

# HFI Evaluation Plan 2022

Goal 1. Promote safe environments for children and families				
Activities	Process Measures	Process Measure Data Sources	Outcome Measures	Outcome Measure Data Sources
1.A. Provide safety topic information	1.A. The % of families receiving required safety topic information at intake and 6 months.	Extracted from Enlite quarterly. Reported by site and overall for the cumulative year-to-date.	1.A.1. The % of served families who exhibit activities that require an Incident Report (for IPV, CAN, ER, UC and Homicidal Threat) will be decreased or maintained over time.	Extracted from Enlite after Q2 and Q4. *Reported for safe sleep practices overall as well as individual safe sleep behaviors.
			1.A.2. The % of served families who practice safe sleep behaviors will increase over time.	
1.B. QA Standard 6.4-C: Proactive and responsive health and safety information	1.B. The % of sites meeting standard 6.4-C, as reported by the QA Team.  *NOTE: This standard is has not been included in the QA Plan for 2022 but possible for 2023.	Reported by the QA Team quarterly (as available). Reported in aggregated for the cumulative year-to-date.	1.B.2. The % of families initially identified in Area of Concern for HFPI <b>Home Environment</b> who subsequently increase their score such that they are no longer in the Area of Concern will be increased or maintained over time.	Extracted from Enlite after Q2 and Q4.

## Goal 2. Cultivate and strengthen nurturing parent-child relationships

Activities	Process Measures	Process Measure Data Sources	Outcome Measures	Outcome Measure Data Sources
<p><b>2.A.</b> QA Standard 6.3-B: CHEERS used to assess parent child interaction</p>	<p><b>2.A.</b> The % of sites meeting standard 6.3-B, as reported by the QA Team.</p>	<p>Reported by the QA Team quarterly (as available). Reported in aggregated for the cumulative year-to-date.</p>	<p><b>2.A.1.</b> The % of families initially identified in Area of Concern for HFPI <b>Parent/Child Behavior</b> who subsequently increase their score such that they are no longer in the Area of Concern will be increased or maintained over time.</p>	<p>Extracted from Enlite after Q2 and Q4.</p>
<p><b>2.B.</b> QA Standard 6.3-C: Concerning parent child interaction addressed and positive parent child interaction promoted</p>	<p><b>2.B.</b> The % of sites meeting standard 6.3-C, as reported by the QA Team.</p>		<p><b>2.B.1.</b> The % of families initially identified in Area of Concern for HFPI <b>Parenting Efficacy</b> and <b>Role Satisfaction</b> who subsequently increase their score such that they are no longer in the Area of Concern will be increased or maintained over time.</p>	
<p><b>2.C.</b> QA Standard 6.3-D: CHEERS Check-in</p>	<p><b>2.C.</b> The % of sites meeting standard 6.3-D, as reported by the QA Team.</p>		<p><b>2.C.1.</b> Families with an average score of 4 or below at their initial CCI (i.e., within 3 months) will improve their scores on the subsequent administration of the CCI.</p>	
<p><b>2.D.</b> QA Standard 6.3-E: Supervisors support staff in assessing, addressing, promoting parent child interaction</p>	<p><b>2.D.</b> The % of sites meeting standard 6.3-E, as reported by the QA Team.</p>		<p>*This analysis will be presented for the CCI overall as well as each of the six domains individually.</p>	

### Goal 3. Promote healthy childhood growth and development

Activities	Process Measures	Process Measure Data Sources	Outcome Measures	Outcome Measure Data Sources
<p><b>3.A.</b> QA Standard 7.2-B and 7.2-C: Immunization rates measured for children</p>	<p><b>3.A.</b> The % of sites meeting standard 7.2-B, as reported by the QA Team.</p> <p>*NOTE: This standard is has not been included in the QA Plan for 2022; however, statewide reports are available in Enlite.</p>	<p>Reported by the QA Team quarterly (as available). Reported in aggregated for the cumulative year-to-date.</p>	<p><b>3.A.1.</b> The % of children at least 8 months of age but not yet 12 months of age who are up to date with all scheduled immunizations through 6 months of age will increase or be maintained.</p> <p><b>3.A.2.</b> The % of children at least 12 months of age but not yet 24 months of age, who are up to date with all scheduled immunizations through 6 months of age will increase or be maintained.</p> <p><b>3.A.3.</b> The % of children at least 24 months of age, who are up to date with all scheduled immunizations through 18 months of age will increase or be maintained.</p>	<p>Extracted from Enlite after Q2 and Q4. *Exclusions for chronic health problems, religion or other beliefs must be documented.</p>
<p><b>3.B.</b> QA Standard 7.1-C and 7.3-B: Referrals to potential medical homes, etc.</p>	<p><b>3.B.a.</b> Number and Percent of Target Children with a Medical Home</p> <p><b>3.B.b.</b> Number and Percent of Families with a Medical Home</p>	<p>Extracted from Enlite quarterly. Reported by site and overall for the cumulative year-to-date.</p>	<p><b>3.B.1.</b> The number of child well visits over the prior 12 months will increase or be maintained.</p> <p><b>3.B.2.</b> The % of female adult participants who received a well woman, post-partum or pre-natal exam in the prior 12 months will increase or be maintained.</p>	<p>Extracted from Enlite after Q2 and Q4.</p>
<p><b>3.C.</b> ASQ-3 (QA Standard 6.5-B)</p>	<p><b>3.C.</b> The % of children who have the required ASQ-3 completed at each time point.</p>		<p><b>3.C.2.</b> % of referrals made out of cases with a suspected delay that have first step assessment will increase.</p>	
<p><b>3.D.</b> ASQ-SE (QA Standard 6.5-C)</p>	<p><b>3.D.</b> The % of children who have the required ASQ-SE completed at each time point.</p>		<p><b>3.D.1.</b> % of cases with a referral based on ASQ that have documented interventions (ASQ activities) will increase.</p>	<p>Extracted from Enlite after Q2 and Q4.</p>

## Goal 4. Enhance family functioning by reducing risk and building protective factors

Activities	Process Measures	Process Measure Data Sources	Outcome Measures	Outcome Measure Data Sources
4.A. EPDS (QA Standard 7.4-B and 7.4-C)	4.A. The % of perinatal families screened for depression at the scheduled times.	Extracted from Enlite quarterly. Reported by site and overall for the cumulative year-to-date.	4.A.1. % of referrals made based on the depression screening that have follow-up assessment or appointment will increase.	Extracted from Enlite after Q2 and Q4.
			4.A.2. % of cases of elevated EPDS with a safety/wellness plan created or reviewed.	
4.B. IPV Screening	4.B. The % of families who are assessed using the Parent Survey who are given an initial Interpersonal Violence Screen.		4.B.1. % of referrals made based on the IPV screening that have follow-up assessment or appointment will increase.	
			4.B.2. % of positive IPV screens with a safety/wellness plan created or reviewed (pending decisions related to how this information is captured in Enlite).	
4.C. QA Standard 6.1-B and 6.1-C: Identification of risk factors through the FROG and over time	4.C. The % of sites meeting standard 6.1-B and 6.1-C, as reported by the QA Team.	Reported by the QA Team quarterly (as available). Reported in aggregated for the cumulative year-to-date.	4.C.1. The % of families initially identified in Area of Concern for HFPI <b>Social Support, Mobilizing Resources and Problem Solving</b> who subsequently increase their score such that they are no longer in the Area of Concern will be increased or maintained over time.	

### **Additional inquiries discussed for 2022**

The Evaluation Workgroup is interested in exploring the impact of home visit mode—namely, whether home visits occur virtually or in-person. As virtual home visiting has increased in recent years, it will be important to understand its impact on home visitor retention, family retention, and many of the outcomes included above.

Additionally, discussions are underway around assessing the extent to which risk factors (identified through the FROG and included in service plans) have been addressed by the end of the reporting period. Given looming questions about how the pertinent data elements for this inquiry are collected and stored, this analysis is expected to be tabled until 2023 at least.