

Minnesota Family Home Visiting Evaluation

January-December 2011 Aggregate Form Data Dictionary

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.

Please use definitions to determine which population to include in each question and/or when to report and collect the data.

During the reporting period = January 1, 2011 to December 31, 2011. Collect data throughout the reporting period. Report at the end of the reporting period.

EXAMPLE: “Infants and children eligible for developmental screening during the reporting period.” = Infants and children that were eligible for developmental screening between 01/01/2010 and 12/31/2010.

End of the reporting period = December 31, 2011. Collect data throughout the reporting period. Report at the end of the reporting period.

EXAMPLE: “Infants and children current with immunizations at the end of the reporting period.” = Report number of infants and children current with immunizations by 12/31/2010.

Enrollment = When the case for the client originally opened or when the family home visitor first started seeing the client. This may be before or during the reporting period.

EXAMPLE: “Current with well child care at enrollment.” = The infant or child was current with well child care when the case originally opened.

Closure = When the case was closed and/or when the client is no longer considered an active client or is no longer seen by family home visiting. Questions regarding measurement “at closure” must only include clients that were closed during the reporting period, i.e., cases closed sometime between 01/01/2011 and 12/31/2011.

Do not include:

- clients that still have an open case by the end of the reporting period;
- clients that were served for an unanticipated short period of time (those who had the intent to be enrolled in an intense, long term program but were not served to the extent of the anticipated time); and
- clients that were served for a one-time postpartum visit.

EXAMPLE: “Changes in current well child care at closure.” = Measure the amount of change from when the client was enrolled (before or during the reporting period) to when the client’s case was closed (during the reporting period).

Collect data at enrollment. Report annually at the end of the reporting period = Collect data on where the client was/is at when enrolled. Continue to report the same data annually until the client closes. Report this information (from 2010) every year they are open. For instance, if the client is open from 2010 to 2012, report their enrollment information from 2010 at the end of each reporting period of 2010, 2011 and 2012.)

Enrollment information only has to be collected once during time of enrollment.

EXAMPLE: For a client that is from 2010 to 2012, "Major medical care resource: *Collect at enrollment. Report annually*" = The major medical care resource for the client when the client was enrolled.

I. Population Description

<p>*Primary Caregivers and Prenatal Clients = Include all adult clients and pregnant/parenting teens.</p> <p>** Prenatal Clients = Include all clients that were seen for at least one home visit prenatally during the reporting period. Do not count women who were not seen prenatally during this reporting period, even if they received postpartum visits during the reporting period. This is a subset of the “Primary Caregivers and Prenatal Clients” group. Include clients who delivered and those undelivered during this reporting period.</p> <p>***Infants and Children=Include only infants and children age 0-6.</p>	Primary Caregivers and Prenatal Clients *	Prenatal Clients **	Infants and Children ***
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A. Primary caregivers, prenatal clients, and infants and children descriptors

<p>1. Total enrollment: * Count the unduplicated number of clients who were open during the reporting period. * If a woman starts as a prenatal client then is enrolled as a primary caregiver, count her once. Collect data during the reporting period.</p>			
<p>2. Total newly enrolled: *Count the unduplicated number of clients who were newly opened during the reporting period. Collect data during the reporting period.</p>			
<p>3. Total closed: *Count all clients discharged from the FHV program during the reporting period Collect data during the reporting period.</p>			

<p>4. Total home visits completed:</p> <p>* Count all visits completed on primary caregivers, prenatal clients, infants/children with open Family Home Visiting (FHV) charts.</p> <p>* Enrolled refers to anyone who currently has an open chart or record with the FHV program.</p> <p>* Visits do not need to take place in the home, but can take place in a community setting, e.g., a local restaurant, WIC clinic, a school, etc. In order for a visit to be counted as a FHV, the content of the visit needs to be the same as if the visit had been in the home, e.g., screening, assessment, health teaching, support, referrals, etc.</p> <p>* If the visit was with an enrolled primary caregiver and an enrolled child, count one visit for primary caregiver and one visit for child; if for an enrolled primary caregiver and two enrolled children, count one visit for primary caregiver and one visit for each child.</p> <p>* Do not count family members unless they are enrolled in family home visiting.</p> <p>Collect data during the reporting period.</p>			
<p>5. Major medical care resource: <i>Collect data at enrollment. Report annually.</i></p>			
<p>*If a client has two medical care resources, report on their primary source of insurance. Do not report on both resources.</p> <p>Collect data at enrollment. Report annually at the end of the reporting period.</p>	<p>Primary Caregivers and Prenatal Clients</p>	<p>Infants and Children</p>	
<p>a. Private insurance</p>			
<p>b. Medical Assistance</p>			
<p>c. Minnesota Care</p>			
<p>d. Other sources (grants, etc)</p>			
<p>e. Uninsured (self pay)</p>			
<p>f. Unknown</p>			

B. Primary caregiver and prenatal client descriptors	
	Primary Caregivers and Prenatal Clients
1. Total home visits planned but not home/not found: Collect data during the reporting period.	The number of intended visits that were planned and attempted for primary caregivers and prenatal clients that were not home or were not found. Do not include visits that were cancelled or rescheduled by the client or home visitor prior to the visit attempt being made.
2. Female Clients: Collect data at enrollment.	The unduplicated number of female primary caregivers and prenatal clients. This number will be subtracted from the total number of primary caregivers/prenatal clients to get the number of males.
3. Marital status: <i>Collect data at enrollment. Report annually.</i> Collect data at enrollment. Report annually at the end of the reporting period.	
a. Unmarried (single, separated, divorced, widowed)	The number of primary caregiver and prenatal clients who are not currently married or who are separated from their spouse.
b. Married	“Married” as reported by the family.
c. Unknown	
4. Education attainment: <i>Collect data at enrollment. Report annually.</i> Collect data at enrollment. Report annually at the end of the reporting period.	
a. No high school diploma	The number of primary caregiver and prenatal clients who have not achieved a high school diploma or GED or are currently enrolled in high school or GED program.
b. High school diploma or GED	The number of primary caregiver and prenatal clients that have achieved a high school diploma or GED.
c. Some post-secondary education or degree	The number of primary caregiver and prenatal clients that have had some post secondary education or have completed their post secondary education. Post secondary education includes college, vocational technical school or equivalent.
d. Unknown	
5. Primary Language: <i>Collect data at enrollment. Collect annually.</i> Collect data at enrollment. Report annually at the end of the reporting period.	
a. English	
b. Hmong	
c. Somali	
d. Spanish	
e. Other (specify)	
f. Unknown	

6. Employment: <i>Collect at enrollment. Report annually.</i> Collect data at enrollment. Report annually at the end of the reporting period.	Employment can be part time or full time. Employment can include any adult (age 18 and older) in the household who is employed.
a. 1 or more employed adults in household	
b. No employed adults in household	
c. Unknown	
7. Total length of enrollment at closure: Collect data at closure.	
a. Less than or equal to 6 months	Enrolled \leq 6 months
b. 7 months - 12 months	Enrolled $>$ 6 months (i.e., 6 mo + 1 day to 12 months) (example: infant was closed at 6.5 months. The infant would fall into this category).
c. 13-24 months	Enrolled $>$ 12 months (i.e., 12 mo + 1 day to 24 months).
d. $>$ 24 months	Enrolled $>$ 24 months.

C. Race and age of participants: *Collect data at enrollment. Report annually.*
 * Unduplicated number served during the reporting period.
Collect data at enrollment. Report annually at the end of the reporting period.

Age Group	White	American Indian/ Alaskan Native	Black/ African American	Asian	Nat Hawaiian/ Other PI	$>$ 1 Race \Reported	Other & Unknown
1. Primary caregiver age:							
<15							
15-17							
18-19							
20-21							
22-24							
25-34							
35 +							
Unknown							

2. Prenatal client age:	Include all clients who delivered and those undelivered during this reporting period. Count clients who were pregnant twice during the reporting period as two clients.						
>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: *Collect data at enrollment. Report annually.*
 * Unduplicated number served during the reporting period. Individuals reported here should also be included in the race by age grid.
Collect data at enrollment. Report annually at the end of the reporting period.

	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:

To be completed by all FHV programs.

Infants and Children	
<p>Denominator IIa. Infants/children eligible for developmental screening. Denominator for A1 and B1.</p> <p>Collect data during the reporting period.</p>	<p>This denominator should include all infants and children eligible for developmental screening during the reporting period. Eligibility is based on the age of the child and the schedule for the standardized assessment instrument used.</p> <p>Do not count in the denominator children who have already been screened and diagnosed with a developmental delay.</p>
<p>Denominator IIb. Infants/children eligible for social-emotional screening. Denominator for A2 and B2.</p> <p>Collect data during the reporting period.</p>	<p>This denominator should include all infants and children eligible for social-emotional screening during the reporting period. Eligibility is based on the age of the child and the schedule for the standardized assessment instrument used.</p> <p>Do not count in the denominator children who have already been screened and diagnosed with a social-emotional delay.</p>
<p>A. Infants and children screened with a standardized instrument according to the instrument's recommended schedule for:</p>	
<p>1. Developmental milestones</p> <p>Collect data during the reporting period.</p>	<p>The unduplicated number of infants and children current with the screening instrument's recommended schedule during this reporting period (i.e., Did the infant or child receive the most recent screening they were eligible for?)</p> <p>The list of recommended standardized instruments can be found at: http://www.health.state.mn.us/divs/fh/mch/devscrn/clinicinfo.html</p>
<p>2. Social-emotional milestones</p> <p>Collect data during the reporting period.</p>	<p>The unduplicated number of infants and children current with the screening instrument's recommended schedule during this reporting period (i.e., Did the infant or child receive the most recent screening they were eligible for?)</p> <p>The list of recommended standardized instruments can be found at: http://www.health.state.mn.us/divs/fh/mch/devscrn/clinicinfo.html</p>
<p>B. Infants and children who at their most recent screening with a standardized instrument:</p>	
<p>1. Met developmental milestones</p> <p>Collect data during the reporting period.</p>	<p>The number of infants and children screened with a recommended standardized instrument who met developmental milestones.</p>
<p>2. Met social-emotional milestones</p> <p>Collect data during the reporting period.</p>	<p>The number of infants and children screened with a recommended standardized instrument who met social-emotional milestones.</p>

C. Infants and children not meeting developmental milestones who:	
1. Are referred to community resources and/or services Collect data during the reporting period.	Referrals can be written or verbal. Referrals can include those where a referral is made to the PHN for rescreening.
2. Receive follow up by a family home visitor on that referral Collect data during the reporting period.	Follow-up may be by visit or by phone.
3. Received assessment and/or services for developmental milestone concerns Collect data during the reporting period.	Received assessment and/or services the referral was originally made for.
D. Infants and children not meeting social-emotional milestones who:	
1. Are referred to community resources and/or services Collect data during the reporting period.	Referrals can be written or verbal. Referrals can include those where a referral is made to the PHN for rescreening.
2. Receive follow up by a family home visitor on that referral Collect data during the reporting period.	Follow-up may be by visit or by phone.
3. Received assessment and/or services for social- emotional milestone concerns. Collect data during the reporting period.	Received assessment and/or services for which the referral was originally made.
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
<p>A. Status of parent-child interaction at enrollment or at time of first assessment <i>Collect at enrollment. Report annually.</i></p> <p><i>*Refers to parent-child interaction status at time of enrollment or at the time of clients' first assessment.</i></p> <p><i>*Examples provided in the answer choices in this section are to be used as a guide. They are not definitions.</i></p> <p>Collect data at enrollment or at time of first assessment. Report annually at the end of the reporting period.</p>	
<p>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.)</p>	
<p>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.)</p>	
<p>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.)</p>	
<p>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.)</p>	
<p>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.)</p>	
<p>6. Unknown</p>	

B. Status of parent-child interaction at closure:

*Refers to parent-child interaction status at the time of closure.

Collect data 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:**

*Changes in parent-child interaction status from enrollment to closure.

Collect data at closure.**1. Negative change**

The number of primary caregivers that scored lower in parent-child interaction at closure than at enrollment, i.e., parent-interaction level decreased. (e.g., "Rarely appropriate" at enrollment and "Not appropriate" at closure; "Consistently appropriate" at enrollment and "Rarely appropriate" at closure).

2. No change

The number of primary caregivers that scored the same at closure and enrollment. (e.g., "Usually appropriate" at enrollment and "Usually appropriate" at closure).

3. Positive change of 1 level

The number of primary caregivers that scored one level higher in parent-child interaction at closure than at enrollment, i.e., improved in parent-child interaction by one level. (e.g., "Inconsistently appropriate" at enrollment and "Usually appropriate" at closure).

4. Positive change of 2 or more levels

The number of primary caregivers that scored two or more levels higher in parent-child interaction at closure than at enrollment, i.e., improved in parent-child interaction by two or more levels. (e.g., "Inconsistently appropriate" at enrollment and "Consistently appropriate" at closure; "Not appropriate" at enrollment and "Usually appropriate" at closure).

5. Level of 5 at both enrollment and closure

The number of primary caregivers that scored at the "Consistently appropriate" level at 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.

IV. Access, Utilization of Services, Resources and Supports:

To be completed by all FHV programs.

Denominators for this section will be taken from Section I. Population Description

A. Connection to community resources

Collect during the reporting period. Report at the end of the reporting period.

	Primary Caregivers and Prenatal Clients
1. Referred to community resources and/or services: \ Collect data during the reporting period.	Referrals can be written or verbal. Include referrals made for developmental or social-emotional concerns in this area as well.
2. Receive follow-up by a family home visitor on that referral: Collect data during the reporting period.	Follow-up may be by visit or by telephone.

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: <i>Report annually at the end of the reporting period.</i> Collect data at enrollment. Report annually at the end of the reporting period.	The number of infants and children that were current with well child care when they were enrolled in the FHV program. "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.
2. Changes in well child care current status at closure: Collect data at closure.	
a. Negative change: No longer current with well child care	The number of infants and children that were current with well child care at enrollment and are no longer current at closure.
b. No change: Still not current	The number of infants and children that were not current with well child care at enrollment and continue to be not current at closure.
c. No change: Maintained current status	The number of infants and children that were current with well child care at enrollment and are still current at closure.
d. Positive change: Became current with well child care	The number of infants and children that were not current with well child care at enrollment and became current by closure.
e. Unknown	

C. Immunization status		
1. Infants and children current with immunizations: Collect data at closure or at the end of the reporting period.	The number of infants and children who are up to date with the recommended 4:3:1:3:3:1:3 vaccination series. Please see Appendix A for the Recommended Immunization Schedule for Minnesota 2010. Infants and children are "not current" if they have not received the appropriate vaccinations according to the recommended schedule.	
D. Health care home		
1. Infants and children with a health care home (i.e., consistent primary health care provider) at enrollment: <i>Collect at enrollment. Report annually.</i> Collect data at enrollment. Report annually at the end of the reporting period.	The number of infants and children with a consistent primary care provider at enrollment.	
2. Change in health care home at closure: Collect data at closure.	.	
a. Negative change: No longer has a health care home	The number of clients that had a health care home at enrollment but no longer has a health care home at closure.	
b. No change: Did not acquire a health care home	The number of clients that did not have a health care home at enrollment and continue to not have a health care home at closure.	
c. No change: Maintained a health care home	The number of clients that had a health care home at enrollment and continue to have a health care home at closure.	
d. Positive change: Acquired a health care home	The number of clients that did not have a health care home at enrollment but acquired a health care home at closure.	
e. Unknown		
E. Major medical care resource available for medical services		
	Primary Caregivers and Prenatal Clients	Infants and Children
1. Change in insurance status at closure: Collect data at closure.		
a. Negative change: No longer insured	The number of clients that were insured at enrollment but are no longer insured at closure.	
b. No change: Still uninsured	The number of clients that were uninsured at enrollment and continue to be uninsured at closure.	
c. No change: Still insured	The number of clients that were insured at enrollment and continue to be insured at closure.	
d. Positive change: Acquired insurance	The number of clients that were uninsured at enrollment but have acquired insurance at closure.	
e. Unknown		
Please describe any challenges you had in collecting Access, Utilization of Services, Resources and Supports data and methods you used to overcome the challenges.		

V. Birth or Pregnancy:

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?).

<p>Denominator Va. Prenatal clients delivering during the reporting period. Denominator for Vd, B1, C1, D1, and D2</p> <p>Collect data during the reporting period.</p>	<p>Only include prenatal clients who delivered during the reporting period.</p>
<p>Denominator Vb. Births to prenatal clients delivering during the reporting period. Include all births (e.g., twins=2). Denominator for A2</p> <p>Collect data during the reporting period.</p>	<p>Include all live births that occurred during the reporting period to women seen prenatally (prenatal clients).</p> <p>*Count twins as 2, triplets as 3, etc.</p>
<p>Denominator Vc. Full term singleton births to prenatal clients delivering during the reporting period. Denominator for A1.</p> <p>Collect data during the reporting period.</p>	<p>Include all live, singleton, full term (greater than or equal to 37 weeks gestation) births delivered during the reporting period to women seen prenatally (prenatal clients).</p> <p>*Exclude multiple births.</p>
<p>Descriptor Vd. Number of infants 6 to 12 months of age. Denominator for B2.</p> <p>Collect data during the reporting period.</p>	<p>Include all infants 6 to 12 months of age during the reporting period.</p>
<p>Descriptor Ve. Number of prenatal clients delivering during the reporting period who were first time mothers (no previous live or still births):</p> <p>Collect data during reporting period.</p>	<p>Include all prenatal clients who delivered during the prenatal period who were first time mothers who had no previous live or still births.</p>
<p>A. Birth outcomes</p>	
<p>1. Infants born at healthy birth weight (2500 grams or 5.5 lbs and higher):</p> <p>Collect data during the reporting period.</p>	<p>Exclude multiple births (i.e., twins) and infants less than 37 weeks gestation who were born during the reporting period.</p> <p>Only include infants that were born during the reporting period and whose mother was seen prenatally by FHV (prenatal clients).</p>
<p>2. Infants born at full term (greater than or equal to 37 weeks gestation):</p> <p>Collect data during the reporting period.</p>	<p>Only include infants that were born during the reporting period and whose mother was seen prenatally by FHV (prenatal clients).</p>

B. Breastfeeding: Report on prenatal clients delivering during the reporting period. (Optional for 2011)	
Collect data during the reporting period.	
Prenatal clients delivering during the reporting period	
1. Initiation	
Collect data during the reporting period.	
a. Prenatal clients delivering during the reporting period who fed their baby breast milk at time of birth:	Include prenatal clients that breastfed their baby and/or fed their baby pumped breast milk. Only include prenatal clients who delivered during the reporting period.
Infants 6-12 mo	
2. Duration	
Collect data during the reporting period.	
a. Infants ages 6 to 12 months who were breastfed for six months or greater:	Number of infants age 6 to 12 months served by FHV during the reporting period that were fed breast milk for 6 or more months. Breast milk includes breastfeeding and pumped breast milk.
Collect data during the reporting period.	
D. Tobacco use during pregnancy: (Optional for 2011)	
Collect data during the reporting period.	
Prenatal clients delivering during the reporting period.	
2. Change in cigarette smoking during pregnancy:	Include clients who were seen for at least one home visit prenatally during the reporting period.
a. Negative change: Increased the number of cigarettes smoked during pregnancy compared to before pregnancy	The number of prenatal clients who smoked more cigarettes during pregnancy than before pregnancy.
b. No change: Still smoked the same number of cigarettes compared to before pregnancy	The number of prenatal clients who smoked the same number of cigarettes during pregnancy as before pregnancy.
c. No change: Never smoked	The number of prenatal clients who did not smoke cigarettes before pregnancy and during pregnancy.
d. Positive change: Still smoked during pregnancy, but decreased the number of cigarettes smoked compared to before pregnancy	The number of prenatal clients who still smoked cigarettes but smoked less during pregnancy than before pregnancy.
e. Positive change: Quit smoking during pregnancy	The number of prenatal clients who smoked during enrollment but stopped smoking during their pregnancy.
f. Positive change: Quit smoking during pregnancy and maintained tobacco free status at 3 months postpartum	The number of prenatal clients who smoked during enrollment, stopped smoking during their pregnancy and remains tobacco free at 3 months postpartum.

E. Postpartum depression: *(Optional for 2011):*

* Report on women delivering during the reporting period.

Collect data during the reporting period.

	Prenatal clients delivering during the reporting period
1. Number screened with a standardized instrument:	Include the unduplicated number of women who were screened with a standardized instrument for postpartum depression.
2. Number screened positive for possible postpartum depression:	Include the unduplicated number of women who screened positive on the standardized instrument for possible postpartum depression.
a. Women screened positive for possible postpartum depression who were referred to community resources and/or services:	Referrals can include information on how to access emergency mental health care, telephone hotlines, counseling services, further assessment, and/or any other mental health service or resource. Referrals can be written or verbal.
b. Receive follow-up by a family home visitor on that referral:	Follow-up may be by visit or by telephone.
Please describe any challenges you had in collecting Birth or Pregnancy data and methods you used to overcome the challenges	

VI. Economic Self- Sufficiency:

Primary caregiver and prenatal client enrollment denominators will be taken from Section I. Population Description.

A. Education

Pregnant or Parenting Teens = Primary caregivers and prenatal clients up to age 20.	Pregnant or Parenting Teens	Primary Caregivers and Prenatal Clients
1. Change in education at closure for those without a high school diploma or GED at enrollment: Collect data at closure.	Include those identified as not having a high school diploma or GED at time of enrollment.	
a. No change or negative change: Not enrolled or no longer enrolled in a high school or GED program	The number of clients who did not have a high school diploma/GED and were not enrolled in a high school/GED program at enrollment and continue to not be enrolled in a high school/GED program by closure and The number of clients who did not have a high school diploma/GED and were enrolled in a high school/GED program at enrollment but are no longer enrolled in a high school/GED program and did not receive their high school diploma/GED by closure.	
b. No change: Remains currently enrolled in a high school or GED program	The number of clients who were enrolled in high school/GED program at enrollment and continue to be enrolled in a high school/GED program at closure. (i.e., has been working towards a high school diploma/GED but have not yet achieved a high school degree/GED.	
c. Positive change: Newly enrolled in a high school or GED program	The number of clients who did not have a high school diploma/GED and were not enrolled in a high school/GED program at enrollment but have enrolled in a high school/GED program by closure.	
d. Positive change: Achieved a high school diploma or GED	The number of clients who did not have a high school diploma/GED at enrollment and have achieved a high school diploma/GED by closure. Include clients that were not attending and those that were attending a high school/GED program at enrollment.	
e. Positive change: Enrolled or completed post-secondary education	The number of clients who did not have a high school diploma/GED at enrollment and have enrolled in or completed post secondary education by closure. Include those that were not enrolled and those that were enrolled in high school/GED program at enrollment.	
f. Unknown		

<p>2. Change in education at closure for those with a high school diploma or GED at enrollment:</p> <p>Collect data at closure.</p>	<p>Include those identified as having a high school diploma or GED at enrollment.</p>
<p>a. No change or negative change: Not enrolled or no longer enrolled in a post-secondary education program</p>	<p>The number of clients who had a high school diploma/GED, were not enrolled in a post-secondary education program and continues to not be enrolled in a post-secondary education program by closure and The number of clients who had a high school diploma/GED, were enrolled in a post-secondary education program but is no longer enrolled in a post-secondary education program and does not have their post-secondary degree.</p>
<p>b. No change: Remains enrolled or completed post-secondary education</p>	<p>The number of clients who had a high school diploma/GED and were enrolled or completed post-secondary education at closure.</p>
<p>c. Positive change: Enrolled or completed post-secondary education</p>	<p>The number of clients who had a high school diploma/GED, were not enrolled in a post-secondary education program at enrollment or working on a post-secondary education degree that have enrolled in or completed post-secondary education by closure.</p>
<p>d. Unknown</p>	

<p>B. Food insecurity:</p>	<p>Primary Caregivers and Prenatal Clients</p>
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<p>1. Food insecure at enrollment: <i>Collect data at enrollment. Report annually.</i></p>	
<p>Collect data at enrollment. Report annually at the end of the reporting period.</p>	
<p>a. Yes, food insecure</p>	<p>Food security is determined by answering "Often true" or "Sometimes true" to both of the following questions: <i>Within the past three months:</i></p> <ol style="list-style-type: none"> 1. <i>We worried whether our food would run out before we got money to buy more.</i> <ol style="list-style-type: none"> a. <i>Often true</i> b. <i>Sometimes true</i> c. <i>Never true</i> 2. <i>The food that we bought just didn't last, and we didn't have money to get any more.</i> <ol style="list-style-type: none"> a. <i>Often true</i> b. <i>Sometimes true</i> c. <i>Never true.</i>
<p>b. No, food secure</p>	

2. Change in food security at closure: Collect data at closure.	Change in food insecurity status from enrollment to closure.
a. Negative change: Became food insecure	The number of clients who were food secure at enrollment and became food insecure by closure.
b. No change: Still food insecure	The number of clients who were food insecure at enrollment and remain food insecure at closure.
c. No change: Maintained food secure status	The number of clients who were food secure at enrollment and remain food secure at closure.
d. Positive change: Became food secure	The number of clients who were food insecure at enrollment and became food secure by closure.
e. Unknown	
C. Housing insecurity:	
1. Housing insecure at enrollment: Collect at enrollment. Report annually. Collect data at enrollment. Report annually at the end of the reporting period.	Primary Caregivers and Prenatal Clients
a. Yes, housing insecure	A client is housing insecure if the client has moved 2 or more times or was homeless in the previous 12 months. Homeless = 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.
b. No, housing secure	
Denominator VIa. Women closed during the reporting period who were served for 12 or more months. Denominator for C2 and D1. Collect data during the reporting period.	Include clients that closed in 2011 and were served for at least 12 months by FHV.
	Primary Caregivers and Prenatal Clients served for 12 or more months at closure
2. Change in housing insecurity at closure: Collect data at closure.	Change in housing insecurity status from enrollment to closure for those served for at least 12 months by FHV.
a. Negative change: Became housing insecure	The number of clients who were housing secure at enrollment and became housing insecure by closure.
b. No change: Still housing insecure	The number of clients who were housing insecure at enrollment and remain housing insecure at closure.
c. Positive Change: Became housing secure	The number of clients who were housing insecure at enrollment and became housing secure by closure.
d. No change: Maintained housing secure status	The number of clients who were housing secure at enrollment and remain housing secure at closure.
e. Unknown	

D. Subsequent birth: <i>Include women closed during the reporting period who were served by FHV for >12 months.</i>	
	Primary Caregivers and Prenatal Clients served for 12 or more months at closure
1. Women who did not have a subsequent birth (live or stillbirth within 24 months from the birth of their last child): Collect data during the reporting period.	
Please describe any challenges you had in collecting Economic Self Sufficiency data and methods you used to overcome the challenges.	

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>	
	Infants and Children
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> Collect data during the reporting period.	Only include children who had a substantiated child maltreatment report during the time seen by FHV. Do not include children who were referred to FHV with an existing substantiated child maltreatment report. Source of information but be from county or state human service records.
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> Collect data during the reporting period.	Only complete this measure if your county is not able to collect VII.A (above). Source of information may be from the family.
Please describe any challenges you had in collecting Child Maltreatment data and methods you used to overcome the challenges	

VIII. Injury Prevention:

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?).

A. Parents provide a safe environment for their children.

Primary caregivers and prenatal clients

1. Primary caregivers or prenatal clients who have had a home safety checklist completed:

Include only those primary caregivers and prenatal clients from whom a home safety checklist or *age-appropriate* components of a home safety checklist was used. You may use any recognized home safety checklist, including the MDH version, AAP version or equivalent. To determine if another checklist is acceptable, contact the FHV consultant of your area.

Collect data during the reporting period.

<http://www.health.state.mn.us/divs/fh/mch/fhv/county-assignments.html>.

B. Rates of Injury

Infants and Children

1. Children with emergency room visits or hospitalizations resulting from an injury in the home during the reporting period:

The number children with emergency room visits or hospitalizations due to injuries that occur in/within the vicinity of the home (i.e., the yard). Do not include children with emergency room visits for primary care services or any other service that does not relate to an injury in the home.

Collect data during the reporting period.

Please describe any challenges you had in collecting Injury Prevention data and methods you used to overcome the challenges.

Appendix A: Childhood Immunization Schedule (Children age 0 through 6 years)

Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2010

For those who fall behind or start late, see the catch-up schedule

Vaccine ▼	Age ►	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years
Hepatitis B ¹		HepB	HepB			HepB						
Rotavirus ²				RV	RV	RV ²						
Diphtheria, Tetanus, Pertussis ³				DTaP	DTaP	DTaP	<i>see footnote³</i>	DTaP				DTaP
<i>Haemophilus influenzae</i> type b ⁴				Hib	Hib	Hib ⁴	Hib					
Pneumococcal ⁵				PCV	PCV	PCV	PCV				PPSV	
Inactivated Poliovirus ⁶				IPV	IPV	IPV						IPV
Influenza ⁷						Influenza (Yearly)						
Measles, Mumps, Rubella ⁸							MMR		<i>see footnote⁸</i>			MMR
Varicella ⁹							Varicella		<i>see footnote⁹</i>			Varicella
Hepatitis A ¹⁰							HepA (2 doses)				HepA Series	
Meningococcal ¹¹											MCV	

Range of recommended ages for all children except certain high-risk groups

Range of recommended ages for certain high-risk groups

This schedule includes recommendations in effect as of December 15, 2009. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Considerations should include provider assessment, patient preference, and the potential for adverse events. Providers should consult the relevant Advisory

Committee on Immunization Practices statement for detailed recommendations: <http://www.cdc.gov/vaccines/pubs/acip-list.htm>. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS) at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.