



**TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH      DATE: 4/28/2014**

**RE: *Approval of Amendment to Interlocal Contract Between Nevada Division of Public and Behavioral Health and Southern Nevada Health District***

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**PETITION #8-14**

**That the Southern Nevada District Board of Health approve the attached Interlocal Contract between Nevada Division of Public and Behavioral Health and Southern Nevada Health District. This contract is for the project period July 8, 2014 to June 30, 2015. This contract increases the overall amount of payment from \$625.00 per family or enrollee per month enrolled in Nurse-Family Partnership to \$646.00. This contract establishes the amount of funding available to the district at \$387,713.**

**PETITIONERS:**

*Mur*  
**Margarita L. DeSantos, Community Health Nurse Manager**  
**Bonnie Sorenson, Director of Clinics/Nursing Services** *BS*  
**Andrew Glass, Director of Administration** *AG*  
**Joseph Iser, M.D., Chief Health Officer** *JIS*

**DISCUSSION:**

The evidence-based home visiting program, Nurse-Family Partnership Program, provides services for at-risk first time mothers and their children. The NFP Program promotes maternal, infant and early childhood health, safety, and development and strong parent-child relationships. Nurses conduct home visits to help women access regular prenatal care; follow healthy diets; and avoid smoking, drinking alcohol and abusing drugs. Each nurse home visitor carries an active caseload of 25 families.

Behaviors such as smoking, drinking alcohol and abusing drugs are harmful to a developing fetus.

After the birth of the child, the nurses monitor the infant's growth and development and work with the mother to develop parenting skills, including education on expected infant behaviors based on their developmental age. Helping women set goals for their lives and planning for their families' economic self-sufficiency are major focuses of the program.

The budget period is for July 8, 2014 to June 30, 2015.

### **FUNDING:**

The funding for this contract of \$387,713 was made available to the Southern Nevada Health District from the Nevada Division of Public and Behavioral Health through a contract with funds they obtained from the U.S. Department of Health and Human Services. This funding has been covering the following for two nurse home visitors: salaries and fringe benefits; Nurse-Family Partnership Program required training and educational materials; program/medical/office supplies; computers; copying costs for program handouts and facilitators; mileage; cell phones and cell phone usage fees. The funding has also covered 30% of an Administrative Assistant's time for data entry and clerical support, and District indirect costs.

The contract increases the overall amount of payment from \$625.00 per family or enrollee per month enrolled in Nurse-Family Partnership to \$646.00. In other words, payments to Southern Nevada Health District will be remitted at \$646.00 per family or enrollee per month. Monthly payments will be capped at \$32,309.00 to account for 50 families or enrollees receiving home visiting services from the two nurse home visitors.

## INTRASTATE INTERLOCAL CONTRACT BETWEEN PUBLIC AGENCIES

A Contract Between the State of Nevada  
Acting By and Through Its  
Department of Health and Human Services  
Division of Public and Behavioral Health  
**Nevada Home Visiting**  
4150 Technology Way, Ste 210  
Carson City, NV  
Ph: (775) 684-4273 • Fax: (775) 684-5998

and

**Southern Nevada Health District**  
330 Valley View Blvd  
Las Vegas, NV 89107  
Andrew Glass  
Ph: (702) 759-1649 • Fax: (702) 759-1478

WHEREAS, NRS 277.180 authorizes any one or more public agencies to contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of the public agencies entering into the contract is authorized by law to perform; and

WHEREAS, it is deemed that the services hereinafter set forth are both necessary and in the best interests of the State of Nevada;

NOW, THEREFORE, in consideration of the aforesaid premises, the parties mutually agree as follows:

1. **REQUIRED APPROVAL.** This Contract shall not become effective until and unless approved by appropriate official action of the governing body of each party.
2. **DEFINITIONS.** "State" means the State of Nevada and any state agency identified herein, its officers, employees and immune contractors as defined in NRS 41.0307.
3. **CONTRACT TERM.** This Contract shall be effective **July 8, 2014 to June 30, 2015**, unless sooner terminated by either party as set forth in this Contract.
4. **TERMINATION.** This Contract may be terminated by either party prior to the date set forth in paragraph (3), provided that a termination shall not be effective until 30 days after a party has served written notice upon the other party. This Contract may be terminated by mutual consent of both parties or unilaterally by either party without cause. The parties expressly agree that this Contract shall be terminated immediately if for any reason State and/or federal funding ability to satisfy this Contract is withdrawn, limited, or impaired.
5. **NOTICE.** All notices or other communications required or permitted to be given under this Contract shall be in writing and shall be deemed to have been duly given if delivered personally in hand, by telephonic facsimile with simultaneous regular mail, or mailed certified mail, return receipt requested, postage prepaid on the date posted, and addressed to the other party at the address set forth above.

6. INCORPORATED DOCUMENTS. The parties agree that the services to be performed shall be specifically described; this Contract incorporates the following attachments in descending order of constructive precedence:

ATTACHMENT AA: SCOPE OF WORK

7. CONSIDERATION. **Southern Nevada Health District** agrees to provide the services set forth in paragraph (6) at a cost of **\$32,309 per month** with total Contract not to exceed **\$387,713**. Any intervening end to an annual or biennial appropriation period shall be deemed an automatic renewal (not changing the overall Contract term) or a termination as the results of legislative appropriation may require.

8. ASSENT. The parties agree that the terms and conditions listed on incorporated attachments of this Contract are also specifically a part of this Contract and are limited only by their respective order of precedence and any limitations expressly provided.

9. INSPECTION & AUDIT.

a. Books and Records. Each party agrees to keep and maintain under general accepted accounting principles full, true and complete records, agreements, books, and documents as are necessary to fully disclose to the other party, the State or United States Government, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with any applicable regulations and statutes.

b. Inspection & Audit. Each party agrees that the relevant books, records (written, electronic, computer related or otherwise), including but not limited to relevant accounting procedures and practices of the party, financial statements and supporting documentation, and documentation related to the work product shall be subject, at any reasonable time, to inspection, examination, review, audit, and copying at any office or location where such records may be found, with or without notice by the other party, the State Auditor, Employment Security, the Department of Administration, Budget Division, the Nevada State Attorney General's Office or its Fraud Control Units, the State Legislative Auditor, and with regard to any federal funding, the relevant federal agency, the Comptroller General, the General Accounting Office, the Office of the Inspector General, or any of their authorized representatives.

c. Period of Retention. All books, records, reports, and statements relevant to this Contract must be retained by each party for a minimum of three years and for five years if any federal funds are used in this Contract. The retention period runs from the date of termination of this Contract. Retention time shall be extended when an audit is scheduled or in progress for a period reasonably necessary to complete an audit and/or to complete any administrative and judicial litigation which may ensue.

10. BREACH; REMEDIES. Failure of either party to perform any obligation of this Contract shall be deemed a breach. Except as otherwise provided for by law or this Contract, the rights and remedies of the parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing party reasonable attorneys' fees and costs.

11. LIMITED LIABILITY. The parties will not waive and intend to assert available NRS chapter 41 liability limitations in all cases. Contract liability of both parties shall not be subject to punitive damages. To the extent applicable, actual contract damages for any breach shall be limited by NRS 353.260 and NRS 354.626.

12. FORCE MAJEURE. Neither party shall be deemed to be in violation of this Contract if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Contract after the intervening cause ceases.

13. INDEMNIFICATION. Neither party waives any right or defense to indemnification that may exist in law or equity.



14. INDEPENDENT PUBLIC AGENCIES. The parties are associated with each other only for the purposes and to the extent set forth in this Contract, and in respect to performance of services pursuant to this Contract, each party is and shall be a public agency separate and distinct from the other party and, subject only to the terms of this Contract, shall have the sole right to supervise, manage, operate, control, and direct performance of the details incident to its duties under this Contract. Nothing contained in this Contract shall be deemed or construed to create a partnership or joint venture, to create relationships of an employer-employee or principal-agent, or to otherwise create any liability for one agency whatsoever with respect to the indebtedness, liabilities, and obligations of the other agency or any other party.

15. WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Contract or its material or nonmaterial terms by either party shall not operate as a waiver by such party of any of its rights or remedies as to any other breach.

16. SEVERABILITY. If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the nonenforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.

17. ASSIGNMENT. Neither party shall assign, transfer or delegate any rights, obligations or duties under this Contract without the prior written consent of the other party.

18. OWNERSHIP OF PROPRIETARY INFORMATION. Unless otherwise provided by law or this Contract, any reports, histories, studies, tests, manuals, instructions, photographs, negatives, blue prints, plans, maps, data, system designs, computer code (which is intended to be consideration under this Contract), or any other documents or drawings, prepared or in the course of preparation by either party in performance of its obligations under this Contract shall be the joint property of both parties.

19. PUBLIC RECORDS. Pursuant to NRS 239.010, information or documents may be open to public inspection and copying. The parties will have the duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.

20. CONFIDENTIALITY. Each party shall keep confidential all information, in whatever form, produced, prepared, observed or received by that party to the extent that such information is confidential by law or otherwise required by this Contract.

21. PROPER AUTHORITY. The parties hereto represent and warrant that the person executing this Contract on behalf of each party has full power and authority to enter into this Contract and that the parties are authorized by law to perform the services set forth in paragraph (6).

22. GOVERNING LAW; JURISDICTION. This Contract and the rights and obligations of the parties hereto shall be governed by, and construed according to, the laws of the State of Nevada. The parties consent to the jurisdiction of the Nevada district courts for enforcement of this Contract.

23. ENTIRE AGREEMENT AND MODIFICATION. This Contract and its integrated attachment(s) constitute the entire agreement of the parties and such are intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Unless an integrated attachment to this Contract specifically displays a mutual intent to amend a particular part of this Contract, general conflicts in language between any such attachment and this Contract shall be construed consistent with the terms of this Contract. Unless otherwise expressly authorized by the terms of this Contract, no modification or amendment to this Contract shall be binding upon the parties unless the same is in writing and signed by the respective parties hereto, approved by the State of Nevada Office of the Attorney General.



## CONTRACT

**BETWEEN: NEVADA DIVISION OF PUBLIC & BEHAVIORAL HEALTH**

**AND**

**SOUTHERN NEVADA HEALTH DISTRICT – NURSE FAMILY PARTNERSHIP PROGRAM**

### **ATTACHMENT AA: SCOPE OF WORK**

Description of services, deliverables, and reimbursement

The purpose of this contract is to expand evidence-based home visiting services in the state's at-risk communities.

“Home visiting is defined as an evidence-based program, implemented in response to findings from a needs assessment, that includes home visiting as a primary service delivery strategy, and is offered on a voluntary basis to pregnant women or children birth to age 5 targeting the participant outcomes in the legislation which include improved maternal and child health, prevention of child injuries, child abuse, or maltreatment, and reduction of emergency department visits, improvement in school readiness and achievement, reduction in crime or domestic violence, improvements in family economic self-sufficiency, and improvements in the coordination and referrals for other community resources and supports.” *(Source: HRSA/ACF Funding Opportunity Announcement, 7-1-10, page 7)*

For this contract, the term enrollee or primary enrollee is defined as *the person who is enrolled with the home visiting agency and will be receiving the majority of the home visiting services.*

#### **Nurse Family Partnership Model Overview**

The Nurse-Family Partnership (NFP) is designed for first-time, low-income mothers and their children. It includes one-on-one home visits by a trained public health registered nurse to participating clients. The visits begin early in the woman's pregnancy (with program enrollment no later than the 28th week of gestation) and conclude when the woman's child turns 2 years old. During visits, nurses work to reinforce maternal behaviors that are consistent with program goals and that encourage positive behaviors and accomplishments. Topics of the visits include prenatal care; caring for an infant; and encouraging the emotional, physical, and cognitive development of young children.

NFP requires a client to be enrolled in the program early in her pregnancy and to receive a first home visit no later than the end of the woman's 28th week of pregnancy. Services are available until the child is 2 years old.

Before a contract is offered to a prospective implementing agency, program development staff from the Nurse Family Partnership National Service Office (NFP NSO) engage in a formal due diligence process with the prospective implementing agency. During this process the agency: (1) demonstrates a community need for NFP services and a plan to coordinate with any other home visitation programs serving low-income families; (2) provides NSO with the number of low-income, first-time births in the catchment area per year; (3) identifies a plan for the sound financing of the program; (4) articulates its experience with innovative programs; (5) demonstrates community support for NFP or the potential of that support; (6) identifies its ability to coordinate with existing health and human services programs; (7) demonstrates the ability to establish a highly effective referral procedure, ensuring an adequate number of voluntary enrollments in the program; and (8) demonstrates the ability to recruit and retain qualified registered nurses.

NFP nurses conduct weekly home visits for the first month after enrollment and then every other week until the baby is born. Visits are weekly for the first six weeks after the baby is born, and then every other week until the baby is 20 months. The last four visits are monthly until the child is 2 years old. Home visits typically last 60 to 75 minutes. The visit schedule may be adjusted to meet client needs.

NFP NSO recommends that programs begin conducting visits early in the second trimester (14–16 weeks gestation) and requires programs to begin visits by the end of the 28th week of pregnancy. Clients graduate from the program when the child turns 2 years old.

NFP NSO requires nurse home visitors to follow visit-by-visit guidelines; they are instructed to adapt these guidelines to meet the individual needs of families.

Four staffing components must be in place at implementing agencies: (1) nurse home visitors who conduct home visits with families, (2) nursing supervisors who supervise nurse home visitors, (3) an administrative assistant who manages data entry and other administrative tasks, and (4) other administrative staff that agencies deem necessary to ensure NFP is implemented as designed and with fidelity to the NFP model.

NFP NSO requires that nurse home visitors and nursing supervisors are registered professional nurses with a minimum of a Baccalaureate degree in nursing. NFP NSO prefers that supervisors have a master’s-level degree in nursing. The program also requires nurse home visitors, nursing supervisors, nurse consultants, site administrators, program managers, and state leaders to complete a series of introductory education sessions offered by NFP NSO.

The Bureau of Child, Family, and Community Wellness, NDPBH is partnering with Southern Nevada Health District (SNHD) to facilitate effective coordination and delivery of the Nurse Family Partnership (NFP) Program.

Southern Nevada Health District (SNHD), hereinafter referred to as Contractor, agrees to provide the following services and reports according to identified timeframes. The project period for this funding is from July 8, 2014 to June 30, 2015.

**Reporting Requirements:**

Contractor will submit monthly program reports, indicating contractor and enrollee activities and assessments. Required assessments and instruction completed with each family must be reported when collected, unless included with monthly reports. Files on each enrollee, including assessments and forms, will be kept on site by the contractor. NDPBH staff will request a random selection of 25% of enrollee files to review ensuring the assessments and forms are completed during each home visit. Home visiting programs receiving funds through the NDPBH must participate in collecting and reporting all required data following procedures outlined by the NDPBH.

**Enrollee Volume and Frequency Requirements:**

The NDPBH will fund SNHD to add and maintain an active enrollment of 50 families using the Nurse Family Partnership model. This approved home visiting model includes weekly, every other week, or monthly home visits depending upon the stage of the enrollee in the program.

**Use of Contract Funds**

Contractor agrees that if funds are expended over and above those provided through this contract to serve the specified 50 active enrollees, those funds must be reported, in detail, to the NDPBH. This may include funds used for labor, supplies, equipment, travel, indirect expenses, etc.

1. Goal: Increase the number of pregnant women/families/children served from identified at-risk communities.			
Objective	Activities	Due Date	Documentation
Enroll and maintain 50 new enrollees in the Nurse Family Partnership Program.	1. Enroll and Maintain 50 enrollees.  2. Initial and subsequent enrollees covered by these funds will reside in one of the following zip codes. Zip Codes: 89030, 89101, 89102, 89103, 89104, 89106, 89109, 89115, 89169. See Addendum 1 (Las Vegas Zip Codes) to Attachment AA.	Sixty (60) days from date of contract signing.	Weekly Report of Caseload via email.

	<p>3. Enrollee vacancies will be filled within thirty days.</p> <p>4. Staff vacancies will be filled within one hundred and twenty (120) days. During staff vacancies, enrollees must continue to be visited according to standard operating procedures, as defined by the SNHD NFP Program.</p> <p>5. Work with partners and stakeholders to market the SNHD - NFP Program to increase community awareness.</p> <p>6. New nurse home visitors will have their own complement of expectant moms/families and are actively working toward a full complement of 25 enrollees per nurse.</p>	Report as Vacancies occur	Email to NHV upon vacancy occurrence and when position is filled.
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<b>2. Goal: Maintain fidelity to the Nurse Family Partnership home visiting model.</b>			
<b>Objective</b>	<b>Activities</b>	<b>Due Date</b>	<b>Documentation</b>
Contractor will provide the Nevada Division of Public & Behavioral Health a copy of all NFP National Office required reports.	Contractor will electronically send a copy of the NFP National Service Office required reports.	Copy of reports will be requested on an as needed basis.	Copy of reports.
2. The NDPBH will conduct a minimum of three site visits within specified grant period.	<p>1. Site visits will entail:</p> <ul style="list-style-type: none"> <li>- instruction and training of home visiting personnel</li> <li>- review of enrollee documentation</li> <li>- accompany home visitor on home visits</li> </ul> <p>2. Additional site visits may occur at the discretion of NDPBH, HRSA, NFP NSO, and/or the request of the contractor.</p>	The initial site visit will occur within the first three months following contract signing. Subsequent site visits will occur within the contract period.	Site visit will be documented by the NDPBH.
3. Contractor will participate in continuous quality improvement (CQI) processes facilitated by the NDPBH.	<p>Complete and submit required questionnaires, surveys and data collection.</p> <p>Participate in the CQI processes by:</p> <ul style="list-style-type: none"> <li>- Providing a minimum of one staff to be a member of the Nevada Home Visiting CQI team.</li> <li>- Allow NDPBH and CQI contractor access to enrollee records.</li> </ul>	No due date. CQI processes are ongoing throughout the course of the contract period.	<p>Receipt of requested questionnaires, surveys, and data.</p> <p>CQI team meeting minutes and site visit documentation.</p>

3. Goal: Provide effective delivery of materials and instructions to include the focus areas: maternal and newborn health, child injuries, maltreatment, and emergency department usage; school readiness and achievement; domestic violence; and family economic self-sufficiency, while providing for the coordination and referrals to other community resources and supports.

Objective	Activities	Due Date	Documentation
<p>Contractor will collect and submit all federally mandated benchmark and construct data to the NDPBH. See Addenda 2 and 3 of Attachment AA.</p>	<p>1. Contractor will collect all required benchmark data as specified in Addendum 2 (Benchmarks &amp; Constructs) of attachment AA. This data will be collected by home visitor use of the collection forms in addendum 3 (Home Visiting Data Collection Forms) of Attachment AA and/or online benchmark collection database.</p> <p>2. All State required data will be submitted per the data collection forms or the online benchmark collection database. Data and forms will be submitted by approved secure methods.</p> <p>3. Enrollee's online data is accurate and up-to-date by the 15th of each month for the previous month. (When online database is available)</p>	<p>Data reported due by the 15<sup>th</sup> of the month for the previous month.</p>	<p>Receipt of required data. Either data collection forms or data entered into online database.</p>

**Contractor Assurances:**

- Individual family/client assessments will be conducted of all enrollees and services will be provided in accordance with those individual enrollee assessments.
- Contractor will ensure that priority will be given to serve eligible participants who:
  - Have low income
  - Are pregnant women who have not attained age 21
  - Have a history of child abuse or neglect or have had interactions with child welfare services
  - Have a history of substance abuse or need substance abuse treatment
  - Are users of tobacco products in the home
  - Have, or have had children with low student achievement
  - Have children with developmental delays or disabilities
  - Are in families that include individuals who are serving or have formerly served in the armed forces, including such families that have members of the armed forces who have had multiple deployments outside the United States.
- Contractor will provide culturally and linguistically competent services to targeted communities through appropriate training of home visiting staff.
- Contractor will list their agency's services with the Nevada 211 system.
- Contractor will ensure that services will be provided on a voluntary basis.



- Contractor will report any known occurrences in which the child of an enrollee is diagnosed with a disorder as defined by the Nevada Newborn Screening Program’s list of screened disorders. See addendum 4 (Newborn Screening Disorders) to attachment AA.
- Identify the source of funding on all printed documents purchased or produced within the scope of this contract, using a statement similar to: “This publication (journal, article, etc.) was supported by the Nevada Division of Public & Behavioral Health through Grant Number X02MC23117 from the Health Resources and Services Administration. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Nevada Division of Public & Behavioral Health nor the Health Resources and Services Administration.”

**Fund Payment Procedures**

Payment procedures for contract will be as follows:

- Requests for payment will be submitted on a monthly basis by the 15<sup>th</sup> day of the month for the previous month.
- Monthly payments will be remitted for home visiting at the rate of \$646 per family per month, not to exceed \$32,309 per month.
- See Budget Addendum 5 of Attachment AA

**The Nevada Division of Public & Behavioral Health agrees:**

- To provide training on Nevada Home Visiting applicable policies and procedures, continuous quality improvement plan, and reporting requirements, and use of the Nevada Home Visiting online database.
- To provide technical assistance, upon request from Contractor or if deemed necessary by the Nevada Home Visiting Program, HRSA, or NFP NSO.
- Processing of payments will be made monthly, within thirty business days of receipt of properly submitted Monthly Report.
- The NDPBH reserves the right to withhold payment under this contract until any delinquent forms, reports, and/or other deliverables are submitted and accepted.
- To provide children’s books to contractor for active enrolled children.
- To provide and set up a secure data transfer procedure for the transfer of data between Contractor and NDPBH.

**Both parties agree:**

The site visit/monitoring schedule will be at least thrice during the budget period and may be expanded if deemed necessary by the NDPBH or requested by the Contractor. Site visits may include, but are not limited to, the following: review of enrollee records, review of protocols, meetings with home visitors and administrative staff, accompanying home visitors to families’ homes, review of outcome/benchmark data and data systems.

The Contractor will, in the performance of the Scope of Work specified in this contract, perform functions and/or activities that involve the use and/or disclosure of Protected Health Information (PHI); therefore, the Contractor is considered a Business Associate of the Nevada Division of Public & Behavioral Health.

- Both parties agree that no work related to this contract may begin until a Business Associate Agreement has been signed and placed on file with the Nevada Division of Public & Behavioral Health's Administration Office.
- This contract may be extended up to a total term of four years upon agreement of both parties and funding availability.

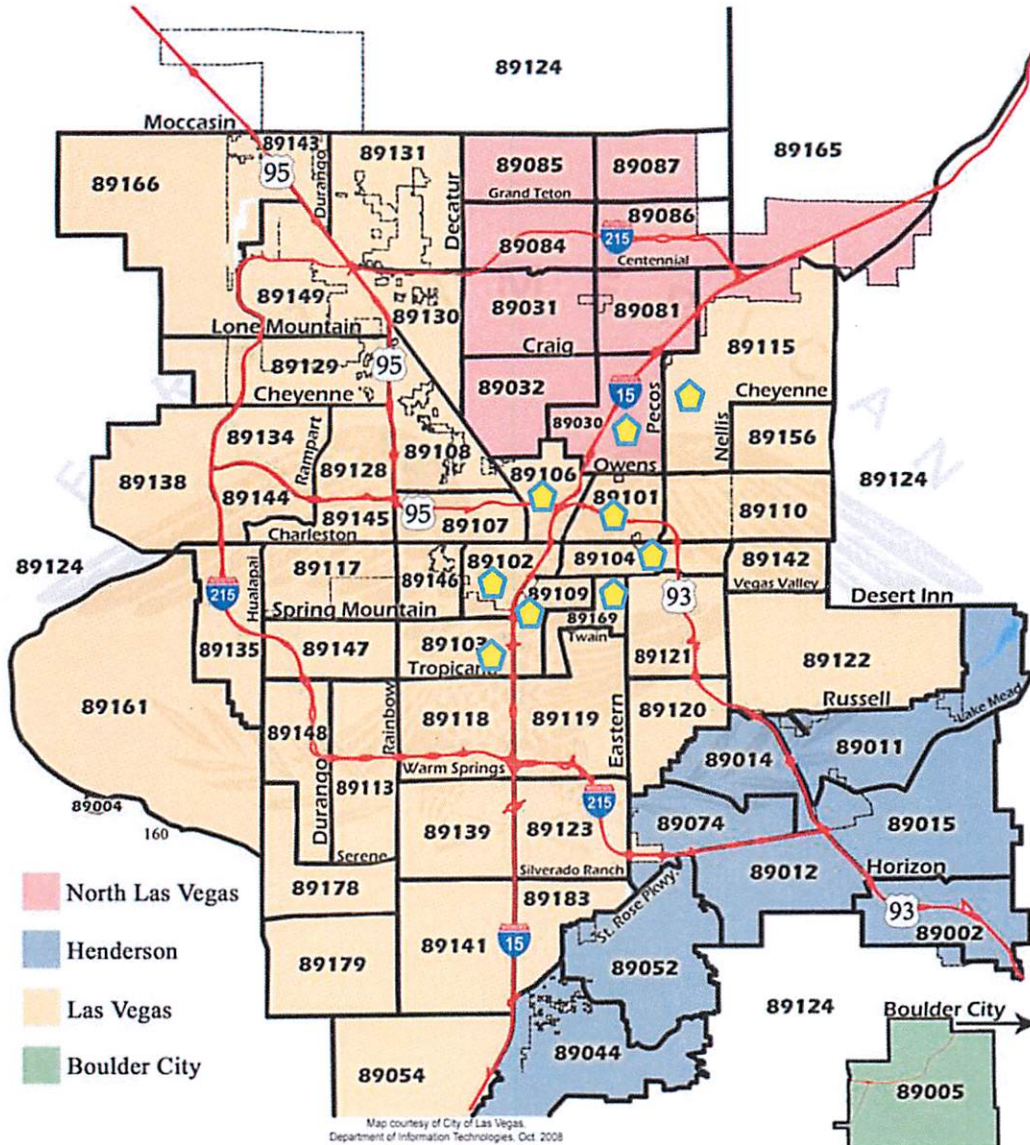
Addendum I to Attachment AA

Las Vegas, Nevada

Home Visiting Needs Assessment – Identified Zip Codes



89030      89101      89102      89103      89104  
 89106      89109      89115      89169



## Addendum 2 to Attachment AA

### Nevada Home Visiting – Benchmarks and Constructs

Federally mandated benchmarks and associated constructs are listed in a table format with required benchmark plan operational and performance elements as specified by DOHVE Benchmark Technical Assistance Brief.

Benchmark 1: Improved Maternal and Newborn Health	
Construct	<i>i. Prenatal care</i>
Performance Measure	Percentage of women who were pregnant at enrollment who reported receiving their first prenatal care visit within six weeks post-enrollment.
Operational Definition	<i>Target population:</i> Women who were pregnant at enrollment
	<i>Type:</i> Outcome
	<i>Numerator:</i> Number of women who were pregnant at enrollment who reported receiving their first prenatal care visit within six weeks post-enrollment.
	<i>Denominator:</i> Total number of women who were pregnant at enrollment and had not received prenatal care.
Definition of Improvement and Calculation	<p><i>Definition of improvement:</i> Increase or maintain* the percentage of women who were pregnant at enrollment who reported receiving their first prenatal care visit within six weeks post-enrollment in year 2 as compared to the percentage of women who were pregnant at enrollment who reported receiving their first prenatal care visit within six weeks post-enrollment in year 1.</p> <p><i>Calculation:</i> (Number of pregnant women who reported receiving their first prenatal care visit within six weeks post-enrollment in year 2 divided by the total number of women who were pregnant and had not yet received prenatal care at enrollment in year 2) compared to (number of pregnant women who reported receiving their first prenatal care visit within six weeks post-enrollment in year 1 divided by the total number of women who were pregnant and had not yet received prenatal care at enrollment in year 1)</p>
Data Source	Data will be collected from the home visitor’s records.
Measurement Tool	Question: “Did you receive prenatal care before joining this program? If no, did you receive prenatal care within six weeks of joining the program?”
Reliability/Validity	N/A
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> At enrollment and at six weeks post-enrollment as needed**.
	<p><i>Data analysis schedule:</i> Cross-Sectional Comparison between the target population who were in the program between January 1, 2013 to September 30, 2013 compared to those who were in the program between October 1, 2013 to September 30, 2014.</p> <p>Baseline Period: January 1, 2013 to September 30, 2013</p> <p>Comparison Period: October 1, 2013 to September 30, 2014</p>
Comments or Anticipated Challenges	<p>Data will only be analyzed for the target population who were enrolled for at least 6 weeks.</p> <p>*Or maintain only applies at or above 90%.</p> <p>**Women who reported having already received prenatal care at enrollment will not be questioned at 6 weeks post-enrollment.</p>

Addendum 2 to Attachment AA  
Nevada Home Visiting – Benchmarks and Constructs

Benchmark I: Improved Maternal and Newborn Health	
<b>Construct</b>	<i>ii. Parental use of alcohol, tobacco, or illicit drugs</i>
Performance Measure	Average amount of alcohol consumption per primary enrollee.
Operational definition	<i>Target population:</i> Primary enrollees
	<i>Type:</i> Outcome
	<i>Numerator:</i> Total number of days that primary enrollees reported using alcohol.
	<i>Denominator:</i> Total number of assessments given to primary enrollees.
Definition of improvement and calculation	<i>Definition of improvement:</i> Decrease the average number of days that alcohol was used per assessment given in year 2 as compared to the average number of days that alcohol was used per assessment given in year 1.
	<i>Calculation:</i> (Number of days that primary enrollees reported using alcohol in year 2 divided by the total # of assessments given in year 2) compared to (number of days that primary enrollees reported using alcohol in year 1 divided by the total # of assessments given in year 1)
Data source	Data will be collected from the home visitor's records.
Measurement tool	Question: "Over the past fourteen days, on how many different days did you use alcohol?" Follow-up Question: "Over the past fourteen days, when you used alcohol, how many drinks did you usually have per day?" Source: Health Habits Form (NFP)
Reliability/Validity	N/A
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> Quarterly
	<i>Data analysis schedule:</i> Cross-Sectional Comparison between the target population who were in the program between January 1, 2013 to September 30, 2013 compared to those who were in the program between October 1, 2013 to September 30, 2014. Baseline Period: January 1, 2013 to September 30, 2013 Comparison Period: October 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	Data will only be analyzed for the target population who were enrolled for at least 6 months.

Addendum 2 to Attachment AA  
Nevada Home Visiting – Benchmarks and Constructs

Benchmark I: Improved Maternal and Newborn Health	
<b>Construct</b>	<i>iii. Preconception care</i>
Performance Measure	Percentage of enrolled mothers and pregnant women who are taking folic acid supplements, prenatal vitamins, or multivitamins, or using birth control
Operational definition	<i>Target population:</i> Enrolled mothers and pregnant women
	<i>Type:</i> Outcome
	<i>Numerator:</i> Number of times enrolled mothers and pregnant women reported taking folic acid supplements, prenatal vitamins, or multivitamins or using birth control regularly. <i>Denominator:</i> Total number of assessments given about preconception care.
Definition of improvement and calculation	<i>Definition of improvement:</i> Increase the percentage of preconception care assessments that were answered positively* in year 2 as compared to the percentage of preconception care assessments that were answered positively in year 1.  <i>Calculation:</i> (Number of preconception care assessments that were answered positively in year 2 divided by the total number of preconception care assessments given in year 2) compared to (number of preconception care assessments that were answered positively in year 1 divided by the total number of preconception care assessments given in year 1)
Data source	Data will be collected during a home visit questionnaire.
Measurement tool	Question: “Over the past 3 months, how often have you taken a folic acid supplement, prenatal vitamins, or multivitamins?” “Over the past 3 months, how often have you used birth control?” Source: Healthy People 2020 MICH-16.2.
Reliability/Validity	N/A
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> Quarterly
	<i>Data analysis schedule:</i> Cross-Sectional Comparison between the target population who were in the program between January 1, 2013 to September 30, 2013 compared to those who were in the program between October 1, 2013 to September 30, 2014. Baseline Period: January 1, 2013 to September 30, 2013 Comparison Period: October 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	Data will only be analyzed for the target population who were enrolled for at least 6 months. Possible responses include “regularly”, “sometimes”, or “never”. *A response of “regularly” will be considered a positive response.



## Addendum 2 to Attachment AA

### Nevada Home Visiting – Benchmarks and Constructs

Benchmark I: Improved Maternal and Newborn Health	
<b>Construct</b>	<i>iv. Inter-birth intervals</i>
Performance Measure	Percentage of enrolled mothers and pregnant women who received birth-spacing education within six months of enrollment.
Operational definition	<i>Target population:</i> Enrolled mothers and pregnant women
	<i>Type:</i> Process
	<i>Numerator:</i> Total number of enrolled mothers and pregnant women who received birth-spacing education within six months of enrollment.
	<i>Denominator:</i> Total number of mothers and pregnant women who enrolled during the program year.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain* the percentage of mothers and pregnant women who enrolled during year 2 who received birth-spacing education within six months of enrollment as compared to the percentage of mothers and pregnant women who enrolled during year 1 who received birth-spacing education within six months of enrollment.</p> <p><i>Calculation:</i> (Number of mothers and pregnant women who enrolled during year 2 who received birth-spacing education within six months of enrollment divided by the total number of mothers and pregnant women who enrolled during year 2) compared to (number of mothers and pregnant women who enrolled during year 1 who received birth-spacing education within six months of enrollment divided by the total number of mothers and pregnant women who enrolled during year 1)</p>
Data source	Data will be collected from the home visitor's records.
Measurement tool	Question: "Did the primary enrollee receive birth-spacing education?"
Reliability/Validity	N/A
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> Six months post-enrollment
	<i>Data analysis schedule:</i> Cohort Comparison between the target population who enrolled between January 1, 2013 to March 31, 2013 compared to those who enrolled between April 1, 2013 to September 30, 2014. Baseline Period: January 1, 2013 to September 30, 2013 Comparison Period: April 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	Data will only be analyzed for the target population who were enrolled for at least 6 months. *Or maintain only applies at or above 90%.

## Addendum 2 to Attachment AA

### Nevada Home Visiting – Benchmarks and Constructs

Benchmark I: Improved Maternal and Newborn Health	
<b>Construct</b>	<i>v. Screening for maternal depressive symptoms</i>
Performance Measure	Percentage of mothers who are screened for depression by 8 weeks post-partum.
Operational definition	<i>Target population:</i> Mothers who give birth while in the program or enroll by 4 weeks post-partum
	<i>Type:</i> Process
	<i>Numerator:</i> Number of mothers who give birth while in the program or enrolled by 4 weeks post-partum who were screened for depressive symptoms using the Edinburgh Postnatal Depression Scale by 8 weeks post-partum.
	<i>Denominator:</i> Total number of mothers who gave birth while in the program or enrolled by 4 weeks post-partum.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain the percentage of mothers who gave birth while in the program or enrolled by 4 weeks post-partum who are screened for depression by 8 weeks post-partum in year 2 as compared to the percentage of mothers who gave birth while in the program or enrolled by 4 weeks post-partum who are screened for depression by 8 weeks post-partum in year 1.</p> <p><i>Calculation:</i> (Number of mothers who gave birth while in the program or enrolled by 4 weeks post-partum who were screened for depression by 8 weeks post-partum in year 2 divided by the total number of mothers who gave birth while in the program or enrolled by 4 weeks post-partum in year 2) compared to (number of mothers who gave birth while in the program or enrolled by 4 weeks post-partum who were screened for depression by 8 weeks post-partum in year 1 divided by the total number of mothers who gave birth while in the program or enrolled by 4 weeks post-partum in year 1)</p>
Data source	Data will be collected from the home visitor's records.
Measurement tool	Edinburgh Postnatal Depression Scale. Question: "Was the EPDS administered?"
Reliability/Validity	The EPDS has been found to have good reliability and validity, with a sensitivity of 86%, a specificity of 78% and a split-half reliability of .88 with a standardized $\alpha$ coefficient of .87*.
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> By 8 weeks postpartum
	<i>Data analysis schedule:</i> Cross-Sectional Comparison between the target population who were in the program between January 1, 2013 to September 30, 2013 compared to those who were in the program between October 1, 2013 to September 30, 2014.
	Baseline Period: January 1, 2013 to September 30, 2013 Comparison Period: October 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	Data will only be analyzed for the target population who were enrolled for at least 8 weeks post-partum. * <a href="http://www.rcpsych.ac.uk/files/samplechapter/81_1.pdf">http://www.rcpsych.ac.uk/files/samplechapter/81_1.pdf</a>

Addendum 2 to Attachment AA  
Nevada Home Visiting – Benchmarks and Constructs

Benchmark I: Improved Maternal and Newborn Health	
<b>Construct</b>	<i>vi. Breastfeeding</i>
Performance Measure	The number of weeks that mothers who enrolled prenatally spent breastfeeding.
Operational definition	<i>Target population:</i> Women who were pregnant at enrollment
	<i>Type:</i> Outcome
	<i>Numerator:</i> Total number of weeks that mothers who enrolled prenatally spent breastfeeding.
	<i>Denominator:</i> Number of mothers who enrolled prenatally.
Definition of improvement and calculation	<i>Definition of improvement:</i> Increase the average number of weeks that a mother who enrolled prenatally in year 2 spent breastfeeding as compared to the average number of weeks that a mother who enrolled prenatally in year 1 spent breastfeeding.
	<i>Calculation:</i> (Number of weeks that mothers who enrolled prenatally in year 2 spent breastfeeding divided by the total number of mothers who enrolled prenatally in year 2) compared to (number of weeks that mothers who enrolled prenatally in year 1 spent breastfeeding divided by the total number of mothers who enrolled prenatally in year 1)
Data source	Data will be collected from the home visitor’s records.
Measurement tool	Question: “Is your baby currently receiving breast milk?” If no, “How old (in weeks) was your baby when s/he stopped receiving breast milk?” Source: Adapted from Infant Health Care Form (NFP)
Reliability/Validity	N/A
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> Quarterly
	<i>Data analysis schedule:</i> Cohort Comparison between the target population who enrolled between January 1, 2013 to March 31, 2013 compared to those who enrolled between April 1, 2013 to September 30, 2014. Baseline Period: January 1, 2013 to September 30, 2014 Comparison Period: April 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	Data will only be analyzed for the target population who were enrolled for at least 6 months.



Addendum 2 to Attachment AA  
Nevada Home Visiting – Benchmarks and Constructs

Benchmark I: Improved Maternal and Newborn Health	
<b>Construct</b>	vii. <i>Well-child visits</i>
Performance Measure	Percentage of enrolled children who received the recommended schedule of immunizations* according to WebIZ, the state-wide immunization records website.
Operational definition	<i>Target population:</i> Enrolled children
	<i>Type:</i> Outcome
	<i>Numerator:</i> Number of enrolled children who received the recommended schedule of immunizations.
	<i>Denominator:</i> Total number of enrolled children in the program
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase the percentage of enrolled children who have received all of the recommended immunizations for their age in months in year 2 as compared to the percentage of enrolled children who have received all of the recommended immunizations for their age in months in year 1.</p> <p><i>Calculation:</i> (Number of enrolled children in year 2 who have received all recommended immunizations for their age in months divided by the total # of enrolled children in year 2) compared to (number of enrolled children in year 1 who have received all recommended immunizations for their age in months divided by the total # of enrolled children in year 1)</p>
Data source	Data will be collected using WebIZ, the state-wide immunization records website.
Measurement tool	N/A
Reliability/Validity	N/A
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visiting program biostatisticians
	<i>Data collection schedule:</i> Annually
	<i>Data analysis schedule:</i> Cross-Sectional Comparison between the target population who were in the program between January 1, 2013 to September 30, 2013 compared to those who were in the program between October 1, 2013 to September 30, 2014.
	Baseline Period: January 1, 2013 to September 30, 2013 Comparison Period: October 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	<p>Data will only be analyzed for the target population who were enrolled for at least 3 months.</p> <p>*<a href="http://www.cdc.gov/vaccines/recs/schedules/default.htm">http://www.cdc.gov/vaccines/recs/schedules/default.htm</a></p> <p>Some doctors' offices and clinics may not update WebIZ regularly. If we suspect that a child's immunization records are missing from WebIZ, we will contact the relevant home visiting agency to verify whether or not the proper immunizations were received.</p>

Addendum 2 to Attachment AA  
Nevada Home Visiting – Benchmarks and Constructs

Benchmark I: Improved Maternal and Newborn Health	
<b>Construct</b>	<i>viii. Maternal and child health insurance status</i>
Performance Measure	Percentage of enrolled mothers and children with health insurance.
Operational definition	<i>Target population:</i> Enrolled mothers and children who did not have health insurance at enrollment
	<i>Type:</i> Outcome
	<i>Numerator:</i> Number of mothers and children who did not have health insurance at enrollment and reported having had health insurance at some point over the past year when asked at one year post-enrollment.
	<i>Denominator:</i> Total number of enrolled mothers and children who did not have health insurance at enrollment.
Definition of improvement and calculation	<i>Definition of improvement:</i> Increase the percentage of enrolled mothers and children who did not have health insurance at enrollment that report having had health insurance at some point over the past year when asked at one year post-enrollment.
	<i>Calculation:</i> (The number of enrolled mothers who did not have health insurance at enrollment and reported having had health insurance at some point over the past year when asked at one year post-enrollment + the number of enrolled children who did not have health insurance at enrollment and reported having had health insurance at some point over the past year when asked at one year post-enrollment) divided by (the number of enrolled mothers who did not have health insurance at enrollment + the number of enrolled children who did not have health insurance at enrollment)
Data source	Data will be collected during a home visit questionnaire.
Measurement tool	Question at enrollment: “What is your/your child’s current health insurance status: insured or uninsured?” Question at first visit post-birth: “What is your child’s current health insurance status: insured or uninsured?” Question at one year post-enrollment: “Did you/your child have health insurance at any point during the past year?”
Reliability/Validity	N/A
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> At enrollment, at the first visit after the child is born (if the mother enrolled prenatally), and one year post-enrollment.
	<i>Data analysis schedule:</i> Individual Comparison between enrollment and one year post-enrollment of the target population who were in the program between January 1, 2013 to September 30, 2014. Baseline Period: January 1, 2013 to September 30, 2014 Comparison Period: January 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	Data will only be analyzed for the target population who were enrolled for at least 12 months.

## Addendum 2 to Attachment AA

### Nevada Home Visiting – Benchmarks and Constructs

Benchmark II: Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits	
<b>Construct</b>	<i>i. Visits for children to the emergency department from all causes</i>
Performance Measure	Rate of emergency department visits per enrolled child
Operational definition	<i>Target population:</i> Enrolled children
	<i>Type:</i> Outcome
	<i>Numerator:</i> Total number of emergency department visits by enrolled children
	<i>Denominator:</i> Total number of enrolled children.
Definition of improvement and calculation	<i>Definition of improvement:</i> Decrease the rate of emergency department visits per enrolled child in year 2 as compared to the rate of emergency department visits per enrolled child in year 1.
	<i>Calculation:</i> (Number of emergency department visits by all enrolled children in year 2 divided by the total number of enrolled children in year 2) compared to (number of emergency department visits by all enrolled children in year 1 divided by the total number of enrolled children in year 1)
Data source	Data will be collected from a home visitor's records.
Measurement tool	Question: "Over the past 3 months, how many times has your child been taken to the emergency department for treatment? What was the reason for each visit?"
Reliability/Validity	N/A
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> Quarterly
	<i>Data analysis schedule:</i> Cross-Sectional Comparison between the target population who were in the program between January 1, 2013 to September 30, 2013 compared to those who were in the program between October 1, 2013 to September 30, 2014.
	Baseline Period: January 1, 2013 to September 30, 2013 Comparison Period: October 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	Data will only be analyzed for the target population who were enrolled for at least 6 months.



Addendum 2 to Attachment AA  
Nevada Home Visiting – Benchmarks and Constructs

Benchmark II: Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits	
<b>Construct</b>	<i>ii. Visits of mother to the emergency department for all causes</i>
Performance Measure	Rate of emergency department visits per enrolled mother.
Operational definition	<i>Target population:</i> Enrolled mothers
	<i>Type:</i> Outcome
	<i>Numerator:</i> Total number of emergency department visits by enrolled mothers.
	<i>Denominator:</i> Total number of enrolled mothers.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Decrease the rate of emergency department visits per enrolled mother in year 2 as compared to the rate of emergency department visits per enrolled mother in year 1.</p> <p><i>Calculation:</i> (Number of emergency department visits by enrolled mothers in year 2 divided by the total number of enrolled mothers in year 2) compared to (number of emergency department visits by enrolled mothers in year 1 divided by the total number of enrolled mothers in year 1)</p>
Data source	Data will be collected from the home visitor’s records.
Measurement tool	Question: “Over the past 3 months, how many times have you visited the emergency department for your own treatment? What was the reason for each visit?”
Reliability/Validity	N/A
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> Quarterly
	<i>Data analysis schedule:</i> Cross-Sectional Comparison between the target population who were in the program between January 1, 2013 to September 30, 2013 compared to those who were in the program between October 1, 2013 to September 30, 2014.
	Baseline Period: January 1, 2013 to September 30, 2013 Comparison Period: October 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	Data will only be analyzed for the target population who were enrolled for at least 6 months.

Addendum 2 to Attachment AA  
Nevada Home Visiting – Benchmarks and Constructs

Benchmark II: Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits	
<b>Construct</b>	<i>iii. Information provided or training of participants on prevention of child injuries</i>
Performance Measure	Percentage of primary enrollees who received information or training on the prevention of child injuries within six months of enrollment.
Operational definition	<i>Target population:</i> Primary enrollees
	<i>Type:</i> Process
	<i>Numerator:</i> Number of primary enrollees who have received information or training on the prevention of child injuries within six months of enrolling.
	<i>Denominator:</i> Total number of primary enrollees.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain the percentage of primary enrollees who enrolled during year 2 who received information or training on the prevention of child injuries within six months of enrolling as compared to the percentage of primary enrollees who enrolled during year 1 who received information or training on the prevention of child injuries within six months of enrolling.</p> <p><i>Calculation:</i> (Number of primary enrollees who enrolled in year 2 who have received information or training on the prevention of child injuries within six months of enrollment divided by the total number of primary enrollees who enrolled in the program in year 2) compared to (number of primary enrollees who enrolled in the program in year 1 who have received information or training on the prevention of child injuries within six months of enrollment divided by the total number of primary enrollees who enrolled in the program in year 1)</p>
Data source	Data will be collected from home visitor's records.
Measurement tool	Program model's curriculum. The curriculum that each of our models are using contains information and training for the prevention of child injuries. Question: "Did the primary enrollee receive information or training on the prevention of child injuries?"
Reliability/Validity	N/A
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> Six months post-enrollment
	<i>Data analysis schedule:</i> Cohort Comparison between the target population who enrolled between January 1, 2013 to March 31, 2013 compared to those who enrolled between April 1, 2013 to September 30, 2014. Baseline Period: January 1, 2013 to September 30, 2013 Comparison Period: April 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	Data will only be analyzed for the target population who were enrolled for at least 6 months.

Addendum 2 to Attachment AA  
Nevada Home Visiting – Benchmarks and Constructs

Benchmark II: Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits	
<b>Construct</b>	<i>iv. Incidence of child injuries requiring medical treatment</i>
Performance Measure	Rate per enrolled child in the program of child injuries requiring medical attention (i.e. visits to doctor's office, ER, etc.).
Operational definition	<i>Target population:</i> Enrolled children
	<i>Type:</i> Outcome
	<i>Numerator:</i> Total number of child injuries requiring medical attention received by the enrolled children.
	<i>Denominator:</i> Total number of enrolled children.
Definition of improvement and calculation	<i>Definition of improvement:</i> Decrease the rate per enrolled child of child injuries requiring medical attention in year 2 as compared to the rate per enrolled child of child injuries requiring medical attention in year 1.
	<i>Calculation:</i> (Number of child injuries requiring medical attention by all enrolled children in year 2 divided by the total number of enrolled children in year 2) compared to (number of child injuries requiring medical attention by all enrolled children in year 1 divided by the total number of enrolled children in year 1)
Data source	Data will be collected from the home visitor's records.
Measurement tool	Question: "Over the past 3 months, on how many occasions has your child been taken to receive medical treatment for an injury to the doctor's office, ER, etc.? What was the reason for each visit?"
Reliability/Validity	N/A
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> Quarterly
	<i>Data analysis schedule:</i> Cross-Sectional Comparison between the target population who were in the program between January 1, 2013 to September 30, 2013 compared to those who were in the program between October 1, 2013 to September 30, 2014.
	Baseline Period: January 1, 2013 to September 30, 2013 Comparison Period: October 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	Data will only be analyzed for the target population who were enrolled for at least 6 months.

Addendum 2 to Attachment AA  
Nevada Home Visiting – Benchmarks and Constructs

Benchmark II: Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits	
Construct	v. <i>Reported suspected maltreatment for children in the program</i>
Performance Measure	Percentage of suspected maltreatment cases among enrolled children.
Operational definition	<i>Target population:</i> Enrolled children
	<i>Type:</i> Outcome
	<i>Numerator:</i> Number of enrolled children who are involved in a case of suspected maltreatment.
	<i>Denominator:</i> Total number of enrolled children.
Definition of improvement and calculation	<i>Definition of improvement:</i> Decrease the percentage of suspected maltreatment cases among enrolled children in year 2 as compared to the percentage of suspected maltreatment cases among enrolled children in year 1.
	<i>Calculation:</i> (Number of enrolled children who are involved in a case of suspected maltreatment in year 2 divided by the total number of enrolled children year 2) compared to (number of enrolled children who are involved in a case of suspected maltreatment in year 1 divided by the total number of enrolled children in year 1)
Data source	Department of Child and Family Services (DCFS).
Measurement tool	DCFS report. The report will list the number of enrolled children in the program that are involved in a case of suspected maltreatment.
Reliability/Validity	N/A
Data Collection & Analysis Plan	<i>Person responsible:</i> Nevada MIECHV biostatisticians will request this data from DCFS.
	<i>Data collection schedule:</i> Every six months
	<i>Data analysis schedule:</i> Cross-Sectional Comparison between the target population who were in the program between January 1, 2013 to September 30, 2013 compared to those who were in the program between October 1, 2013 to September 30, 2014.
	Baseline Period: January 1, 2013 to September 30, 2013 Comparison Period: October 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	

Addendum 2 to Attachment AA  
Nevada Home Visiting – Benchmarks and Constructs

Benchmark II: Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits	
<b>Construct</b>	<i>vi. Reported substantiated maltreatment for children in the program</i>
Performance Measure	Percentage of substantiated maltreatment cases among enrolled children.
Operational definition	<i>Target population:</i> Enrolled children
	<i>Type:</i> Outcome
	<i>Numerator:</i> Number of enrolled children who are involved in a case of substantiated maltreatment.
	<i>Denominator:</i> Total number of enrolled children.
Definition of improvement and calculation	<i>Definition of improvement:</i> Decrease the percentage of substantiated maltreatment cases among enrolled children in year 2 as compared to the percentage of substantiated maltreatment cases among enrolled children in year 1.
	<i>Calculation:</i> (Number of enrolled children who are involved in a case of substantiated maltreatment in year 2 divided by the total number of enrolled children in year 2) compared to (number of enrolled children who are involved in a case of substantiated maltreatment in year 1 divided by the total number of enrolled children in year 1)
Data source	Department of Child and Family Services (DCFS).
Measurement tool	DCFS report. The report will list the number of enrolled children that are involved in a case of substantiated maltreatment.
Reliability/Validity	N/A
Data Collection & Analysis Plan	<i>Person responsible:</i> Nevada MIECHV biostatisticians will request this data from DCFS.
	<i>Data collection schedule:</i> Every six months
	<i>Data analysis schedule:</i> Cross-Sectional Comparison between the target population who were in the program between January 1, 2013 to September 30, 2013 compared to those who were in the program between October 1, 2013 to September 30, 2014.
	Baseline Period: January 1, 2013 to September 30, 2013 Comparison Period: October 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	

Addendum 2 to Attachment AA  
Nevada Home Visiting – Benchmarks and Constructs

Benchmark II: Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits	
<b>Construct</b>	<i>vii. First-time victims of maltreatment for children in the program</i>
Performance Measure	Percentage of first-time victims of maltreatment of enrolled children.
Operational definition	<i>Target population:</i> Enrolled children
	<i>Type:</i> Outcome
	<i>Numerator:</i> Number of enrolled children who are first-time victims of maltreatment.
	<i>Denominator:</i> Total number of enrolled children
Definition of improvement and calculation	<i>Definition of improvement:</i> Decrease the percentage of first-time victims of maltreatment of enrolled children in year 2 as compared to the percentage of first-time victims of maltreatment of enrolled children in year 1.
	<i>Calculation:</i> (Number of enrolled children who are first-time victims of maltreatment in year 2 divided by the total number of enrolled children in year 2) compared to (number of enrolled children who are first-time victims of maltreatment in year 1 divided by the total number of enrolled children in year 1)
Data source	Department of Child and Family Services (DCFS)
Measurement tool	DCFS report. The report will list the number of enrolled children that are first-time victims of maltreatment.
Reliability/Validity	N/A
Data Collection & Analysis Plan	<i>Person responsible:</i> Nevada MIECHV biostatisticians will request this data from DCFS.
	<i>Data collection schedule:</i> Every six months
	<i>Data analysis schedule:</i> Cross-Sectional Comparison between the target population who were in the program between January 1, 2013 to September 30, 2013 compared to those who were in the program between October 1, 2013 to September 30, 2014.
	Baseline Period: January 1, 2013 to September 30, 2013 Comparison Period: October 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	



Addendum 2 to Attachment AA  
Nevada Home Visiting – Benchmarks and Constructs

Benchmark III. Improvements in School Readiness and Achievement	
Construct	<i>i. Parent support for children's learning and development</i>
Performance Measure	Percentage of primary enrollees who completed the Home Environment subscale of the Healthy Families Parenting Inventory (HFPI) at least twice during their first year in the program*.
Operational definition	<i>Target population:</i> Primary enrollees
	<i>Type:</i> Process
	<i>Numerator:</i> Number of primary enrollees who completed the Home Environment subscale of the HFPI at least twice during their first year in the program.
	<i>Denominator:</i> Total number of primary enrollees.
Definition of improvement and calculation	<i>Definition of improvement:</i> Increase or maintain** the percentage of primary enrollees who enrolled during year 2 who completed the Home Environment subscale of the HFPI at least twice during their first year of enrollment as compared to the percentage of primary enrollees who enrolled during year 1 who completed the Home Environment subscale of the HFPI at least twice during their first year of enrollment.
	<i>Calculation:</i> (Number of primary enrollees who enrolled during year 2 who completed the Home Environment subscale of the HFPI at least twice during their first year in the program divided by the total number of primary enrollees who enrolled during year 2) compared to (number of primary enrollees who enrolled during year 1 who completed the Home Environment subscale of the HFPI at least twice during their first year in the program divided by the total number of primary enrollees who enrolled during year 1)
Data source	Data will be collected from the home visitor's records.
Measurement tool	Healthy Families Parenting Inventory
Reliability/Validity	All nine subscales of the HFPI have good construct validity and excellent internal consistency***.
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> Every six months
	<i>Data analysis schedule:</i> Cohort Comparison between the target population who enrolled between January 1, 2013 to March 31, 2013 compared to those who enrolled between April 1, 2013 to September 30, 2014. Baseline Period: January 1, 2013 to September 30, 2014 Comparison Period: April 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	Data will only be analyzed for the target population who were enrolled for at least 12 months. *Or when the child turns one year old, if the primary enrollee was enrolled prenatally. **Or maintain only applies at or above 90%. ***Corcoran K, Fischer J. <i>Measures for Clinical Practice and Research</i> . 4 <sup>th</sup> ed. Oxford University Press, Inc.; 2007

Addendum 2 to Attachment AA  
Nevada Home Visiting – Benchmarks and Constructs

Benchmark III. Improvements in School Readiness and Achievement	
<b>Construct</b>	<i>ii. Parent knowledge of child development and of their child's developmental progress</i>
Performance Measure	Percentage of Ages and Stages Questionnaire (ASQ) test results that primary enrollees reviewed with the home visitor.
Operational definition	<i>Target population:</i> Primary enrollees
	<i>Type:</i> Process
	<i>Numerator:</i> Total number of ASQ test results that were reviewed with the primary enrollee.
	<i>Denominator:</i> Total number of ASQ tests that were administered.
Definition of improvement and calculation	<i>Definition of improvement:</i> Increase or maintain the percentage of ASQ test results that were reviewed with the primary enrollee in year 2 as compared to the percentage of ASQ test results that were reviewed with the primary enrollee in year 1.
	<i>Calculation:</i> (Number of ASQ test results that were reviewed with the primary enrollee in year 2 divided by the total number of administered ASQ tests in year 2) compared to (number of ASQ test results that were reviewed with the primary enrollee in year 1 divided by the total number of administered ASQ tests in year 1)
Data source	Data will be collected from the home visitor's records.
Measurement tool	Question: "Were the ASQ test results reviewed with the primary enrollee?"
Reliability/Validity	N/A
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> EHS: 2, 4, 6, 8, 9, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33 and 36 months HIPPIY: 36, 42, 48, 54 and 60 months NFP: 4, 10, 14 and 20 months. Additional tests are given if there are concerns
	<i>Data analysis schedule:</i> Cross-Sectional Comparison between the target population who were in the program between January 1, 2013 to September 30, 2013 compared to those who were in the program between October 1, 2013 to September 30, 2014. Baseline Period: January 1, 2013 to September 30, 2013 Comparison Period: October 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	Data will only be analyzed for the target population who were enrolled for at least 6 months.

Addendum 2 to Attachment AA  
Nevada Home Visiting – Benchmarks and Constructs

Benchmark III. Improvements in School Readiness and Achievement	
Construct	<i>iii. Parenting behaviors and parent-child relationship</i>
Performance Measure	Percentage of primary enrollees who completed the Parent/Child Behavior subscale of the Healthy Families Parenting Inventory (HFPI) at least twice during their first year in the program*.
Operational definition	<i>Target population:</i> Primary enrollees
	<i>Type:</i> Process
	<i>Numerator:</i> Number of primary enrollees who completed the Parent/Child Behavior subscale of the HFPI at least twice during their first year in the program. <i>Denominator:</i> Total number of primary enrollees.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain** the percentage of primary enrollees who enrolled during year 2 who completed the Parent/Child Behavior subscale of the HFPI at least twice during their first year of enrollment as compared to the percentage of primary enrollees who enrolled during year 1 who completed the Parent/Child Behavior subscale of the HFPI at least twice during their first year of enrollment.</p> <p><i>Calculation:</i> (Number of primary enrollees who enrolled during year 2 who completed the Parent/Child Behavior subscale of the HFPI at least twice during their first year in the program divided by the total number of primary enrollees who enrolled during year 2) compared to (number of primary enrollees who enrolled during year 1 who completed the Parent/Child Behavior subscale of the HFPI at least twice during their first year in the program divided by the total number of primary enrollees who enrolled during year 1)</p>
Data source	Data will be collected from the home visitor's records.
Measurement tool	Healthy Families Parenting Inventory
Reliability/Validity	All nine subscales of the HFPI have good construct validity and excellent internal consistency***.
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> Every six months
	<i>Data analysis schedule:</i> Cohort Comparison between the target population who enrolled between January 1, 2013 to March 31, 2013 compared to those who enrolled between April 1, 2013 to September 30, 2014. Baseline Period: January 1, 2013 to September 30, 2014 Comparison Period: April 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	<p>Data will only be analyzed for the target population who were enrolled for at least 12 months.</p> <p>*Or when the child turns one year old, if the primary enrollee was enrolled prenatally.</p> <p>**Or maintain only applies at or above 90%.</p> <p>***Corcoran K, Fischer J. <i>Measures for Clinical Practice and Research</i>. 4<sup>th</sup> ed. Oxford University Press, Inc.; 2007</p>

Addendum 2 to Attachment AA  
Nevada Home Visiting – Benchmarks and Constructs

Benchmark III. Improvements in School Readiness and Achievement	
Construct	<i>iv. Parent emotional well-being or parenting stress</i>
Performance Measure	Percentage of primary enrollees who completed the Parenting Efficacy subscale of the Healthy Families Parenting Inventory (HFPI) at least twice during their first year in the program*.
Operational definition	<i>Target population:</i> Primary enrollees
	<i>Type:</i> Process
	<i>Numerator:</i> Number of primary enrollees who completed the Parenting Efficacy subscale of the HFPI at least twice during their first year in the program. <i>Denominator:</i> Total number of primary enrollees.
Definition of improvement and calculation	<i>Definition of improvement:</i> Increase or maintain** the percentage of primary enrollees who enrolled during year 2 who completed the Parenting Efficacy subscale of the HFPI at least twice during their first year of enrollment as compared to the percentage of primary enrollees who enrolled during year 1 who completed the Parenting Efficacy subscale of the HFPI at least twice during their first year of enrollment.  <i>Calculation:</i> (Number of primary enrollees who enrolled during year 2 who completed the Parenting Efficacy subscale of the HFPI at least twice during their first year in the program divided by the total number of primary enrollees who enrolled during year 2) compared to (number of primary enrollees who enrolled during year 1 who completed the Parenting Efficacy subscale of the HFPI at least twice during their first year in the program divided by the total number of primary enrollees who enrolled during year 1)
Data source	Data will be collected from the home visitor’s records.
Measurement tool	Healthy Families Parenting Inventory
Reliability/Validity	All nine subscales of the HFPI have good construct validity and excellent internal consistency***.
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> Every six months
	<i>Data analysis schedule:</i> Cohort Comparison between the target population who enrolled between January 1, 2013 to March 31, 2013 compared to those who enrolled between April 1, 2013 to September 30, 2014. Baseline Period: January 1, 2013 to September 30, 2014 Comparison Period: April 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	Data will only be analyzed for the target population who were enrolled for at least 12 months. *Or when the child turns one year old, if the primary enrollee was enrolled prenatally. **Or maintain only applies at or above 90%. ***Corcoran K, Fischer J. <i>Measures for Clinical Practice and Research</i> . 4 <sup>th</sup> ed. Oxford University Press, Inc.; 2007



Addendum 2 to Attachment AA  
Nevada Home Visiting – Benchmarks and Constructs

Benchmark III. Improvements in School Readiness and Achievement	
Construct	v. <i>Child's communication, language and emergent literacy</i>
Performance Measure	Percentage of primary enrollees who completed the Communication subscale of the Ages and Stages Questionnaire (ASQ) at least twice during their first year in the program*.
Operational definition	<i>Target population:</i> Primary enrollees
	<i>Type:</i> Process
	<i>Numerator:</i> Number of primary enrollees who completed the Communication subscale of the ASQ at least twice during their first year in the program. <i>Denominator:</i> Total number of primary enrollees.
Definition of improvement and calculation	<i>Definition of improvement:</i> Increase or maintain the percentage of primary enrollees who enrolled during year 2 who completed the Communication subscale of the ASQ at least twice during their first year of enrollment as compared to the percentage of primary enrollees who enrolled during year 1 who completed the Communication subscale of the ASQ at least twice during their first year of enrollment.
	<i>Calculation:</i> (Number of primary enrollees who enrolled during year 2 who completed the Communication subscale of the ASQ at least twice during their first year in the program divided by the total number of primary enrollees who enrolled during year 2) compared to (number of primary enrollees who enrolled during year 1 who completed the Communication subscale of the ASQ at least twice during their first year in the program divided by the total number of primary enrollees who enrolled during year 1)
Data source	Data will be collected from the home visitor's records.
Measurement tool	Ages and Stages Questionnaire
Reliability/Validity	The ASQ has been found to have strong internal consistency, test-retest reliability and inter-observer reliability**.
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> EHS: 2, 4, 6, 8, 9, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33 and 36 months HIPPIY: 36, 42, 48, 54 and 60 months NFP: 4, 10, 14 and 20 months. Additional tests are given if there are concerns
	<i>Data analysis schedule:</i> Cohort Comparison between the target population who enrolled between January 1, 2013 to March 31, 2013 compared to those who enrolled between April 1, 2013 to September 30, 2014. Baseline Period: January 1, 2013 to September 30, 2014 Comparison Period: April 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	Data will only be analyzed for the target population who were enrolled for at least 12 months. *Or when the child turns one year old, if the primary enrollee was enrolled prenatally. ** <a href="http://www.brookespublishing.com/store/books/squires-asq/asq-technical.pdf">http://www.brookespublishing.com/store/books/squires-asq/asq-technical.pdf</a>

Addendum 2 to Attachment AA  
Nevada Home Visiting – Benchmarks and Constructs

Benchmark III. Improvements in School Readiness and Achievement	
Construct	<i>vi. Child's general cognitive skills</i>
Performance Measure	Percentage of primary enrollees who completed the Problem Solving subscale of the Ages and Stages Questionnaire (ASQ) at least twice during their first year in the program*.
Operational definition	<i>Target population:</i> Primary enrollees
	<i>Type:</i> Process
	<i>Numerator:</i> Number of primary enrollees who completed the Problem Solving subscale of the ASQ at least twice during their first year in the program.
	<i>Denominator:</i> Total number of primary enrollees.
Definition of improvement and calculation	<i>Definition of improvement:</i> Increase or maintain the percentage of primary enrollees who enrolled during year 2 who completed the Problem Solving subscale of the ASQ at least twice during their first year of enrollment as compared to the percentage of primary enrollees who enrolled during year 1 who completed the Problem Solving subscale of the ASQ at least twice during their first year of enrollment.
	<i>Calculation:</i> (Number of primary enrollees who enrolled during year 2 who completed the Problem Solving subscale of the ASQ at least twice during their first year in the program divided by the total number of primary enrollees who enrolled during year 2) compared to (number of primary enrollees who enrolled during year 1 who completed the Problem Solving subscale of the ASQ at least twice during their first year in the program divided by the total number of primary enrollees who enrolled during year 1)
Data source	Data will be collected from the home visitor's records.
Measurement tool	Ages and Stages Questionnaire
Reliability/Validity	The ASQ has been found to have strong internal consistency, test-retest reliability and inter-observer reliability**.
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> EHS: 2, 4, 6, 8, 9, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33 and 36 months HIPPIY: 36, 42, 48, 54 and 60 months NFP: 4, 10, 14 and 20 months. Additional tests are given if there are concerns
	<i>Data analysis schedule:</i> Cohort Comparison between the target population who enrolled between January 1, 2013 to March 31, 2013 compared to those who enrolled between April 1, 2013 to September 30, 2014. Baseline Period: January 1, 2013 to September 30, 2014 Comparison Period: April 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	Data will only be analyzed for the target population who were enrolled for at least 12 months. *Or when the child turns one year old, if the primary enrollee was enrolled prenatally. ** <a href="http://www.brookespublishing.com/store/books/squires-asq/asq-technical.pdf">http://www.brookespublishing.com/store/books/squires-asq/asq-technical.pdf</a>



Addendum 2 to Attachment AA  
Nevada Home Visiting – Benchmarks and Constructs

Benchmark III. Improvements in School Readiness and Achievement	
<b>Construct</b>	<i>vii. Child's positive approaches to learning including attention</i>
Performance Measure	Percentage of primary enrollees who completed the Ages and Stages Questionnaire: Social-Emotional (ASQ:SE) at least once during their first year in the program*.
Operational definition	<i>Target population:</i> Primary enrollees
	<i>Type:</i> Process
	<i>Numerator:</i> Number of primary enrollees who completed the ASQ:SE at least once during their first year in the program.
	<i>Denominator:</i> Total number of primary enrollees.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain the percentage of primary enrollees who enrolled during year 2 who completed the ASQ:SE at least once during their first year of enrollment as compared to the percentage of primary enrollees who enrolled during year 1 who completed the ASQ:SE at least once during their first year of enrollment.</p> <p><i>Calculation:</i> (Number of primary enrollees who enrolled during year 2 who completed the ASQ:SE at least once during their first year in the program divided by the total number of primary enrollees who enrolled during year 2) compared to (number of primary enrollees who enrolled during year 1 who completed the ASQ:SE at least once during their first year in the program divided by the total number of primary enrollees who enrolled during year 1)</p>
Data source	Data will be collected from the home visitor's records.
Measurement tool	Ages and Stages Questionnaire: Social-Emotional
Reliability/Validity	The ASQ:SE has high internal consistency and test-retest reliability. Questionnaires have an overall sensitivity of 78% and a specificity of 94%**.
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> EHS: 6, 12, 18, 24 and 36 months HIPPPY: 36, 48 and 60 months NFP: 6, 12, 18 and 24 months
	<i>Data analysis schedule:</i> Cohort Comparison between the target population who enrolled between January 1, 2013 to March 31, 2013 compared to those who enrolled between April 1, 2013 to September 30, 2014. Baseline Period: January 1, 2013 to September 30, 2014 Comparison Period: April 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	<p>Data will only be analyzed for the target population who were enrolled for at least 12 months.</p> <p>*Or when the child turns one year old, if the primary enrollee was enrolled prenatally.</p> <p>**<a href="http://www.brookespublishing.com/store/books/squires-asqse/ASQ-SE_TechnicalReport.pdf">http://www.brookespublishing.com/store/books/squires-asqse/ASQ-SE_TechnicalReport.pdf</a></p>

## Addendum 2 to Attachment AA

### Nevada Home Visiting – Benchmarks and Constructs

Benchmark III. Improvements in School Readiness and Achievement	
<b>Construct</b>	<i>viii. Child's social behavior, emotion regulation, and emotional well-being</i>
Performance Measure	Percentage of primary enrollees who completed the Ages and Stages Questionnaire: Social-Emotional (ASQ:SE) at least once during their first year in the program*.
Operational definition	<i>Target population:</i> Primary enrollees
	<i>Type:</i> Process
	<i>Numerator:</i> Number of primary enrollees who completed the ASQ:SE at least once during their first year in the program.
	<i>Denominator:</i> Total number of primary enrollees.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain the percentage of primary enrollees who enrolled during year 2 who completed the ASQ:SE at least once during their first year of enrollment as compared to the percentage of primary enrollees who enrolled during year 1 who completed the ASQ:SE at least once during their first year of enrollment.</p> <p><i>Calculation:</i> (Number of primary enrollees who enrolled during year 2 who completed the ASQ:SE at least once during their first year in the program divided by the total number of primary enrollees who enrolled during year 2) compared to (number of primary enrollees who enrolled during year 1 who completed the ASQ:SE at least once during their first year in the program divided by the total number of primary enrollees who enrolled during year 1)</p>
Data source	Data will be collected from the home visitor's records.
Measurement tool	Ages and Stages Questionnaire: Social-Emotional
Reliability/Validity	The ASQ:SE has high internal consistency and test-retest reliability. Questionnaires have an overall sensitivity of 78% and a specificity of 94%**.
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> EHS: 6, 12, 18, 24 and 36 months HIPPI: 36, 48 and 60 months NFP: 6, 12, 18 and 24 months
	<i>Data analysis schedule:</i> Cohort Comparison between the target population who enrolled between January 1, 2013 to March 31, 2013 compared to those who enrolled between April 1, 2013 to September 30, 2014. Baseline Period: January 1, 2013 to September 30, 2014 Comparison Period: April 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	<p>Data will only be analyzed for the target population who were enrolled for at least 12 months.</p> <p>*Or when the child turns one year old, if the primary enrollee was enrolled prenatally.</p> <p>**<a href="http://www.brookespublishing.com/store/books/squires-asqse/ASQ-SE_TechnicalReport.pdf">http://www.brookespublishing.com/store/books/squires-asqse/ASQ-SE_TechnicalReport.pdf</a></p>



Addendum 2 to Attachment AA  
Nevada Home Visiting – Benchmarks and Constructs

Benchmark III: Improvement in School Readiness and Achievement	
<b>Construct</b>	<i>ix. Child's physical health and development</i>
Performance Measure	Percentage of primary enrollees who completed the Gross Motor subscale of the Ages and Stages Questionnaire (ASQ) at least twice during their first year in the program*.
Operational definition	<i>Target population:</i> Primary enrollees
	<i>Type:</i> Process
	<i>Numerator:</i> Number of primary enrollees who completed the Gross Motor subscale of the ASQ at least twice during their first year in the program.
	<i>Denominator:</i> Total number of primary enrollees.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain the percentage of primary enrollees who enrolled during year 2 who completed the Gross Motor subscale of the ASQ at least twice during their first year of enrollment as compared to the percentage of primary enrollees who enrolled during year 1 who completed the Gross Motor subscale of the ASQ at least twice during their first year of enrollment.</p> <p><i>Calculation:</i> (Number of primary enrollees who enrolled during year 2 who completed the Gross Motor subscale of the ASQ at least twice during their first year in the program divided by the total number of primary enrollees who enrolled during year 2) compared to (number of primary enrollees who enrolled during year 1 who completed the Gross Motor subscale of the ASQ at least twice during their first year in the program divided by the total number of primary enrollees who enrolled during year 1)</p>
Data source	Data will be collected from the home visitor's records.
Measurement tool	Ages and Stages Questionnaire
Reliability/Validity	The ASQ has been found to have strong internal consistency, test-retest reliability and inter-observer reliability**.
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> EHS: 2, 4, 6, 8, 9, 10, 12, 14, 16, 18, 20, 22, 24, 27, 30, 33 and 36 months HIPPIY: 36, 42, 48, 54 and 60 months NFP: 4, 10, 14 and 20 months. Additional tests are given if there are concerns
	<i>Data analysis schedule:</i> Cohort Comparison between the target population who enrolled between January 1, 2013 to March 31, 2013 compared to those who enrolled between April 1, 2013 to September 30, 2014. Baseline Period: January 1, 2013 to September 30, 2014 Comparison Period: April 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	Data will only be analyzed for the target population who were enrolled for at least 12 months. *Or when the child turns one year old, if the primary enrollee was enrolled prenatally. ** <a href="http://www.brookespublishing.com/store/books/squires-asq/asq-technical.pdf">http://www.brookespublishing.com/store/books/squires-asq/asq-technical.pdf</a>

Addendum 2 to Attachment AA  
Nevada Home Visiting – Benchmarks and Constructs

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Addendum 2 to Attachment AA  
Nevada Home Visiting – Benchmarks and Constructs

Benchmark IV: Crime or Domestic Violence	
<b>Construct</b>	<i>i. Screening for domestic violence</i>
Performance Measure	Percentage of primary enrollees who were screened for domestic violence by six months post-enrollment.
Operational definition	<i>Target population:</i> Primary enrollees
	<i>Type:</i> Process
	<i>Numerator:</i> Number of primary enrollees who were screened for domestic violence by six months post-enrollment.
	<i>Denominator:</i> Total number of primary enrollees.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain the percentage of primary enrollees who enrolled during year 2 who were screened for domestic violence by six months post-enrollment as compared to the percentage of primary enrollees who enrolled during year 1 who were screened for domestic violence by six months post-enrollment.</p> <p><i>Calculation:</i> (Number of primary enrollees who enrolled during year 2 who were screened for domestic violence by six months post-enrollment divided by the total number of primary enrollees who enrolled in year 2) compared to (number of primary enrollees who enrolled during year 1 who were screened for domestic violence by six months post-enrollment divided by the total number of families who enrolled in year 1)</p>
Data source	Data will be collected during a home visit questionnaire.
Measurement tool	Family Development Matrix (SCF-EHS and HIPPY) (will use the conflict resolution skills section), Relationships Assessment (SNHD-NFP), and Environmental Screening Questionnaire (UNR-EHS). Question: “Was the primary enrollee screened for domestic violence?”
Reliability/Validity	N/A
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> Six months post-enrollment
	<i>Data analysis schedule:</i> Cohort Comparison between the target population who enrolled between January 1, 2013 to March 31, 2013 compared to those who enrolled between April 1, 2013 to September 30, 2014. Baseline Period: January 1, 2013 to September 30, 2013 Comparison Period: April 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	Data will only be analyzed for the target population who were enrolled for at least 6 months.

Addendum 2 to Attachment AA  
Nevada Home Visiting – Benchmarks and Constructs

Benchmark IV: Crime or Domestic Violence	
<b>Construct</b>	<i>ii. Number of referrals made to relevant domestic violence services</i>
Performance Measure	Percentage of primary enrollees who received referrals to domestic violence services.
Operational definition	<i>Target population:</i> Primary enrollees for whom domestic violence is suspected or known
	<i>Type:</i> Process
	<i>Numerator:</i> Number of primary enrollees who received a referral to domestic violence services.
	<i>Denominator:</i> Total number of primary enrollees for whom domestic violence is suspected or known.
Definition of improvement and calculation	<i>Definition of improvement:</i> Out of primary enrollees for whom domestic violence is suspected or known, increase or maintain the percentage of primary enrollees who receive referrals to domestic violence services in year 2 as compared to the percentage of primary enrollees who receive referrals to domestic violence services in year 1.
	<i>Calculation:</i> (Number of primary enrollees who received a referral to domestic violence services in year 2 divided by the total number of primary enrollees in year 2 for whom domestic violence is suspected or known) compared to (number of primary enrollees who received a referral to domestic violence services in year 1 divided by the total number of primary enrollees in year 1 for whom domestic violence is suspected or known)
Data source	Data will be collected from the home visitor's records.
Measurement tool	Question: "For what services was the family referred to?"
Reliability/Validity	N/A
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> Annually
	<i>Data analysis schedule:</i> Cross-Sectional Comparison between the target population who were in the program between January 1, 2013 to March 31, 2014 compared to those who were in the program between April 1, 2014 to September 30, 2014.
	Baseline Period: January 1, 2013 to March 31, 2014 Comparison Period: April 1, 2014 to September 30, 2014
Comments or Anticipated Challenges	Data will only be analyzed for the target population who were enrolled for at least 12 months.



Addendum 2 to Attachment AA  
Nevada Home Visiting – Benchmarks and Constructs

Benchmark IV: Crime or Domestic Violence	
<b>Construct</b>	<i>iii. Number of families for which a safety plan was completed</i>
Performance Measure	Percentage of primary enrollees that complete a safety plan.
Operational definition	<i>Target population:</i> Primary enrollees for whom domestic violence is suspected or known
	<i>Type:</i> Process
	<i>Numerator:</i> Number of primary enrollees who completed a safety plan.
	<i>Denominator:</i> Total number of primary enrollees for whom domestic violence is suspected or known.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Out of primary enrollees for whom domestic violence is suspected or known, increase the percentage of primary enrollees that complete a safety plan in year 2 as compared to the percentage of primary enrollees that complete a safety plan in year 1.</p> <p><i>Calculation:</i> (Number of primary enrollees who completed a safety plan in year 2 divided by the total number of primary enrollees in year 2 for whom domestic violence is suspected or known) compared to (number of primary enrollees who completed a safety plan in year 1 divided by the total number of primary enrollees in year 1 for whom domestic violence is suspected or known)</p>
Data source	Data will be collected from the home visitor's records.
Measurement tool	Question: "If the primary enrollee was identified as needing domestic violence services, did the primary enrollee complete a safety plan?"
Reliability/Validity	N/A
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> Annually
	<i>Data analysis schedule:</i> Cross-Sectional Comparison between the target population who were in the program between January 1, 2013 to March 31, 2014 compared to those who were in the program between April 1, 2014 to September 30, 2014.
	Baseline Period: January 1, 2013 to March 31, 2014 Comparison Period: April 1, 2014 to September 30, 2014
Comments or Anticipated Challenges	Data will only be analyzed for the target population who were enrolled for at least 12 months.

Addendum 2 to Attachment AA  
Nevada Home Visiting – Benchmarks and Constructs

Benchmark V: Family Economic Self-Sufficiency	
<b>Construct</b>	<i>i. Household income and benefits</i>
Performance Measure	Total income of the primary enrollee.
Operational definition	<i>Target population:</i> Primary enrollees
	<i>Type:</i> Outcome
	<i>Numerator:</i> Total income for all primary enrollees.
	<i>Denominator:</i> Total number of primary enrollees.
Definition of improvement and calculation	<i>Definition of improvement:</i> Increase the average total income per primary enrollee at one year post-enrollment as compared to the average total income per primary enrollee at enrollment.
	<i>Calculation:</i> (Total income for all primary enrollees at one year post-enrollment divided by the total number of primary enrollees at one year post-enrollment) compared to (total income for all primary enrollees at enrollment divided by the total number of primary enrollees at enrollment)
Data source	Data will be collected during a home visit questionnaire.
Measurement tool	Question: “Please estimate your total annual income (before taxes).”
Reliability/Validity	N/A
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> At enrollment and one year post-enrollment
	<i>Data analysis schedule:</i> Individual Comparison between enrollment and one year post-enrollment of the target population who were in the program between January 1, 2013 to September 30, 2014. Baseline Period: January 1, 2013 to September 30, 2014 Comparison Period: January 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	Data will only be analyzed for the target population who were enrolled for at least 12 months.

Addendum 2 to Attachment AA  
Nevada Home Visiting – Benchmarks and Constructs

Benchmark V: Family Economic Self-Sufficiency	
<b>Construct</b>	<i>ii. Education of adult members of the household</i>
Performance Measure	Percentage of primary enrollees who increased their level of education.
Operational definition	<i>Target population:</i> Primary enrollees
	<i>Type:</i> Outcome
	<i>Numerator:</i> Number of primary enrollees who reported an increase in their education level at one year post-enrollment.
	<i>Denominator:</i> Total number of primary enrollees.
Definition of improvement and calculation	<i>Definition of improvement:</i> Increase the education level of the primary enrollees from the time of enrollment to one year post-enrollment.
	<i>Calculation:</i> Number of primary enrollees who report an increase in their education level one year post-enrollment divided by total number of primary enrollees
Data source	Data will be collected during a home visit questionnaire.
Measurement tool	Question: “What is your current level of education? Currently in High School (include grade level); High School Diploma; GED; Currently in College (pursuing Associates, Bachelors, Higher Degree; include number of credits towards its completion); College Degree (Associates, Bachelors, Higher Degree); Vocational/Certification/Training Programs completed (list all applicable).”
Reliability/Validity	N/A
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> At enrollment and one year post-enrollment
	<i>Data analysis schedule:</i> Individual Comparison between enrollment and one year post-enrollment of the target population who were in the program between January 1, 2013 to September 30, 2014. Baseline Period: January 1, 2013 to September 30, 2014 Comparison Period: January 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	Data will only be analyzed for the target population who were enrolled for at least 12 months.

Addendum 2 to Attachment AA  
Nevada Home Visiting – Benchmarks and Constructs

Benchmark V: Family Economic Self-Sufficiency	
<b>Construct</b>	<i>iii. Employment of adult members of the household</i>
Performance Measure	Current employment of the primary enrollee.
Operational definition	<i>Target population:</i> Primary enrollees
	<i>Type:</i> Outcome
	<i>Numerator:</i> Number of hours worked of all primary enrollees.
	<i>Denominator:</i> Total number of primary enrollees.
Definition of improvement and calculation	<i>Definition of improvement:</i> Increase the average number of working hours* per primary enrollee at one year post-enrollment as compared to the average number of working hours per primary enrollee at enrollment.
	<i>Calculation:</i> (Number of hours worked per week by all primary enrollees at one year post-enrollment divided by the total number of primary enrollees at one year post-enrollment) compared to (number of hours worked per week by all primary enrollees at enrollment divided by the total number of primary enrollees at enrollment)
Data source	Data will be collected during a home visit questionnaire.
Measurement tool	Question: “Approximately how many hours do you work per week?”
Reliability/Validity	N/A
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> At enrollment and one year post-enrollment
	<i>Data analysis schedule:</i> Individual Comparison between enrollment and one year post-enrollment of the target population who were in the program between January 1, 2013 to September 30, 2014. Baseline Period: January 1, 2013 to September 30, 2014 Comparison Period: January 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	Data will only be analyzed for the target population who were enrolled for at least 12 months. *Can include up to 30 additional hours devoted to care of the child.

Addendum 2 to Attachment AA  
Nevada Home Visiting – Benchmarks and Constructs

Benchmark V: Family Economic Self-Sufficiency	
<b>Construct</b>	<i>iii. Health insurance status</i>
Performance Measure	Percentage of primary enrollees and children with health insurance.
Operational definition	<i>Target population:</i> Primary enrollees and children who did not have health insurance at enrollment
	<i>Type:</i> Outcome
	<i>Numerator:</i> Number of primary enrollees and children who did not have health insurance at enrollment and reported having had health insurance at some point over the past year when asked at one year post-enrollment.
	<i>Denominator:</i> Total number of primary enrollees and children who did not have health insurance at enrollment.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase the number of primary enrollees and children who did not have health insurance at enrollment that report having had health insurance at some point over the past year when asked at one year post enrollment.</p> <p><i>Calculation:</i> (Number of primary enrollees who did not have health insurance at enrollment and reported having had health insurance at some point over the past year when asked at one year post-enrollment + number of enrolled children who did not have health insurance at enrollment and reported having had health insurance at some point over the past year when asked at one year post-enrollment) divided by (number of primary enrollees who did not have health insurance at enrollment + number of enrolled children who did not have health insurance at enrollment)</p>
Data source	Data will be collected during a home visit questionnaire.
Measurement tool	<p>Question at enrollment: “What is your/your child’s current health insurance status: insured or uninsured?”</p> <p>Question at first visit post-birth: “What is your child’s current health insurance status: insured or uninsured?”</p> <p>Question at one year post-enrollment: “Did you/your child have health insurance at any point during the past year?”</p>
Reliability/Validity	N/A
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> At enrollment, first visit after the child is born (if mother enrolled prenatally), and one year post-enrollment
	<i>Data analysis schedule:</i> Individual Comparison between enrollment and one year post-enrollment of the target population who were in the program between January 1, 2013 to September 30, 2014. Baseline Period: January 1, 2013 to September 30, 2014 Comparison Period: January 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	Data will only be analyzed for the target population who were enrolled for at least 12 months.

Addendum 2 to Attachment AA  
Nevada Home Visiting – Benchmarks and Constructs

Benchmark VI: Coordination and Referrals for Other Community Resources and Supports	
<b>Construct</b>	<i>i. Number of families identified for necessary services</i>
Performance Measure	Percentage of families of primary enrollees screened for needs of necessary services*.
Operational definition	<i>Target population:</i> Families of primary enrollees
	<i>Type:</i> Process
	<i>Numerator:</i> Number of families of primary enrollees screened for needs of necessary services.
	<i>Denominator:</i> Total number of families of primary enrollees.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain the percentage of families of primary enrollees screened for needs of necessary services in year 2 as compared to the percentage of families of primary enrollees screened for needs of necessary services in year 1.</p> <p><i>Calculation:</i> (Number of families of primary enrollees screened for needs of necessary services in year 2 divided by the total number of families of primary enrollees in year 2) compared to (number of families of primary enrollees screened for needs of necessary services in year 1 divided by the total number of families of primary enrollees in year 1)</p>
Data source	Data will be collected from the home visitor’s records.
Measurement tool	Question: “Which services was the family screened for?” “Which services was the family identified as needing?”
Reliability/Validity	N/A
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> Annually
	<i>Data analysis schedule:</i> Cross-Sectional Comparison between the target population who were in the program between January 1, 2013 to March 31, 2014 compared to those who were in the program between April 1, 2014 to September 30, 2014. Baseline Period: January 1, 2013 to March 31, 2014 Comparison Period: April 1, 2014 to September 30, 2014
Comments or Anticipated Challenges	*Necessary services include domestic violence services, food assistance, housing assistance, substance abuse, medical assistance and other. Data will only be analyzed for the target population who were enrolled for at least 12 months.



## Addendum 2 to Attachment AA

### Nevada Home Visiting – Benchmarks and Constructs

Benchmark VI: Coordination and Referrals for Other Community Resources and Supports	
<b>Construct</b>	<i>ii. Number of families that required services and received referral to available community resources</i>
Performance Measure	Percentage of referrals to available community resources given to families of primary enrollees who require necessary services*.
Operational definition	<i>Target population:</i> Families of primary enrollees who require services
	<i>Type:</i> Process
	<i>Numerator:</i> Number of referrals given to families of primary enrollees who were identified as needing necessary services.
	<i>Denominator:</i> Total number of necessary services identified that families of primary enrollees require.
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain** the percentage of referrals to available community resources given to families of primary enrollees who require necessary services in year 2 as compared to the percentage of referrals to available community resources given to families of primary enrollees who require necessary services in year 1.</p> <p><i>Calculation:</i> (Number of referrals given to families of primary enrollees who were identified as needing necessary services in year 2 divided by the total number of necessary services identified that families of primary enrollees require in year 2) compared to (number of referrals given to families of primary enrollees who were identified as needing necessary services in year 1 divided by the total number of necessary services identified that families of primary enrollees require in year 1)</p>
Data source	Data will be collected from the home visitor’s records.
Measurement tool	Question: “Which services was the family referred to?”
Reliability/Validity	N/A
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> Annually
	<i>Data analysis schedule:</i> Cross-Sectional Comparison between the target population who were in the program between January 1, 2013 to March 31, 2014 compared to those who were in the program between April 1, 2014 to September 30, 2014.
	Baseline Period: January 1, 2013 to March 31, 2014 Comparison Period: April 1, 2014 to September 30, 2014
Comments or Anticipated Challenges	<p>*Necessary services include domestic violence services, food assistance, housing assistance, substance abuse, medical assistance and other.</p> <p>**Or maintain only applies at or above 90%.</p> <p>Data will only be analyzed for the target population who were enrolled for at least 12 months.</p>

Addendum 2 to Attachment AA  
Nevada Home Visiting – Benchmarks and Constructs

Benchmark VI: Coordination and Referrals for Other Community Resources and Supports	
<b>Construct</b>	<i>iii. Number of completed referrals</i>
Performance Measure	Percentage of referrals completed by families of primary enrollees.
Operational definition	<i>Target population:</i> Families of primary enrollees who received a referral for a necessary service*
	<i>Type:</i> Outcome
	<i>Numerator:</i> Number of completed referrals by families of primary enrollees who were identified as needing necessary services.
	<i>Denominator:</i> Total number of referrals for a necessary service given to families of primary enrollees.
Definition of improvement and calculation	<i>Definition of improvement:</i> Increase in the percentage of referrals completed by families of primary enrollees who require necessary services in year 2 as compared to the percentage of families of primary enrollees who require necessary services in year 1.
	<i>Calculation:</i> (Number of referrals completed by families of primary enrollees who were identified as needing necessary services in year 2 divided by the total number of referrals for a necessary service given to families of primary enrollees in year 2) compared to (number of referrals completed by families of primary enrollees who were identified as needing necessary services in year 1 divided by the total number of referrals for a necessary service given to families of primary enrollees in year 1)
Data source	The data will be collected through a home visitor questionnaire.
Measurement tool	Question: “Which services did the family complete a referral for?”
Reliability/Validity	N/A
Data Collection & Analysis Plan	<i>Person responsible:</i> The home visitor
	<i>Data collection schedule:</i> Annually
	<i>Data analysis schedule:</i> Cross-Sectional Comparison between the target population who were in the program between January 1, 2013 to March 31, 2014 compared to those who were in the program between April 1, 2014 to September 30, 2014.
	Baseline Period: January 1, 2013 to March 31, 2014 Comparison Period: April 1, 2014 to September 30, 2014
Comments or Anticipated Challenges	*Necessary services include domestic violence services, food assistance, housing assistance, substance abuse, medical assistance and other. Data will only be analyzed for the target population who were enrolled for at least 12 months.

## Addendum 2 to Attachment AA

### Nevada Home Visiting – Benchmarks and Constructs

Benchmark VI: Coordination and Referrals for Other Community Resources and Supports	
<b>Construct</b>	<i>iv. Number of Memoranda of Understandings (MOU) with other social service agencies</i>
Performance Measure	The total number of MOUs or other formal agreements the home visiting implementing agencies have with other social service agencies in the community.
Operational definition	<i>Target population:</i> Home visiting implementing agencies receiving funding from Nevada MIECHV
	<i>Type:</i> Process
	<i>Numerator:</i> N/A
	<i>Denominator:</i> N/A
Definition of improvement and calculation	<i>Definition of improvement:</i> Increase or maintain the total number of MOUs or other formal agreements the home visiting implementing agencies funded by Nevada MIECHV have in year 2 as compared to the number of MOUs or other formal agreements the home visiting implementing agencies funded by Nevada MIECHV have in year 1.
	<i>Calculation:</i> (Number of MOUs or other formal agreements the home visiting implementing agencies funded by Nevada MIECHV have in year 2) compared to (number of MOUs or other formal agreements the home visiting implementing agencies funded by Nevada MIECHV have in year 1)
Data source	Home visiting implementing agencies' records.
Measurement tool	Question: "How many MOUs or other formal agreements does your agency have with other social service agencies in the community?"
Reliability/Validity	N/A
Data Collection & Analysis Plan	<i>Person responsible:</i> Home visiting implementing agency.
	<i>Data collection schedule:</i> Annually
	<i>Data analysis schedule:</i> Cross-Sectional Comparison between the target population who were in the program between January 1, 2013 to September 30, 2013 compared to those who were in the program between October 1, 2013 to September 30, 2014.
	Baseline Period: January 1, 2013 to September 30, 2013 Comparison Period: October 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	

## Addendum 2 to Attachment AA

### Nevada Home Visiting – Benchmarks and Constructs

Benchmark VI: Coordination and Referrals for Other Community Resources and Supports	
<b>Construct</b>	v. <i>Number of agencies with which the home visiting provider has a clear point of contact in the collaborating community agency</i>
Performance Measure	The total number of agencies with whom the home visiting implementing agencies receiving funding from Nevada MIECHV have a clear point of contact.
Operational definition	<i>Target population:</i> Home visiting implementing agencies receiving funding from Nevada MIECHV
	<i>Type:</i> Process
	<i>Numerator:</i> N/A
	<i>Denominator:</i> N/A
Definition of improvement and calculation	<p><i>Definition of improvement:</i> Increase or maintain the total number of agencies with which the home visiting implementing agencies receiving funding from Nevada MIECHV have a clear point of contact in year 2 as compared to the number of agencies with which the home visiting implementing agencies receiving funding from Nevada MIECHV have a clear point of contact in year 1.</p> <p><i>Calculation:</i> (Number of agencies with which all of the home visiting implementing agencies receiving funding from Nevada MIECHV have a clear point of contact in year 2) compared to (number of agencies with which all of the home visiting implementing agencies receiving funding from Nevada MIECHV have a clear point of contact with in year 1)</p>
Data source	Home visiting implementing agencies' records.
Measurement tool	Question: "How many agencies does your home visiting agency have a clear point of contact with in the community?"
Reliability/Validity	N/A
Data Collection & Analysis Plan	<i>Person responsible:</i> Home visiting implementing agency.
	<i>Data collection schedule:</i> Annually
	<i>Data analysis schedule:</i> Cross-Sectional Comparison between the target population who were in the program between January 1, 2013 to September 30, 2013 compared to those who were in the program between October 1, 2013 to September 30, 2014.
	Baseline Period: January 1, 2013 to September 30, 2013 Comparison Period: October 1, 2013 to September 30, 2014
Comments or Anticipated Challenges	

Addendum 3 to Attachment AA  
Nevada Home Visiting Data Collection Forms

**ENROLLMENT FORM – PRIMARY ENROLLEE**

Program:	<input type="checkbox"/> SNHD – NFP <input type="checkbox"/> SCF – EHS <input type="checkbox"/> SCF – HIPPY <input type="checkbox"/> UNR – EHS <input type="checkbox"/> HSNN – EHS <input type="checkbox"/> CC – HIPPY <input type="checkbox"/> HCC – HFA		
Name of Home Visitor:			Entry Date:    /    /
Exit Date:    /    /	Reason for Exit:		
<b>DEMOGRAPHICS</b>			
First Name:	Last Name:		
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date:    /    /		
Physical Address:			
City:	State:	Zip Code:	
Mailing Address (if different):			
City:	State:	Zip Code:	
Enrollee Category:	<input type="checkbox"/> Pregnant Woman	<input type="checkbox"/> Female Caregiver	<input type="checkbox"/> Male Caregiver
Marital Status:	<input type="checkbox"/> Never married <input type="checkbox"/> Divorced	<input type="checkbox"/> Married <input type="checkbox"/> Widowed	<input type="checkbox"/> Separated
Race:	<input type="checkbox"/> African American <input type="checkbox"/> Caucasian	<input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> Multiracial <input type="checkbox"/> Other <i>Specify:</i> _____
Ethnicity:	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Non-Hispanic/Latino	

<b>EMPLOYMENT AND EDUCATION</b>			
Employment Status:	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Not Employed
Average Number of Hours Worked per Week:	_____		
Gross Annual Income of the Primary Enrollee:	\$ _____		

## Addendum 3 to Attachment AA Nevada Home Visiting Data Collection Forms

Total Gross Annual Income of Household: \$ \_\_\_\_\_ Total Household Members: \_\_\_\_\_

Education/Training Status:     Student/Trainee                       Not a Student/Trainee

Education Status:     Currently enrolled in High School                      *Current Grade:* \_\_\_\_\_  
 Of High School Age, Not Enrolled                      *Highest Grade Completed:* \_\_\_\_\_  
 Less than High School Diploma                      *Highest Grade Completed:* \_\_\_\_\_  
 GED                       High School Diploma  
 Some College/Training                      *Number of Credits Earned:* \_\_\_\_\_  
 Technical Training Certification, Associate's Degree  
 Bachelor's Degree or Higher                       Other    *Specify:* \_\_\_\_\_

### INSURANCE

Type of Insurance:     Medicaid/Medicare     Tri-Care                       Private/Other                       Uninsured

### PRIORITY POPULATIONS

Check All that Apply:     Low income  
 Pregnant woman under age 21  
 Have a history of child abuse or neglect or have had interactions with child welfare services  
 Have a history of substance abuse or need substance abuse treatment  
 Are users of tobacco products in the home  
 Have or have a child/children with low student achievement  
 Have a child/children with developmental delays or disabilities  
 Are in a family that includes individuals who are serving/formerly served in the Armed Forces

### ADDITIONAL ADULTS IN THE HOME

First Name:	Last Name:	Birth Date:    /    /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
First Name:	Last Name:	Birth Date:    /    /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
First Name:	Last Name:	Birth Date:    /    /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
First Name:	Last Name:	Birth Date:    /    /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F

### ADDITIONAL CHILDREN IN THE HOME

First Name:	Last Name:	Birth Date:    /    /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
First Name:	Last Name:	Birth Date:    /    /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
First Name:	Last Name:	Birth Date:    /    /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
First Name:	Last Name:	Birth Date:    /    /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F



Addendum 3 to Attachment AA  
Nevada Home Visiting Data Collection Forms

**ENROLLMENT FORM - CHILD**

(Ask at enrollment or following the birth of the child)

Primary Enrollee:	Today's Date:    /    /	
<b>CHILD'S INFORMATION</b>		
First Name:	Last Name:	Nickname (optional):
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Due Date:    /    /	Birth Date:    /    /    Weeks Premature: _____
Has the child been diagnosed with a congenital inherited disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, specify the disorder _____		
Race:	<input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> Multiracial <input type="checkbox"/> Other <i>Specify:</i> _____
Ethnicity:	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	
Primary Language Exposed to:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other <i>Specify:</i> _____	
Type of Insurance:	<input type="checkbox"/> Medicaid /Nevada Check-Up <input type="checkbox"/> Tri-Care <input type="checkbox"/> Private/Other <input type="checkbox"/> Uninsured	

Addendum 3 to Attachment AA  
Nevada Home Visiting Data Collection Forms

**SIX WEEKS POST-ENROLLMENT FORM**

(For Primary Enrollees who were pregnant at enrollment.)

Primary Enrollee: _____	Today's Date: / / _____
<b>PRENATAL CARE</b>	
Did you receive prenatal care prior to enrolling in the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, did you receive prenatal care within 6 weeks of enrolling in the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Addendum 3 to Attachment AA  
Nevada Home Visiting Data Collection Forms

**QUARTERLY FORM**

(Ask every three months)

Primary Enrollee:	Today's Date: / /
Enrolled Child:	Quarter:
<b>BREASTFEEDING</b>	
Is your baby currently receiving breast milk? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, how old (in weeks) was your baby when s/he stopped receiving breast milk?    _____ <i>weeks</i>	
<b>ALCOHOL USE</b>	
Over the past 14 days, on how many different days did you use alcohol?    _____ <i>days</i>	
Over the past 14 days, on the days when you used alcohol, how many drinks did you usually have per day? Average number of drinks per day: _____	
<b>HEALTH CARE</b>	
Over the past 3 months, how often have you taken a folic acid supplement, prenatal vitamins, or multivitamins? <input type="checkbox"/> Regularly <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Over the past 3 months, how often have you used birth control? <input type="checkbox"/> Regularly <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Over the past 3 months, how many times has <b>your child</b> been taken to the emergency room for treatment? Number of times: _____	
What was the reason for each visit?	
Over the past 3 months, how many times have <b>you</b> been to the emergency room for your own treatment? Number of times: _____	
What was the reason for each visit?	
Over the past 3 months, on how many occasions has <b>your child</b> been taken to a doctor's office, emergency department, etc. to receive medical treatment for an injury? Number of times: _____	

Addendum 3 to Attachment AA  
Nevada Home Visiting Data Collection Forms

**SIX MONTHS POST-ENROLLMENT FORM**

(Ask only once per Primary Enrollee)

Primary Enrollee:	Today's date:    /    /
Enrolled Child:	
<b>EDUCATION AND SCREENINGS</b>	
Has the Primary Enrollee received birth-spacing education?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Primary Enrollee received information on the prevention of child injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Primary Enrollee been screened for domestic violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No





## Addendum 3 to Attachment AA Nevada Home Visiting Data Collection Forms

Which services was the family identified as needing?	<input type="checkbox"/> Domestic Violence Services <input type="checkbox"/> Substance Abuse Services <input type="checkbox"/> Medical Assistance	<input type="checkbox"/> Food Assistance <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Other _____
Which services was the family referred to?	<input type="checkbox"/> Domestic Violence Services <input type="checkbox"/> Substance Abuse Services <input type="checkbox"/> Medical Assistance	<input type="checkbox"/> Food Assistance <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Other _____
Which services did the family complete the referral for?	<input type="checkbox"/> Domestic Violence Services <input type="checkbox"/> Substance Abuse Services <input type="checkbox"/> Medical Assistance	<input type="checkbox"/> Food Assistance <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Other _____
If the Primary Enrollee was identified as needing domestic violence services, did the Primary Enrollee complete a safety plan?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

<b>ADDITIONAL ADULTS IN THE HOME</b>			
First Name:	Last Name:	Birth Date: / /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
First Name:	Last Name:	Birth Date: / /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
First Name:	Last Name:	Birth Date: / /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
First Name:	Last Name:	Birth Date: / /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
First Name:	Last Name:	Birth Date: / /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F

<b>ADDITIONAL CHILDREN IN THE HOME</b>			
First Name:	Last Name:	Birth Date: / /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
First Name:	Last Name:	Birth Date: / /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
First Name:	Last Name:	Birth Date: / /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
First Name:	Last Name:	Birth Date: / /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
First Name:	Last Name:	Birth Date: / /	Gender: <input type="checkbox"/> M <input type="checkbox"/> F

Addendum 4 to Attachment AA

**Disorders Included in the Newborn Screening Panel**

<b>Endocrine Disorders</b>	
1	Congenital Adrenal Hyperplasia
2	Congenital Hypothyroidism
<b>Hemoglobin Disorders</b>	
3	Sickle Cell Disease S/S
4	Sickle Cell Disease S/C
5	Thalassemia Major
<b>Metabolic Disorders</b>	
6	Biotinidase Deficiency
7	Galactosemia (classical or variant)
<b>Amino Acid Disorders</b>	
8	Arginase Deficiency
9	Argininosuccinate Lyase Deficiency (ASA)
10	Citrullinemia
	A. Classic Citrullinemia
	B. Citrullinemia Type II
11	Homocystinuria
12	Hyperphenylalanemia, including Phenylketonuria
13	Tyrosinemia
	A. Tyrosinemia, Type 1
	B. Tyrosinemia, Type 2
<b>Organic Acid Disorders</b>	
14	Beta-Ketothiolase Deficiency
15	Glutaric Aciduria, Type I (Glutaryl-CoA Dehydrogenase Deficiency)
16	Isobutyryl CoA Dehydrogenase Deficiency
17	Isovaleryl-CoA Dehydrogenase Deficiency (Isovaleric Acidemia)
18	Malonic Aciduria
19	Maple Syrup Urine Disease
20	Methylmalonic Acidemia (MMA; 8 types)
	A. Methylmalonic Aciduria, Vitamin B-12 Responsive
	B. Methylmalonic Aciduria, Vitamin B-12 Nonresponsive
	C. Vitamin B12 Metabolic Defect with Methylmalonicacidemia and Homocystinuria
21	Propionic Acidemia (PA)
22	2-Methyl-3-Hydroxybutyryl CoA Dehydrogenase Deficiency
23	2-Methylbutyryl CoA Dehydrogenase Deficiency
24	3-Methylcrotonyl CoA Carboxylase Deficiency
25	HMG-CoA Lyase Deficiency (3-hydroxy-3-methylglutaryl-CoA Lyase Deficiency)

**Disorders Included in the Newborn Screening Panel**

<b>Organic Acid Disorders (Continued)</b>	
26	3-methylglutaconyl-CoA Hydratase Deficiency
	A. 3-methylglutaconyl-CoA Aciduria Type I
	B. 3-methylglutaconyl-CoA Aciduria Type II
	C. 3-methylglutaconyl-CoA Aciduria Type III
	D. 3-methylglutaconyl-CoA Aciduria Type IV
27	Multiple Carboxylase Deficiency
<b>Fatty Acid Oxidation Disorders</b>	
28	Carnitine Uptake /Transporter Defects
	A. Carnitine-Acylcarnitine Translocase Deficiency
	B. Carnitine Transporter Defect
	C. Carnitine Palmitoyl Transferase I Deficiency (CPT I)
	D. Carnitine Palmitoyl Transferase II Deficiency (CPT II)
29	Glutaric Aciduria, Type II (Multiple Acyl-CoA Dehydrogenase Deficiency (MADD))
30	Very Long Chain Acyl-CoA Dehydrogenase Deficiency (VLCADD)
31	Long Chain L-3 Hydroxyacyl-CoA Dehydrogenase Deficiency (LCHADD)
32	Medium Chain Acyl-CoA Dehydrogenase Deficiency (MCADD)
33	Short Chain Acyl-CoA Dehydrogenase Deficiency (SCADD)
34	Cystic Fibrosis

Nevada Division of Public and Behavioral Health  
 Health Resource and Services Administration: Home Visiting Expansion Grant  
 Budget Request and Justification Form  
 September 1, 2013 through September 30, 2016  
 7/8/2014-6/30/2015

1. PERSONNEL:

SALARIES AND WAGES				
Position Title(s)	Annual	% of Time	Months	Request
CHN Supervisor at \$47.37/hr. x 13 hrs/yr				\$ 616
Senior CHN	\$ 90,481	40%	12	\$ 36,192
Administrative Assistant II	\$ 46,018	35%	12	\$ 16,106
CHN II/CCM	\$ 82,795	100%	12	\$ 82,795
CHN II	\$ 70,612	100%	12	\$ 70,612
Nurse Manager at \$43.84/hr x 100 hrs/yr	-			\$ 4,384
<b>SALARIES AND WAGES – PERSONNEL TOTAL:</b>				<b>\$210,705</b>
<b>SALARIES AND WAGES JUSTIFICATION</b>				
2 nurse home visitors at 100% to serve a total Of 50 MIECHV funded families. Total team size is 6 nurse home visitors.2/6=33% of team. Administrative Assistant is on at 35% to include				

2. FRINGE BENEFITS:

FRINGE BENEFITS				
Item	Percentage	Amount		Request
Total Salaries and wages at \$210,705	38.80%	\$ 210,705		\$ 81,754
		\$		\$
		\$		\$
<b>FRINGE TOTAL:</b>				<b>\$ 81,754</b>
<b>FRINGE BENEFITS JUSTIFICATION:</b>				
Benefits at 36.39% and taxes @ 2.41%= 38.8%				

3. TRAVEL:

IN - TRAVEL			
Item			Request
Mileage: \$282/mo/nurse x 2 nurses=\$564/mo x 12 mos=\$6768	Vehicle expense		\$ 7,968
Airfare:			\$ -
Per Diem:			\$ -
Lodging:			\$ -
Airport Parking:			\$ -
Motor Pool:			\$ -
<b>IN-STATE TRAVEL TOTAL:</b>			<b>\$ 7,968</b>
<b>IN-STATE TRAVEL JUSTIFICATION:</b>			
Mileage per nurse on actual GL=\$282/mo/nurse x 2 nurses for home visits=\$564/mo x 12 mos=\$6768			
Vehicle expense @ \$50/mo/nurse x 2 nurses= \$100/mo x 12 mos= \$1200			
\$6768 + \$1200= \$7968			
OUT-OF-STATE - TRAVEL			
Item			
Airfare: Estimated airfare from McCarren to Denver airport for team leader to attend mandatory Annual Educational Symposium			\$ 500
Per Diem: 2 days @ \$49.50 + 2 days @ \$66			\$ 231
Estimated cost \$335/night (Westin Denver Downtown) x 3 nites=\$1005			\$ 1,005
Airport Parking: Economy parking @ \$10/day x 4 days= \$40			\$ 40
Motor Pool: Estimated cost of Super Shuttle to and from airport			\$ 44
<b>OUT-OF-STATE - STATE TRAVEL TOTAL:</b>			<b>\$ 1,820</b>
<b>OUT-STATE TRAVEL JUSTIFICATION:</b>			
• All out-of-State - State travel will be in accordance with U.S. General Service Administration (GSA) rates.			
Travel by team leader to mandatory NFP Annual Educational Symposium. District will not approve out of state travel not grant-funded. Attendance benefits MIECHV funded staff.			
<b>TRAVEL TOTAL:</b>			<b>\$ 9,788</b>

4. EQUIPMENT:

(Equipment are single item with a cost of greater than \$5,000 per item)

EQUIPMENT			
Item	Quantity	Rate	Request
			\$ -
			\$ -
			\$ -
<b>EQUIPMENT TOTAL:</b>			<b>\$ -</b>
<b>EQUIPMENT JUSTIFICATION</b>			



5. SUPPLIES:

SUPPLIES			
Item	Quantity	Cost	Request
Medical supplies @\$440/nhv/yr x 2=\$880 x 0.04 inflationary rate= \$35.20 + \$880= \$915		\$	#NAME? \$ 915
			\$ -
Office supplies-\$43/nurse/mo x 2=\$86 x 0.05 inflationary rate=\$4.30 + \$86=\$90.30/mo x 12 mos= \$1084			\$ 1,084
Office supplies for team leader and Administrative Assistant @ \$43/mo x 2=\$86 x 0.05 inflationary			\$ 358
			\$ -
			\$ 150
Postage-NFP estimates \$3/family/yr x 50 families=\$150			\$ 150
Out of house printing-Estimated cost=\$10/mo/nurse x 2 x 12 mos= \$240 x 0.023 inflationary rate=\$6 +			\$ 300
in-house printing @\$39/mo/nurse x 2 x 12 mos=\$936/yr x 0.023 inflationary rate=\$958			\$ 958
DANCE licensing fee \$125/1 nurse + \$55/1 nurse + \$55 x 0.33 team leader=\$198			\$ 198
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
		\$ -	\$ -
			<b>SUPPLIES TOTAL: \$ 3,963</b>
<b>SUPPLIES JUSTIFICATION:</b>			

6. CONTRACTUAL/CONSULTANT SERVICES:

CONTRACTUAL/CONSULTANT SERVICES-COMPENSATION			
Item	Quantity	Rate	Request
NFP Nurse Consultant fee=\$8869 x 0.33 (MIEHCV nurses are 33% of team)=		\$ -	\$ 2,927
Annual Program Support Fee =\$7398 x 0.5 (% of cost counting team leader and Admin Assist=8 team members/4)=\$3699		\$ -	\$ 3,699
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
<b>CONTRACTUAL/CONSULTANT SERVICES-COMPENSATION TOTAL:</b>			<b>\$ 6,626</b>
<b>CONTRACTUAL/CONSULTANT SERVICES-COMPENSATION JUSTIFICATION</b>			
8 total team members- 2 MIECHV funded NHV, 4NHV, 1Admin Assist, 1 Sr. CHN			

**7. OTHER:**

Item	Quantity	Cost	Request
Cellular Usage Fees/NHV/mo=\$51.13 x 12 mos=\$614 x 2=\$1228 x 0.023 inflationary rate=\$1256		\$	\$ 1,228
12 mos=\$996/yr x 0.33 % MIECHV for Admin Assist and Team Leader=\$329. \$329 + \$2988=\$3317		\$	\$ 3,317
		\$	
		\$	
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
<b>OTHER TOTAL:</b>			<b>\$ 4,545</b>
<b>OTHER JUSTIFICATION</b>			

**8. INDIRECT:**

Item	Quantity	Rate	Request
	\$ 317,381	22.16%	\$70,332
<b>INDIRECT TOTAL:</b>			<b>\$70,332</b>
<b>INDIRECT JUSTIFICATION</b>			
\$317,381 x 0.2216=\$70,332			

**BUDGET SUMMARY:**

CATEGORY	
Personnel	\$ 210,705.00
Fringe	\$ 81,754.00
Consultant/Contract Services	\$ 6,626.00
Travel	\$ 9,788.00
Equipment	\$ -
Supplies	\$ 3,963.00
Other	\$ 4,545.00
Indirect	\$ 70,332.00
<b>TOTAL:</b>	<b>\$ 387,713.00</b>