsequent birth (live or stillbirth within 24 months from the birth of their last child):</p> | |
| <p>Please describe any challenges you had in collecting Economic Self Sufficiency data and methods you used to overcome the challenges.</p> | |

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| <p>VII. Child Maltreatment: <i>To be completed by Family Home Visiting Programs directing resources to this area (i.e., Is the primary goal of your Family Home Visiting program to prevent child maltreatment and abuse? Do you work with your human services agency to provide services to prevent child abuse and neglect with families participating in the county's Family Assessment Response (FAR), Parent Support Outreach Program, or other parent outreach program?).</i></p> | |
| | <p>Infants and Children</p> |
| <p>A. Infants and children 0-6 years experiencing determined (substantiated) child maltreatment during the time enrolled in Family Home Visiting. <i>Source of information is county or state human service records.</i></p> | |
| <p>Alternate A. (for counties unable to obtain child maltreatment data) Infants and children 0-6 years for which the family home visitor was told the infant/child experienced determined (substantiated) child maltreatment during the time enrolled in Family Home Visiting. <i>Source of information can be the family.</i></p> | |
| <p>Please describe any challenges you had in collecting Child Maltreatment data and methods you used to overcome the challenges.</p> | |
| <p>VIII. Injury Prevention: <i>To be completed by Family Home Visiting programs directing resources to this area (i.e., Do family home visitors do an assessment of hazards for childhood injury in the home? Does your Family Home Visiting program use a standardized home safety checklist?).</i></p> | |
| <p>A. Parents provide a safe environment for their children:</p> | <p>Primary Caregivers and Prenatal Clients</p> |
| <p>1. Primary caregivers or prenatal clients who have had a home safety checklist completed:</p> | |
| <p>B. Rates of Injury</p> | <p>Infants and Children</p> |
| <p>1. Children with emergency room visits or hospitalizations resulting from an injury in the home during the reporting period:</p> | |
| <p>Please describe any challenges you had in collecting Injury Prevention data and methods you used to overcome the challenges.</p> | |