

**HAWAII HOME VISITING NETWORK**  
**HOME VISITING OUTPUT MEASURES FY 2016**  
**AGENCY NAME: \_\_\_\_\_**

Column A		Column B	Column C
Program Activity		Annual Performance Goal for Fiscal Year 2016	Applicant's approach in meeting the output objective, including the methodology proposed for data collection and reporting. (Attach additional sheets as necessary.)
A1	Women who were pregnant at enrollment who received their first prenatal care visit before the end of the second trimester		
A2	Number of enrolled smokers at intake, who reported decreased smoking by one year post enrollment		
A3	Number of post partum women who reported a post partum examination		
A4	Total number of enrolled mothers and pregnant women who received birth spacing education within six months of enrollment		
A5	Number of enrolled mothers who were screened for depressive symptoms using the Edinburgh Postnatal Depression Scale between enrollment and 6 months post enrollment		
A6	Total number of weeks that index women who enrolled prenatally spent breastfeeding		
A7	Number of index children enrolled for at		

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	least 6 months who received the recommended schedule of immunizations	
<b>A8</b>	<b>Number of mothers with health insurance plus the number of index children with health insurance by 6 months post enrollment</b>	
<b>B9</b>	<b>Total number of emergency department visits by index children in the program</b>	
<b>B10</b>	<b>Total number of emergency department visits by enrolled mothers in the program</b>	
<b>B11</b>	<b>Number of enrolled families who have received information or training on the prevention of child injuries</b>	
<b>B12</b>	<b>Total number of injuries index children receive requiring medical treatment</b>	
<b>B13</b>	<b>Number of index children in the program who are reported to Child Welfare Services for suspected maltreatment</b>	
<b>B14</b>	<b>Number of index children in the program</b>	

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	<b>who are substantiated by Child Welfare Services for maltreatment</b>	
<b>B15</b>	<b>Number of index children in the program who are first time victims of maltreatment</b>	
<b>C16</b>	<b>Adult enrolled index participants whose Learning Materials subscale score is above 7 at one year post enrollment</b>	
<b>C17</b>	<b>Number of ASQ results reviewed with the adult enrolled index participants</b>	
<b>C18</b>	<b>Number of adult enrolled index participants whose HOME scores are above 32 on the HOME at one year post enrollment</b>	
<b>C19</b>	<b>Number of enrolled mothers who were screened for depressive symptoms or stress using the Edinburgh Postnatal Depression Scale or the Parent Stress Index between enrollment and 6 months post enrollment</b>	
<b>C20</b>	<b>Number of enrolled index children screened for developmentally appropriate</b>	

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	communication skills at target age		
C21	Number of enrolled index children screened for general cognitive skills at target age		
C22	Number of index children at target age that score above the cut off on the target age ASQ- SE		
C23	Number of index children at target age that score above the cut off on the target age ASQ- SE		
C24	number of enrolled index children that score above the cut off for the Gross Motor section of the ASQ3 at target age		
D27	Number of enrolled index mothers who are screened for Domestic Violence within 6 months post enrollment		
D28	Number of enrolled index mothers who received a referral to domestic violence		

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	services		
<b>D29</b>	<b>Number of enrolled index mothers who completed a safety plan</b>		
<b>E30</b>	<b>Average income for adult enrolled index participants one year post enrollment</b>		
<b>E31</b>	<b>Total number of monthly paid hours plus unpaid hours devoted to infant child care (30 hours max) by all adult enrolled index participant members of the household</b>		
<b>E32a</b>	<b>Number of hours per month spent by adult enrolled index participants in education programs</b>		
<b>E32b</b>	<b>Number of mothers with health insurance plus the number of index children with health insurance.</b>		
<b>F33</b>	<b>Number of enrolled families screened for necessary services</b>		
<b>F34</b>	<b>Number of enrolled families screened for necessary services and received a referral</b>		

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F35	The number of documented MOUs or other formal agreements		
F36	The total number of collaborating community agencies with which the home visiting implementing agencies has a clear point of contact		
F37	Total enrolled families that were screened and received a referral for whom receipt of services was confirmed		
G1	Number of children who have a medical home		
G2	Total Families Served		
	<b>Model Specific Outputs</b>		
H1			
H2			
H3			

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<b>A8</b>	<b>Number of mothers with health insurance plus the number of index children with health insurance by 6 months post enrollment</b>	
<b>B9</b>	<b>Total number of emergency department visits by index children in the program</b>	
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<b>E32a</b>	<b>Number of hours per month spent by adult enrolled index participants in education programs</b>		
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G1	Number of children who have a medical home		
G2	Total Families Served		
	<b>Model Specific Outputs</b>		
H1			
H2			
H3			

Organization	
Model	
Servicing area	
Reporting Month	
Completed by	
Report date	

**Home Visiting**

**Number of children visiting the Emergency Department for all causes this month:**

0

**Provide a brief description of the reason for each visit:**

**Number of mothers visiting the Emergency Department for all causes this month:**

0

**Provide a brief description of the reason for each visit:**

**Number of children who had injuries requiring medical treatment this month:**

0

**Provide a brief description of the reason for each visit:**



**Program:**    **Service Area:**

January 1900

**Brief description of activities implemented to increase screening, engagement and retention:**



Program: Service Area:

January 1900

WEEK	# OF EXPECTED HOME VISITS	TOTAL VISITS NOT COMPLETED	# OF HOME VISITS	TOTAL ENROLLED	Comments
WEEK 1		0			
WEEK 2		0			
WEEK 3		0			
WEEK 4		0			
WEEK 5	n/a	n/a	n/a	n/a	

Totals	0	0	0	0	
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Program: Service Area:							
January 1900 Families							
Month	Total # Disenrolled	# Prenatal Referrals	# EID Referrals	# Prenatal Enrolled	# EID Enrolled	Total # Newly Enrolled	Total # Enrolled
Enter the Total # of Families Enrolled at the end of the Previous Fiscal Period:							
July						0	0
August						0	0
September						0	0
<b>1st Quarter Total</b>	0	0	0	0	0	0	0.0 Average
October						0	0
November						0	0
December						0	0
<b>2nd Quarter Total</b>	0	0	0	0	0	0	0.0 Average
January						0	0
February						0	0
March						0	0
<b>3rd Quarter Total</b>	0	0	0	0	0	0	0.0 Average
April						0	0
May						0	0
June						0	0
<b>4th Quarter Total</b>	0	0	0	0	0	0	0.0 Average
<b>Totals for Year</b>		0	0	0	0	0	0.0 Average

Index Children			
Month	Total # Disenrolled	# Newly Enrolled	Total # Enrolled
July			
August			0
September			0
<b>1st Quarter Total</b>	0	0	0.0 Average
October			0
November			0
December			0
<b>2nd Quarter Total</b>	0	0	0.0 Average
January			0
February			0
March			0
<b>3rd Quarter Total</b>	0	0	0.0 Average
April			0
May			0
June			0
<b>4th Quarter Total</b>	0	0	0.0 Average
<b>Totals for Year</b>	0	0	0.0 Average

**Program:**    **Service Area:**

Were there any suspected cases of Child Abuse reported to CWS during this reporting period?

no

Program:		Service Area:						Click to Add Position Titles										
Line ID #	Staff Name	Age (DOB)	Race/Ethnicity	Other Languages	Date of Hire for Organization	Date of Training Completion	Position	FTE	Highest Degree Completed	Prior Exper.	Parenting Status	Caseload Maximum  For Home Visitor / Parent Educator / FSW and Senior HV / SPE / SFSW only	Caseload at end of reporting period  If lower or higher than maximum, provide explanation in notes section	Hrs. of One-to-One Supervision This Period	Did Staff Receive Prescribed Amount of Supervision?  If "No", provide explanation in notes section	Date of Termination	Reason for Termination	Prescribed Supervision
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		

Program: <b>Service Area:</b>								<a href="#">Click to Add Position Titles</a>										
Line ID #	Staff Name	Age (DOB)	Race/Ethnicity	Other Languages	Date of Hire for Organization	Date of Training Completion	Position	FTE	Highest Degree Completed	Prior Exper.	Parenting Status	Caseload Maximum  For Home Visitor / Parent Educator / ESW and Senior HV / SPE / SFSW only	Caseload at end of reporting period  If lower or higher than maximum, provide explanation in notes section	Hrs. of One-to-One Supervision This Period	Did Staff Receive Prescribed Amount of Supervision?  If "No", provide explanation in notes section	Date of Termination	Reason for Termination	Prescribed Supervision
16																		
17																		
18																		
19																		
20																		



<b>Program:</b>	<b>Service Area:</b>
January 1900	

**Describe any vacancies within your program (home visitors, supervisors, data managers, etc.), how it is affecting program deliverables and your plan to fill those vacancies.**

No Vacancies

**Provide the following information for each vacant position:**

List HV/PE and SHV/SPE positions first

	<i>Position Description</i>	<i>FTE</i>	<i>Caseload (for HV/PE and SHV/SPE only)</i>	<i>Anticipated hire date</i>
<i>Position 1</i>				
<i>Position 2</i>				
<i>Position 3</i>				
<i>Position 4</i>				

**Describe any staffing changes (new staff, promotions, terminations, changes to full-time equivalency, etc.) that your program has experienced during this reporting period.**

<b>Program: Service Area:</b>						January 1900
<b>Program Activity Code (Benchmark)</b>	<b>Program Activity Description</b>	<b>Current Reporting Period</b>	<b>Cumulative Actual (Current and Prior Reporting Periods)</b>	<b>Cumulative Goal to Date</b>	<b>Annual Performance Goal for Fiscal Year 2015</b>	<b>Explanation of any variances between Cumulative Actual and Cumulative Goal to Date.  (Attach additional supporting documentation as needed when submitting the Monthly Report)</b>
A1 (1.1)	Women who were pregnant at enrollment who received their first prenatal care visit before the end of the second trimester	0.0	0.0			
A2 (1.2)	Number of enrolled smokers at intake, who reported decreased smoking by one year post enrollment	0.0	0.0			
A3 (1.3)	Number of post partum women who reported a post partum examination	0.0	0.0			
A4 (1.4)	Total number of enrolled mothers and pregnant women who received birth spacing education within six months of enrollment	0.0	0.0			
A5 (1.5)	Number of enrolled mothers who were screened for depressive symptoms using the Edinburgh Postnatal Depression Scale between enrollment and 6 months post enrollment	0.0	0.0			
A6 (1.6)	Average number of weeks that index women who enrolled prenatally spent breastfeeding	0.0	0.0			
A7 (1.7)	Number of index children enrolled for at least 6 months who received the recommended schedule of immunizations	0.0	0.0			
A8 (1.8)	Number of mothers with health insurance plus the number of index children with health insurance by 6 months post enrollment	0.0	0.0			
B9 (2.1)	Total number of emergency department visits by index children in the program	0.0	0.0			
B10 (2.2)	Total number of emergency department visits by enrolled mothers in the program	0.0	0.0			
B11 (2.3)	Number of enrolled families who have received information or training on the prevention of child injuries	0.0	0.0			
B12 (2.4)	Total number of injuries index children receive requiring medical treatment	0.0	0.0			
B13 (2.5)	Number of index children in the program who are reported to Child Welfare Services for suspected maltreatment					Although this activity is not reported monthly it has been included as a reminder of this reporting requirement.

Program: Service Area:						January 1900
Program Activity Code (Benchmark)	Program Activity Description	Current Reporting Period	Cumulative Actual (Current and Prior Reporting Periods)	Cumulative Goal to Date	Annual Performance Goal for Fiscal Year 2015	Explanation of any variances between Cumulative Actual and Cumulative Goal to Date.  <b>(Attach additional supporting documentation as needed when submitting the Monthly Report)</b>
B14 (2.6)	Number of index children in the program who are substantiated by Child Welfare Services for maltreatment					Although this activity is not reported monthly it has been included as a reminder of this reporting requirement.
B15 (2.7)	Number of index children in the program who are first time victims of maltreatment					Although this activity is not reported monthly it has been included as a reminder of this reporting requirement.
C16 (3.1)	Adult enrolled index participants whose Learning Materials subscale score is above 7 at one year post enrollment	0.0	0.0			
C17	Number of ASQ results reviewed with the adult enrolled index participants	0.0	0.0			
C18 (3.3)	Number of adult enrolled index participants whose HOME scores are above 32 on the HOME at one year post enrollment	0.0	0.0			
C19 (3.4)	Number of enrolled mothers who were screened for depressive symptoms or stress using the Edinburgh Postnatal Depression Scale or the Parent Stress Index between enrollment and 6 months post enrollment	0.0	0.0			
C20 (3.5)	Number of enrolled index children screened for developmentally appropriate communication skills at target age	0.0	0.0			
C21 (3.6)	Number of enrolled index children screened for general cognitive skills at target age	0.0	0.0			
C22 (3.7)	Number of index children at target age that score above the cut off on the target age ASQ- SE	0.0	0.0			
C23 (3.8)	Number of index children at target age that score above the cut off on the target age ASQ- SE	0.0	0.0			
C24 (3.9)	Number of enrolled index children that score above the cut off for the Gross Motor section of the ASQ3 at target age	0.0	0.0			
D27 (4.1)	Number of enrolled index mothers who are screened for Domestic Violence within 6 months post enrollment	0.0	0.0			
D28 (4.2)	Number of enrolled index mothers who received a referral to domestic violence services	0.0	0.0			

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D29 (4.3)	Number of enrolled index mothers who completed a safety plan	0.0	0.0			
E30 (5.1)	Average income for adult enrolled index participants one year post enrollment					Although this activity is not reported monthly it has been included as a reminder of this reporting requirement.
E31 (5.2)	Total number of monthly paid hours plus unpaid hours devoted to infant child care (30 hours max) by all adult enrolled index participant members of the household	0.0	0.0		DOH - Multiply by 12	
E32a (5.3)	Number of hours per month spent by adult enrolled index participants in education programs	0.0	0.0		DOH - Multiply by 12	
E32b (5.4)	Number of mothers with health insurance plus the number of index children with health insurance.	0.0	0.0			
F33 (6.1)	Number of enrolled families screened for necessary services	0.0	0.0			
F34 (6.2)	Number of enrolled families screened for necessary services and received a referral	0.0	0.0			
F35 (6.3)	The number of documented MOUs or other formal agreements	0.0	0.0			
F36 (6.4)	The total number of collaborating community agencies with which the home visiting implementing agencies has a clear point of contact	0.0	0.0			
F37 (6.5)	Total enrolled families that were screened and received a referral for whom receipt of services was confirmed	0.0	0.0			
G1	Number of children who have a medical home	0.0	0.0			
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	Model Specific Outputs					
H1						
H2						
H3						
H4						
H5						

**Program:**    **Service Area:**

January 1900

**Provide the total number of families that have not completed a home visit:**

Over 45, less than 90 days

Over 90 days

**Provide the total number of families that live outside geographic catchment area:**

Caseload

Caseload

Max (filled  
positions)

+

(unfilled  
positions)

=

Caseload Capacity

Actual

Caseload

0

0

0

0

Utilization %

**If Utilization is less than 85%, list challenges that contributed to not maximizing caseload capacity and your plan to overcome those challenges and meet your caseload goal for the reporting period.**