EARLYIMPACT VIRGINIA

ALLIANCE FOR EARLY CHILDHOOD HOME VISITING

Virginia's Uniform Indicators for Home Visiting

Early Impact Virginia is a public-private partnership that brings together Virginia's home visiting and early childhood leaders to advance the delivery of high quality, efficient services. Early Impact Virginia is housed within Families Forward Virginia, a non-profit organization dedicated to building healthier, stronger, more self-sufficient families by partnering with families and communities. Early Impact Virginia works across Virginia's eight early childhood home visiting models (CHIP of Virginia, Early Head Start, Family Spirit, Healthy Families Virginia, Healthy Start Loving Steps, Nurse Family Partnership, Parents As Teachers, Resource Mothers) to demonstrate impact and return on investment, while leading the effort to alleviate fiscal and workforce burdens by streamlining data collection and reporting.

In 2018, the Virgina General Assembly granted Early Impact Virginia the authority and responsibility to determine, systematically track, and report annually on the key activities and outcomes of Virginia's home visiting programs; conduct systematic and statewide needs assessments for Virginia's home visiting programs at least once every three years; and support continuous quality improvement, training, and coordination across Virginia's home visiting programs on an ongoing basis.

In 2019, Early Impact Virginia and the Alliance for Early Childhood Home Visiting worked together with key stakeholders to develop a set of uniform indicators to yield actionable information for maximizing the positive impact of Virginia's home visiting system. The resulting list of uniform indicators was informed by data elements currently collected and tracked by each home visiting model in Virginia, as well as other states' and national metrics.

These uniform indicators, when analyzed with demographic and other descriptive variables, will enable Virginia to:
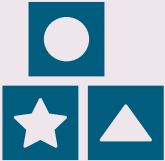
- Identify emergent service delivery needs to increase the precision of services and upskill the home visiting workforce;
- Strategically target resources to families and communities with the greatest need;

- Ensure accountability;
- Prompt quality improvements across programs; and
- Drive innovation and sustainability.

Most importantly, Virginia's Uniform Indicators for Home Visiting will enable Early Impact Virginia to tell the story of how children, families, and communities benefit from home visiting services delivered by qualified professionals across the Commonwealth.
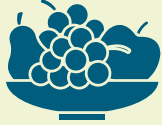
DOMAIN	INDICATOR	OUTCOME MEASURE	BENCHMARK	NUMERATOR	DENOMINATOR
Maternal Health	Pregnancy Outcomes	Preterm Birth	Percent of mothers who had a preterm birth	Number of mothers of singletons enrolled prenatally with at least 8 home visits prior to 35 weeks who gave birth prior to 37 weeks while still enrolled in home visiting	Number of mothers of singletons enrolled prenatally with at least 8 visits prior to 35 weeks who were still enrolled in home visiting when they gave birth
	Maternal Mental Health	Depression Referral/ Resource Connections	Percent of mothers for whom resource connections were made based on a positive depression screen	Number of mothers not already receiving treatment for depression who received a maternal depression screening using a validated tool within 3 months of enrollment or within 3 months of delivery (if enrolled prenatally) who screened positive AND who were connected to resources within 6 months of enrollment or of the birth of target child	Number of mothers not already receiving treatment for depression who received a maternal depression screening using a validated tool within 3 months of enrollment or within 3 months from delivery (if enrolled prenatally) who screened positive
	Maternal Health	Postpartum Care	Percent of mothers who received a postpartum visit with a healthcare provider	Number of mothers who enrolled in home visiting prenatally or within 2 weeks after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery	Number of mothers who enrolled in home visiting prenatally or within 2 weeks after delivery

DOMAIN	INDICATOR	OUTCOME MEASURE	BENCHMARK	NUMERATOR	DENOMINATOR
Child Health	Child Health	Well Child Visits	Percent of well child visits completed	Number of well child visits recommended by the Academy of Pediatrics (AAP) that were received over the course of children's entire home visiting enrollment by children with at least 7 months of home visiting services	Number of well child visits recommended by the Academy of Pediatrics (AAP) over the course of children's entire home visiting enrollment by children with at least 7 months of home visiting services
	Child Safety	Substantiated Child Abuse and Neglect	Prevalence of primary caregivers with investigated referrals – and within investigated referrals, prevalence of substantiation – of child abuse and neglect	Number of primary caregivers enrolled in home visiting with completed VDSS parental consent forms with 1 or more investigated referrals – and within the investigated referrals, the number of substantiated cases – of child abuse	Number of primary caregivers enrolled in home visiting with up-to-date, completed VDSS parental consent forms
School Readiness	Child Development	Child Development or Social-Emotional Resource Connections	Percent of children for whom resource connections were made for developmental or social-emotional services based on a positive screen	Number of children enrolled in home visiting for whom a developmental or social-emotional screening indicated the need for resource connections and for whom resource connections were made within 2 months of the positive screen	Number of children enrolled in home visiting for whom a developmental or social-emotional screening indicated the need for resource connections
	Social-Emotional Development				

DOMAIN	INDICATOR	OUTCOME MEASURE	BENCHMARK	NUMERATOR	DENOMINATOR
Relational Health	Parent-Child Relationships	Parent-Child Interaction Observations Using Validated Tool	Percent of primary caregivers & target children with an observed improvement in parent-child interactions	Number of primary caregivers & target children who received an age appropriate baseline PCI observation using a validated tool and an age appropriate follow-up PCI observation within 6 months using a validated tool where an improvement was indicated based on the follow-up observation	Number of primary caregivers & target children who received an age appropriate baseline PCI observation using a validated tool and an age appropriate follow-up PCI observation within 6 months using a validated tool within the current FY
	Parental Practices & Capacity	Family Self-Assessment	Percent of primary caregivers who reported an improvement in their parenting practices	Number of primary caregivers with one or more children of the age of at least one year old who completed a Survey of Parent Practice within 11-14 months of enrollment who reported an improvement in their parenting practices	Number of primary caregivers with one or more children of the age of at least one year old who completed a Survey of Parent Practice within 11-14 months of enrollment
	Family Support Networks	Intimate Partner Violence Resource Connections	Percent of primary caregivers enrolled in home visiting with positive screens for IPV for whom resource connections were made	Number of primary caregivers who screened positive for IPV for whom resource connections were made	Number of primary caregivers who screened positive for IPV
	Risky Parental Behavior	Tobacco Cessation Resource Connections	Percent of primary caregivers who screened positive for tobacco use for whom tobacco cessation resource connections were made	Number of primary caregivers enrolled in home visiting who screened positive for tobacco use for whom tobacco cessation resource connections were made	Number of primary caregivers enrolled in home visiting who screened positive for tobacco use
		Substance Use Resource Connections	Percent of primary caregivers who screened positive for substance use for whom substance use treatment resource connections were made	Number of primary caregivers with at least 6 months of home visiting services who screened positive for substance use and for whom substance use cessation resource connections were made	Number of primary caregivers with at least 6 months of home visiting services who screened positive for substance use

DOMAIN	INDICATOR	OUTCOME MEASURE	BENCHMARK	NUMERATOR	DENOMINATOR
Family Functioning	Family Stability	Food Security Resource Connections	Percent of primary caregivers screening positive for food insecurity for whom resource connections were made	Number of primary caregivers enrolled in home visiting who had a positive screening for food insecurity for whom resource connections were made	Number of primary caregivers enrolled in home visiting who had a positive screening for food insecurity
		Housing Stability Resource Connections	Percent of primary caregivers without stable housing for whom resource connections were made	Number of primary caregivers with at least 12 months of enrollment who screen positive for housing instability for whom resource connections were made within 12 months	Number of primary caregivers with at least 12 months of enrollment who screen positive for housing instability
	Economic Empowerment	Parental Educational Attainment	Percent of primary caregivers who made educational progress after receiving home visiting service	Number of primary caregivers who enrolled in home visiting services without a high school diploma or equivalent and who have received at least 12 months of home visiting services who enrolled in, maintained continuous enrollment in or achieved their HS diploma or equivalent during the FY	Number of primary caregivers who enrolled in home visiting services without a high school diploma or equivalent and who have received at least 12 months of home visiting services

Crosswalk of Virginia's Uniform Indicators with National & Comparable State[1] Measures

DOMAIN	UNIFORM INDICATOR	OUTCOME MEASURE	MIECHV Benchmark	Pew Charitable Trusts	New Mexico	Ohio	Oklahoma	Maryland
Maternal Health	Pregnancy Outcomes	Preterm Birth	✓	✓	✓		✓	
	Maternal Mental Health	Depression Resource Connections	✓	✓	✓		✓	✓
	Maternal Health	Postpartum Care	✓	✓		✓		
Child Health	Child Health	Well Child Visits	✓	✓	✓			✓
	Child Safety	Substantiated Child Abuse and Neglect	✓	✓	✓	✓	✓	
School Readiness	Child Development	Child Development or Social-Emotional Resource Connections	✓	✓	✓		✓	✓
	Social-Emotional Development							
Relational Health	Parent-Child Relationships	Parent-Child Interaction Observations	✓		✓			✓
	Parental Practices & Capacity	Family Self-Assessment		✓				✓
	Family Support Networks	Intimate Partner Violence Resource Connections	✓		✓	✓	✓	✓
	Risky Parental Behavior	Tobacco Cessation Resource Connections	✓	✓		✓	✓	
		Substance Use Resource Connections			✓	✓	✓	
Family Functioning	Family Stability	Food Security Resource Connections			✓			
		Housing Stability Resource Connections			✓			
	Economic Empowerment	Parental Educational Attainment	✓	✓	✓	✓	✓	

[1] Based on best available information on national and state metrics. "Comparable state" is defined here as a state with system-wide accountability standards and three or more evidence-based national home visiting models, like Virginia.

Institute
for the Advancement of
Family Support Professionals

The Institute for Family Support Professionals (https://institutefsp.org) The Institute has several training modules related to each outcome measure that are also aligned with the National Family Support Competency Framework. Below is a list of training resources with links to specific modules on The Institute and titles of Early Impact Virginia classroom training that apply to each measure. There are also notes where model-specific training led by supervisors may cover the topic, as well.

DOMAIN	INDICATOR	OUTCOME MEASURE	INSTITUTE MODULES & CLASSROOM TRAINING
Maternal Health	Pregnancy Outcomes	Preterm Birth	• Prenatal Basics for Home Visitors • Reproductive Health
	Maternal Mental Health	Depression Referral/ Resource Connections	• Adult Mental Health Part One – A Critical Component in Early Childhood Development • Adult Mental Health Part Two – Perinatal Depression • Adult Mental Health Learning Lab (Classroom) • Mothers & Babies (Classroom and Supervisor-Led)
	Maternal Health	Postpartum Care	*Under development*
Child Health	Child Health	Well Child Visits	• The Medical Home and Bright Futures Guidelines
	Child Safety	Substantiated Child Abuse and Neglect	• Child Abuse and Neglect Part One – Education and Prevention • Child Abuse and Neglect Part Two – Abusive Head Trauma (Shaken Baby Syndrome) • Child Abuse and Neglect Part Three – Virginia Mandated Reporter

DOMAIN	INDICATOR	OUTCOME MEASURE	INSTITUTE MODULES & CLASSROOM TRAINING
School Readiness	Child Development	Child Development or Social-Emotional Resource Connections	• Child Development Birth to 3: (Coming Soon) • Child Development 3-5 • Social and Emotional Development of Young Children • Family Partnerships that Support Child Development • Child Development – Ages and Stages Questionnaire and ASQ:SE (Supervisor-Led)
	Social-Emotional Development		
Relational Health	Parent-Child Relationships	Parent-Child Interaction Observations Using Validated Tool	• Parent-Child Interaction Module (Coming Soon)
	Parental Practices & Capacity	Family Self-Assessment	• Strengthening Families Through Community Connections • Life Skills Progression (LSP) Training (Supervisor-Led) • Parent-Child Interaction Module (Coming Soon)
	Family Support Networks	Intimate Partner Violence Resource Connections	• Why Screen Women for Substance Use, Intimate Partner Violence, Mental Health and Perinatal Depression? • Healthy Moms, Happy Babies – Creating Futures without Violence (Classroom)
	Risky Parental Behavior	Tobacco Cessation Resource Connections	• Promoting Safe and Healthy Homes • Prenatal Basics for Home Visitors
		Substance Use Resource Connections	• Why Screen Women for Substance Use, Intimate Partner Violence, Mental Health and Perinatal Depression? • Substance Use: Risks and Effects in Pregnancy and Early Childhood Development • Substance Exposed Infants, Part One – Supporting Pregnant and Postpartum Women's Use of Medication-Assisted Treatment and Psychotropic Medications • Substance Exposed Infants Part Two, Impact of Perinatal Substance Use on Infants • Substance Exposed Infants Part Three, Developing and Implementing Plans of Safe Care for Substance Exposed Infants • Screening, Brief Intervention and Referral to Treatment (SBIRT) for Risky Health Behaviors (Classroom)

DOMAIN	INDICATOR	OUTCOME MEASURE	INSTITUTE MODULES & CLASSROOM TRAINING
Family Functioning	Family Stability	Food Security Resource Connections	• Home Visiting 101 – The Importance of Home Visiting • Nutrition Basics • Strengthening Families Through Community Connections
		Housing Stability Resource Connections	• Home Visiting 101 – The Importance of Home Visiting • Strengthening Families Through Community Connections
	Economic Empowerment	Parental Educational Attainment	• Family Goals: It's More About the Process • Home Visiting 101 – The Importance of Home Visiting • Moving to Action: Advocacy, Referrals, and Goal Setting

Annual Uniform Indicators Report

Uniform indicators will be reported after the end of the state fiscal year;
Virginia's fiscal year runs from July 1 – June 30. First report will be run in late 2020.

Demographic Data Descriptor Data	Maternal Health	Child Health	School Readiness	Relational Health	Family Functioning

Demographic and descriptor data will be collected so that analyses can be stratified by participant characteristics.

Home Visiting Data Warehouse

CHIP of Virginia	Early Head Start	Healthy Families	Healthy Start Loving Steps	Nurse Family Partnership	Parents As Teachers	Resource Mothers

* New models will be incorporated into the data warehouse as needed.

The data warehouse will collect data from the systems already in use by home visiting programs across Virginia.
Data will be extracted from the "back end" of these data systems, and won't cause disruptions to "front end" users.

GENERAL

What if my program does not currently track one of the outcome measures?

If a program does not track an outcome measure, they will be excluded from analyses for that one particular measure. If changes to data collection are made that allow us to capture the data elements necessary to calculate the outcome measure, then we will include that program once changes have occurred.

What resources are available to programs who do not collect certain outcome measures, but would like to?

The Institute has several training modules for each outcome measure that also align with core competencies. Early Impact Virginia also hosts various classroom trainings across Virginia. In addition, specific models have trainings related to several of the topics covered by the uniform indicators.

Will we receive scores/ratings based on how well we perform on various outcome measures?

No! We will not be assigning thresholds on what is good, bad, or optimal. We will calculate the outcome measures using data from the entire state to see where we are doing well as a state, where there are gaps, and where other systems are affecting home visiting's ability to impact families.

My program only serves high-risk families, so we won't do well on some outcome measures. I'm concerned about how we'll be represented.

We will be collecting demographic and descriptor data that will allow us to stratify analyses by different participant characteristics, under the advisory of sites and model representatives, in order to dive deeper into what is affecting the outcome measures. Additionally, we will not be reporting anything out by program. All reports will be done in aggregate for the entire state or by regions large enough to not identify any individuals or programs.

When will the uniform indicators be reported?

We will calculate and report out on uniform indicators at the end of every state fiscal year (SFY); Virginia's fiscal year runs from July 1 – June 30.

How will you get my program's data?

We are currently building a data warehouse that extracts data from the systems already in use by various home visiting programs and sites across Virginia. The extractions would be automated, and will cause no changes or disruptions to program/site-level users.

Why are there so many outcome measures?

We researched other metrics, benchmarks, and measures across the field and found that 12-20 was the typical range for amount of measures that covered the various areas that home visiting impacts and addresses.

Will the uniform indicators change, and if so, when?

The uniform indicators selected are final, as of SFY 2020. In the future, we will certainly assess relevance and best fit as the home visiting field grows/changes at several points in time. We will also continue to revisit analytic decisions and the operationalization of each measure as it makes sense.

How were time parameters chosen?

When it was possible, we referenced best practice standards set by national governing bodies (i.e., well-child visits set by the American Academy of Pediatrics). When that was not possible, we evaluated other national metrics, like MIECHV benchmarks, and came to a consensus. As we refine the uniform indicators and analytic capabilities mature, we will be able to reevaluate time parameters chosen.

INDICATOR-SPECIFIC

What would be considered a positive screen for various tools?
The definition of a positive screen will be determined by model-specific guidance. In reports, this will not be clearly stated and included as a footnote. We will update analyses as necessary to reflect any changes made to model guidance.

Why was preterm birth chosen instead of low birthweight?
Preterm birth was selected for the following reasons: preterm birth is one of the leading causes of low birthweight; preterm birth data is generally more complete and accurate preterm infants are more likely to have health complications and/or require a NICU stay.

For the maternal mental health indicator, how will 'women already receiving treatment for depression' be defined/flagged for exclusion?
It is important to exclude those women who are receiving mental health services prior to enrollment in home visiting services so that this data element accurately reflects services provided.

What is a resource connection?
A resource connection is defined as any connection to information, education, materials, support, resources (internal or external), and/or referrals (internal or external). For example, if there is suspected or founded IPV in the home, the completion of a safety plan and/or referral to a shelter or hotline constitutes a completed resource connection. If the home visitor made a referral to a shelter or hotline, that would also be a resource connection. This approach was selected because it more accurately reflects the variety of ways that home visitors support families needs while also acknowledging that appropriate referrals to community resources may not be feasible or appropriate (e.g. no Spanish speaking IPV services).

What tool will be used to measure the child development outcome?
Results from ASQ-3 and ASQ-SE scores will be evaluated for this outcome measure.

How is improvement defined for parent-child interactions?
We will start with improvement in the overall score from a validated tool for the first reporting year. Some programs may have a more rigorous standard, but starting out, we'd like to evaluate improvement as any positive increase in the overall score. In year 2 and beyond, additional definitions of improvement will be considered.

What counts as tobacco use?
An inclusive interpretation of "tobacco use" will be used, including, but not limited to, the use of: cigarettes, chewing tobacco, snuff, iqmik, or other tobacco products like snus, orbs, e-cigarettes, lozenges, cigars, or hookah.

For any further questions, contact:

Tierah M. West, MPH
Applied Research Coordinator
twest@earlyimpactva.org
(804) 359-6166, ext. 207