SUMMARY OF TRIBAL MIECHV BENCHMARK PERFORMANCE MEASURES

INTRODUCTION AND OVERVIEW

The Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, administered by the Administration for Children and Families (ACF) in collaboration with the Health Resources and Services Administration, aims to improve health and developmental outcomes for mothers and children through implementation of evidence-based home visiting models. Funding requirements stipulate that grantees demonstrate quantifiable and measurable improvements across the following federal benchmark domains:

1. Maternal, newborn, and child health
2. Child injuries; child abuse, neglect, or maltreatment; and emergency department visits
3. School readiness and achievement
4. Crime or domestic violence
5. Family economic self-sufficiency
6. Coordination and referrals for other community resources and supports

To measure and demonstrate performance improvement across the benchmark domains, grantees were required to develop benchmark plans that describe the process to be used in identifying quantifiable, measurable performance measures.

For over two years, Tribal Home Visiting[1] grantees worked with the Administration for Children and Families and members of the Tribal Home Visiting Evaluation

[1] Throughout this document, "Home Visiting" refers specifically to the Maternal, Infant, and Early Childhood Home Visiting Program.

Institute (TEI) to develop strong performance measurement plans. TEI provided intensive individualized technical assistance to ensure that grantees meet federal requirements and the requirements of the home visiting model developers, develop performance measures that are meaningful to programs and communities, and collect data that can be used internally to continuously improve the quality of their home visiting programs.

This summary provides an overview of all 25 approved Tribal Home Visiting Program benchmark plans as of May 1, 2014. Information was gathered from each plan, including the stated performance measure, the type of measure (outcome or process), the data source (client, home visitor, or administrative records), the target population, the tool or measure selected by the grantee, and the measurement period. Information was also collected on the type of comparisons used to demonstrate improvement (individual, cohort, or cross-sectional comparison of data), the direction of improvement needed to determine success, the unit of analysis, and the type of scoring. This summary describes the grantees' benchmark plans across and within constructs. It includes a description of themes within each benchmark domain and a discussion of alignment—or the degree of similarity—of grantee measurement choices within each construct.

SUMMARY ACROSS MEASURES

Home visiting grantees were given the flexibility to develop performance measures that were meaningful to their programs and appropriate for the community context. As a result, across grantees, different indicators were selected to represent each construct and were measured using a variety of tools across a range of time points. While this approach has strengths, allowing for varying dimensions of each construct to be captured, it complicates the ability to summarize grantee performance measures across programs, constructs, and benchmark domains. This section explores the alignment across grantee-developed performance measures. The degree of alignment is an important consideration because it impacts the ability to summarize and draw conclusions from grantee performance measurement results. The information is summarized below.

Summary of Benchmark Domains

Benchmark Domain 1: Maternal, Child, and Newborn Health

- In seven of the nine maternal and newborn health constructs, the majority of grantees chose outcome measures to examine performance.

- In a majority of cases, grantees are collecting maternal and newborn health data through self-report. For example, just one of 25 grantees collects administrative data to track prenatal care, and three grantees (12 percent) rely on administrative data to track well-child visits.
- Grantees use a variety of screening instruments to examine substance use (Construct 1.2) and maternal depression (Construct 1.5). Grantees use seven different screeners for alcohol, tobacco, or other drugs and six maternal depression assessments.

Benchmark Domain 2: Child Injuries; Child Abuse, Neglect, or Maltreatment; and Emergency Department Visits

- With the exception of information/training on prevention of child injuries (Construct 2.3), the vast majority of grantees are using outcome measures to assess program performance related to prevention of childhood injuries and child maltreatment.
- Grantees are using a combination of administrative data and participant self-report to track child maltreatment outcomes. Over half the grantees (56 percent, n=14) are tracking reports of suspected maltreatment with administrative data. Sixty percent (n=15) are tracking substantiated reports and first-time victims of maltreatment through administrative records.

Benchmark Domain 3: School Readiness and Achievement

- A majority of grantees are using outcome measures in three of the four constructs that examine parent knowledge and behavior (Constructs 3.1–3.4). Grantees are collecting these data through a variety of parenting measures, including six unique measures to track parent support of child learning and development (Construct 3.1) and eight different measures to assess parent knowledge of child development (Construct 3.2).
- The majority of grantees are using process measures to assess program performance for all five constructs focused on child behavior and development (Constructs 3.5–3.9).
- The Ages and Stages Questionnaire-3 (ASQ-3) and Ages and Stages Questionnaire: Social and Emotional (ASQ:SE) are the most commonly used developmental screening tools.
- Grantees most commonly track performance by reporting rates of screening, while some track referrals to service providers or discussion of screening results.

Benchmark Domain 4: Crime or Domestic Violence

- Performance measurement guidelines allowed grantees to choose to measure either crime or domestic violence. All 25 grantees chose to assess domestic violence in their benchmark plans.
- All grantees use process measures to track the three domestic violence constructs.
- While all grantees chose to examine screening for domestic violence, programs use a variety of screening instruments. Grantees use seven different domestic violence screening instruments, and five grantees chose to use a nonstandardized measure.

Benchmark Domain 5: Family Economic Self-Sufficiency

- All grantees use outcome measures to assess economic self-sufficiency (Construct 5.1–5.3). In all but one case, this information is provided through participant self-report.
- Grantees chose to measure income and benefits (Construct 5.1) in a variety of ways. Just under half of grantees (48 percent, n=12) use a standardized self-report measure of economic security rather than income. Forty-four percent (n=11) are examining changes in income.
- Grantees chose to examine employment or education (Construct 5.2) in a variety of ways. The largest number of grantees (40 percent, n=10) chose to measure the number of hours spent participating in either educational or employment activities.

Benchmark Domain 6: Coordination and Referrals for Other Community Resources

- All grantees chose to use process measures to examine identification for services, referrals, number of MOUs, and information sharing (Constructs 6.1–6.4), and all grantees chose an outcome measure to examine receipt of services (Construct 6.5).
- Grantees use a variety of approaches for identifying necessary services (Construct 6.1). A majority (60 percent, n=15) screen for a comprehensive array of needs. Other grantees focus on a limited set of needs (16 percent, n=4) or on a single need (24 percent, n=6).
- Grantees are measuring information sharing in a variety of ways. The majority of grantees (84 percent, n=21) are determining whether the home visiting program has a clear point of contact within the partnering agency.

Summary of Benchmark Constructs With the Highest Degree of Similarity

- **Breastfeeding:** Grantees consistently chose to use an outcome measure for this construct. The majority of performance measures capture duration of breastfeeding (84 percent, n=21) rather than initiation of breastfeeding (16 percent, n=4).
- **Well-Child Visits:** All grantees chose to assess this construct with an outcome measure (n=25). The majority of these outcome measures focus on adherence to a recommended well-child visit schedule (88 percent, n=22).
- **Child and Mother Visits to Emergency Department:** All but one grantee (94 percent) are using an outcome measure to capture visits to the emergency department, relying on parent self-report of visits.
- **Information/Training on Prevention of Child Injuries:** All grantees are using a process measure to capture information and training on the prevention of child injuries, with most (92 percent, n=23) focusing on the provision of information about child injuries.
- **Child Injuries:** All grantees are using an outcome measure for child injuries. Most grantees are relying on parent self-report (96 percent, n=24) of injuries.
- **Child Communication, Language, and Emergent Literacy:** Most grantees (92 percent, n=23) are using the ASQ-3 to screen for developmental concerns related to child communication.
- **Child Cognitive Skills:** Most grantees (92 percent, n=23) are using the ASQ-3 to screen for delays related to child cognitive skills.
- **Number of Memoranda of Understanding (MOU) To Increase Coordination of Resources and Referrals:** All grantees are counting the number of MOUs developed between the home visiting program and outside partners.

Summary of Benchmark Constructs With the Highest Degree of Diversity

- **Alcohol, Tobacco, and Illicit Drugs:** Grantees are divided in their use of a process or outcome measure to assess this construct. Fifty two percent (n=13) chose an outcome measure, and the remainder (48 percent, n=12) chose a process measure. Grantees use a variety of tools to screen for substance use. Grantees use seven different measures focused on either a single substance or a combination of alcohol, tobacco, and illicit drugs.
- **Inter-Birth Intervals:** There is considerable variation in the use of a process or outcome measure for this construct. Over half of grantees (56 percent, n=14)

are using a process measure, such as provision of information. Forty-four percent (n=11) are using an outcome measure, including contraception use or pregnancy spacing.

- **Parent Support for Child Learning and Development:** While most grantees chose to use an outcome measure (92 percent, n=23), there is significant variation in the instruments they chose to measure this construct. Grantees selected six different measures.
- **Child Physical Health and Development:** Over half (64 percent, n=16) of grantees are using a process measure to assess child physical health and development. There is significant variation in the defined performance measures.
- **Screening for Domestic Violence:** While all grantees are screening for domestic violence, they are using a wide range of screening tools. Grantees use seven unique screening instruments.

CONSTRUCT-SPECIFIC SUMMARIES

Below is a brief summary of grantee performance measures across the 36 benchmark constructs, including how they aligned across type of measure (process or outcome), focus of performance measure, target population, and tools/measures used.

Benchmark Domain 1: Maternal, Newborn, and Child Health

Construct 1.1: Prenatal Care

- All 25 grantees are using an outcome measure to assess prenatal care among pregnant participants.
- The majority of the performance measures focus on the adequacy of prenatal care (64 percent, n=16), with a minority focused on the onset of prenatal care (32 percent, n=8). One grantee is measuring both adequacy and onset (4 percent).
- Of the 16 grantees that are measuring adequacy, most (88 percent, n=14) are measuring the percentage of recommended prenatal care visits received; two (13 percent) are measuring the completion of visits within a specified timeframe (e.g., receipt of one visit in each trimester).
- Of the eight grantees measuring the onset of prenatal care, half (n=4) are measuring onset during the first trimester and half (n=4) are measuring onset more generally.
- Ninety-six percent (n=24) of grantees are using self-report to capture these data, with the remaining four percent (n=1) using administrative data.

Construct 1.2: Alcohol, Tobacco, and Illicit Drugs

- Over half of grantees (52 percent, n=13) are relying on outcome measures to measure substance use, while 48 percent (n=12) are using process measures. Performance measures focus on the use of tobacco (48 percent, n=12); alcohol (24 percent, n=6); or some combination of alcohol, tobacco and illicit drugs (28 percent, n=7).
- Over half of grantees are using a standardized tool to collect the data. However, there is very little alignment across the standardized tools identified: 16 percent (n=4) are using the Life Skills Progression (LSP); 12 percent (n=3) are using the CAGE; and eight percent (n=2) are using the Alcohol Use Disorders Identification Test (AUDIT). Instruments used by one grantee each include UNCOPE, CRAFFT, Drug Abuse Screening Test (DAST), and Institute for Health and Recovery Integrated Screener (IHRIS).
- A majority (68 percent, n=17) of grantees are assessing all mothers/caregivers enrolled, while a minority (32 percent, n=8) are targeting only pregnant mothers for this performance measure.

Construct 1.3: Preconception Care

- Seventy-six percent (n=19) of grantees are using outcome measures to capture preconception care, while 24 percent (n=6) are using process measures.
- Performance measures focus on postpartum checkups (36 percent, n=9), provision of information on preconception care (24 percent, n=6), routine preventive or well-women exams (16 percent, n=4), folic acid or other vitamin supplement use (8 percent, n=2), contraception use (8 percent, n=2), or report of a medical home (8 percent, n=2).
- More than half (56 percent, n=14) of these performance measures target only postpartum mothers, with the remaining measures targeting all mothers or caregivers enrolled (44 percent, n=11).

Construct 1.4: Inter-Birth Intervals

- Fifty-six percent (n=14) of grantees are using process measures, and 44 percent (n=11) are using outcome measures to assess this construct.
- Of those grantees using a process measure, the majority (86 percent, n=12) are focusing on the provision of information related to birth spacing; two grantees (14 percent) are examining completion of a reproductive life plan.

- Of those using an outcome measure, 64 percent (n=7) are tracking contraception use, 27 percent (n=3) focus on pregnancy spacing, and one grantee is tracking receipt of a postpartum or well-woman exam (9 percent).
- Twenty-eight percent (n=7) of grantees are assessing this construct among postpartum women, whereas 72 percent (n=18) are assessing all mothers/ caregivers.

Construct 1.5: Maternal Depressive Symptoms

- All 25 grantees are relying on process measures to capture screening of maternal depressive symptoms, with 96 percent (n=24) focusing on the rates of screenings and four percent (n=1) on referral rates for those participants screened positive for depressive symptoms.
- Forty percent (n=10) of the performance measures target only postpartum mothers enrolled in the program; 56 percent (n=14) of performance measures target all mothers; and four percent (n=1) target only pregnant mothers.
- The most common tools identified for the screening of depressive symptoms include the Edinburg Postnatal Depression Scale (EPDS) (72 percent, n=18), followed by the Patient Health Questionnaire-9 (PHQ-9) (12 percent, n=3), Patient Health Questionnaire-2 (PHQ-2) (8 percent, n=2), Center for Epidemiologic Studies Depression Scale (CES-D) (8 percent, n=2), the IHRIS (4 percent, n=1), and LSP (4 percent, n=1).

Construct 1.6: Breastfeeding

- All 25 grantees are using outcome measures to assess improvement in breastfeeding.
- While the majority (84 percent, n=21) of performance measures focus on the duration of breastfeeding, there is variation in how duration is operationalized. Most grantees are tracking the average number of weeks mothers spend breastfeeding (48 percent, n=12), while others focus on the duration of breastfeeding at less than two months (8 percent, n=2) and at six months (28 percent, n=7) postpartum.
- In addition to duration, 16 percent (n=4) of grantees are measuring whether mothers initiated breastfeeding at all.

Construct 1.7: Well-Child Visits

- One hundred percent of grantees are measuring well-child visits using an outcome measure (n=25).

- Twenty-two out of 25 grantees (88 percent) are measuring adherence to a recommended well-child visit schedule, while three grantees (12 percent) are measuring immunizations.
- Most grantees (88 percent, n=22) are using self-report to capture well-child visits, while a minority (12 percent, n=3) are using administrative data (e.g., electronic health records).

Construct 1.8: Regular Visits to a Primary Healthcare Provider or Medical Home

- All 25 grantees are using an outcome measure to assess this construct.
- Seventy-six percent (n=19) are tracking visits to a primary care provider, 20 percent (n=5) are assessing report of a medical home, and four percent (n=1) are tracking postpartum care.
- Forty-eight percent of grantees (n=12) are targeting the mother and child, 40 percent (n=10) are targeting all mothers/caregivers, eight percent (n=2) are focusing on the child alone, and four percent (n=1) are targeting only postpartum mothers.

Construct 1.9: Maternal and Child Health Insurance Status

- Grantees are predominantly using outcome measures to assess improvement in maternal and child health insurance status (92 percent outcome, n=23; 8 percent process, n=2).
- All grantees using process measures are tracking referrals made by home visitors to insurance providers (8 percent, n=2).
- Of those using outcome performance measures, most focus on the health insurance status of both the mother and child (86 percent, n=20), with a few tracking the status of the mother only, the child only, or the number of months insured (for each, 4 percent, n=1).

Benchmark Domain 2: Child Injuries; Child Abuse, Neglect, or Maltreatment; and Emergency Room Visits

Construct 2.1: Visits for Children to Emergency Department

- All but one grantee (96 percent, n=24) is relying on outcome measures to assess improvement in visits for children to the emergency department (ED).
- Measures focus on the number of children with visits to the ED (48 percent, n=12) or the incidents/number of visits to the ED (44 percent, n=11), demonstration of knowledge through pre/posttests (4 percent, n=1), or

provision of information about when to seek treatment for a child in the ED (4 percent, n=1).

- Only one grantee (4 percent) is using administrative data for this construct. Others are using self-report (88 percent, n=22) or program documentation (8 percent, n=2).

Construct 2.2: Visits for Mothers to Emergency Department

- All but one grantee (96 percent, n=24) is using outcome measures to assess visits for mothers to the ED.
- Measures focus on the number of mothers with visits to the ED (56 percent, n=14), incidents/number of visits to the ED (40 percent, n=10), or provision of information about when to seek treatment in the ED (4 percent, n=1).
- Most grantees are collecting data via self-report through interview questions and program forms (96 percent, n=24). Only one grantee is using administrative data (i.e., hospital or health records).
- All but one grantee (96 percent) are targeting all mothers/caregivers; the remaining grantee is targeting only pregnant mothers (4 percent).

Construct 2.3: Information/Training on Prevention of Child Injuries

- All 25 grantees are using process measures to track the provision of information and training on the prevention of child injuries through program documentation.
- The vast majority of measures focus on the provision of information about the prevention of child injuries (92 percent, n=23). Two grantees (8 percent) are focusing on the completion of a home safety checklist with families.

Construct 2.4: Child Injuries

- All 25 grantees are using an outcome measure to capture child injuries.
- The measures focus on the number of children with injuries (72 percent, n=18) and the number of incidents of injuries (26 percent, n=7).
- Most grantees are collecting data via parent self-report (96 percent, n=24). One grantee is using administrative data (health records) (4 percent).

Construct 2.5: Reported Suspected Maltreatment

- All 25 grantees are relying on outcome measures for reports of suspected child maltreatment.
- The measures focus on the number of children with reports of suspected maltreatment (76 percent, n=19) and the number of reports of suspected

maltreatment (24 percent, n=6). Over half of the grantees (56 percent, n=14) are receiving administrative data from the child welfare agency. Ten grantees (40 percent) are relying on parent self-report, and one grantee is using program documentation (4 percent).

Construct 2.6: Reported Substantiated Maltreatment

- All 25 grantees are using an outcome measure to track substantiated reports of child maltreatment.
- The measures focus on the number of children with substantiated reports of maltreatment (80 percent, n=20) and the number of substantiated reports of maltreatment (20 percent, n=5).
- Sixty percent of grantees are using administrative data from the child welfare agency (n=15), and 40 percent are relying on parent self-report (n=10).

Construct 2.7: First-Time Victims of Maltreatment

- All 25 grantees are using an outcome measure to assess first-time victims of child maltreatment.
- All grantees are focusing on the number of children who are first-time victims of child maltreatment.
- Sixty percent of grantees are collecting administrative data from the child welfare agency (n=15), and 40 percent are relying on parent self-report (n=10).

Benchmark Domain 3: School Readiness and Achievement

Construct 3.1: Parent Support for Child Learning and Development

- Ninety-two percent (n=23) of grantees are using outcome measures to track performance in parent support for child learning and development. Eight percent (n=2) are using a process measure.
- Grantees are using an array of instruments, with the most common instrument selected for this construct being the Home Observation for the Measurement of the Environment (HOME) (28 percent, n=7). Other instruments selected include the Life Skills Progression (LSP) (12 percent, n=3), Parenting Interactions with Children Checklist of Observations Linked to Outcomes (PICCOLO) (12 percent, n=3), University of Idaho Survey of Parenting Practices (UISPP) (12 percent, n=3), Ages and Stages Questionnaire-3 (ASQ-3) (8 percent, n=2), and Keys to Interactive Parenting Scale (KIPS) (8 percent, n=2).

Construct 3.2: Parent Knowledge of Child Development

- Seventy-two percent (n=18) of grantees are using outcome measures to asses parent knowledge of child development. Twenty-eight percent (n=7) are using process measures.
- The instrument chosen most frequently was the ASQ-3 (24 percent, n=6), followed by the HOME (20 percent, n=5). Other instruments selected include the Family Spirit Knowledge Assessment (12 percent, n=3), KIPS (8 percent, n=2), LSP (8 percent, n=2), and UISPP (8 percent, n=2). An additional three instruments have been selected by one grantee each.
- All grantees selecting process performance measures focused on the provision of information about the child's developmental progress (i.e., home visitor reviewing the results of the ASQ-3 with the parent) (28 percent, n=7).

Construct 3.3: Parenting Behaviors/Parent-Child Relationship

- Most grantees (88 percent, n=22) are using outcome measures to assess improvement in parenting behaviors or the parent–child relationship. Twelve percent (n=3) are using process measures.
- Grantees are using a variety of instruments including the HOME (24 percent, n=6), KIPS (12 percent, n=3), LSP (12 percent, n=3), PICCOLO (16 percent, n=3), and UISPP (12 percent, n=3). An additional six measures have been selected by one grantee each.
- Grantees selected the following process measures: discussion of developmental screening results (4 percent, n=1), completion of parental stress assessment (4 percent, n=1), and participation in group sessions focused on parent–child attachment (4 percent, n=1).

Construct 3.4: Parent Emotional Well-Being/Parenting Stress

- Over half (52 percent, n=13) of the 25 grantees are using process measures to assess parent emotional well-being or parenting stress.
- Thirty-two percent (n=8) are measuring the percentages that were screened for depression, and 24 percent are measuring the level of depression (n=6). Twenty percent (n=5) are tracking the percentage that completed assessments of parenting stress, and 16 percent (n=4) are measuring the level of parental stress. One grantee (4 percent) is tracking referrals made to mental health providers.
- A wide variety of tools are being used to assess this construct, including the Edinburg Postnatal Depression Scale (EPDS) (48 percent, n=12), the Parenting Stress Index (20 percent, n=5), the Patient Health Questionnaire (20 percent,

n=5), the Protective Factors Survey (8 percent, n=2), the LSP (4 percent, n=1), and the Parental Stress Scale (4 percent, n=1).[2]

- Twenty-eight percent (n=7) of grantees are assessing parent emotional well-being or parenting stress for postpartum women only, whereas 72 percent (18) are assessing the construct for all mothers or caregivers.

Construct 3.5: Child Communication, Language, and Emergent Literacy

- Seventy-two percent (n=18) of grantees are using process measures to assess child communication, language, and emergent literacy, and 28 percent (n=7) are using outcome measures.
- Ninety-two percent (n=23) chose to use the ASQ-3; one grantee selected the Survey of Wellbeing in Young Children (SWYC) (4 percent); and one selected the Newborn Behavioral Observation instrument (NBO) (4 percent).
- Of the grantees using a process measure, 89 percent (n=16) are tracking developmental screenings, four percent (n=1) are tracking referrals, and four percent (n=1) are tracking whether the results of the developmental screening were discussed.

Construct 3.6: Child Cognitive Skills

- Of the 25 grantees, 72 percent (n=18) are using process measures to assess child cognitive skills and 28 percent (n=7) are using outcome measures.
- Ninety-two percent (n=23) chose to use the ASQ-3; one grantee selected the SWYC (4 percent); and one selected the NBO (4 percent).
- Of the grantees using process measures, 89 percent (n=16) are tracking developmental screenings, four percent (n=1) are tracking referrals, and four percent (n=1) are tracking whether the results of the developmental screening were discussed.

Construct 3.7: Child Positive Approaches to Learning

- To assess improvement in positive approaches to learning among children, 68 percent of grantees are using process measures (n=17) and 32 percent (n=8) are using outcome measures.
- Sixty-four percent are tracking screening for developmental delay (n=16), 32 percent (n=8) are measuring developmental outcomes, and one grantee is tracking referrals (4 percent).

[2] Some grantees used more than one instrument, so the total exceeds 100 percent.

- Among tools selected by grantees to measure this construct, 88 percent chose the ASQ-3 (n=22). The following measures were selected by one grantee each: Ages and Stages Questionnaire: Social-Emotional (ASQ-SE) (4 percent), the NBO (4 percent), and the SafeCare Infant Planned Activities Training (4 percent).

Construct 3.8: Child Social Behavior/Emotional Well-Being

- Most grantees (80 percent, n=20) are using process measures to assess child social behavior/emotional well-being; the remaining five grantees (20 percent) are using outcome measures.
- Of those using process measures 18 out of 20 (90 percent) are examining screening rates; the remaining two grantees (10 percent) are tracking referrals.
- The most common tool used to assess child social behavior/emotional well-being is the ASQ-SE (60 percent, n=15). The ASQ-3 was the second most commonly selected tool, with 28 percent of grantees (n=7) selecting this tool. The following tools were selected by one grantee (4 percent) each: NBO, Child Behavior Checklist, and Baby Pediatric Symptoms Checklist/Preschool Pediatric Symptom Checklist.

Construct 3.9: Child Physical Health and Development

- Of the 25 grantees, 64 percent (n=16) are using process measures to assess child physical health and development, and 36 percent (n=9) are using outcome measures.
- There is a wide range of performance measures for this construct. Of those using a process measure, grantees are measuring screenings for gross and fine motor development using the ASQ-3 (81 percent, n=13); more general assessments of health and physical development (13 percent, n=2); screenings for height, weight, and head circumference (13 percent, n=2); and receipt of intervention services (4 percent, n=1).
- Of those using an outcome measure, three grantees (33 percent) are measuring general health and physical development; three grantees (33 percent) are tracking height, weight, and head circumference; and one grantee (11 percent) is tracking immunizations.
- Fifteen grantees (60 percent) are using the ASQ-3. The following instruments are used by one grantee (4 percent) each: NBO, SWYC, PAT Health Record, and Infant Health Form. The remaining grantees (24 percent, n=6) are not using a standardized measure.

Benchmark Domain 4: Crime or Domestic Violence

Construct 4.1: Screening for Domestic Violence

- All 25 grantees chose to report on the domestic violence constructs (screenings, referrals, and safety plans) rather than crime (arrests and convictions).
- One hundred percent of grantees are using process measures, capturing screening for domestic violence.
- Most of the process measures track the number of women screened for domestic violence (92 percent, n=23). Eight percent are tracking the number of screenings conducted (n=2).
- Grantees are using a wide range of tools to screen for domestic violence: 28 percent (n=7) are using the Women's Experience with Battering instrument (WEB); 28 percent (n=7) are using the Adult Abuse Screener (AAS); 12 percent (n=3) are using the Nurse Family Partnership Relationship Assessment Form; eight percent (n=2) are using the Woman Abuse Screening Tool (WAST); four percent (n=1) are using the Domestic Violence Ended instrument; four percent (n=1) are using the IHR Integrated Screening Tool; and four percent (n=1) are using the DV/IPV Questionnaire. Five grantees (20 percent) are using a program form or a nonstandardized instrument.

Construct 4.2: Referrals for Domestic Violence Services

- All 25 grantees are relying on process measures to assess improvement in referrals for domestic violence services for those participants who screen positive for domestic violence.
- Eighty-eight percent of grantees (n=22) are reporting on the percentage of participants referred for domestic violence services, while 12 percent (n=3) are reporting on the number of referrals made.

Construct 4.3: Domestic Violence Safety Plan

- All 25 grantees are using process measures to track the completion of domestic violence safety plans created for those participants who screen positive for domestic violence.
- Eighty-eight percent of grantees (n=22) are reporting on the percentage of participants with safety plans, while 12 percent (n=3) are reporting on the number of safety plans completed.

Benchmark Domain 5: Family Economic Self-Sufficiency

Construct 5.1: Income and Benefits

- All 25 grantees are using an outcome performance measure, relying on participant self-report.
- Half of grantees (48 percent, n=12) are using a self-report measure of economic security as a proxy for income. Forty-four percent (n=11) are measuring income: 12 percent (n=3) from all sources of income and 32 percent (n=8) from income and benefits alone.
- Two grantees (8 percent) are capturing receipt of concrete supports.
- Grantees are assessing household/family members (48 percent, n=12), mothers/caregivers (48 percent, n=12), or pregnant women only (4 percent, n=1).

Construct 5.2: Employment or Education

- One hundred percent (n=25) of grantees are using outcome measures, relying on participant self-report.
- Grantees are using a wide variety of performance measures for this construct. Fifty-six percent (n=14) are tracking employment and education combined, 28 percent (n=7) are measuring education, and 16 percent (n=4) are tracking employment alone.
- Performance measures focusing on employment and education combined are measuring the total number of hours spent working, in job training, or educational activities (40 percent, n=10) and the number of enrollees participating in employment or educational activities (16 percent, n=4).
- Performance measures that assess education alone measure attainment of a diploma, GED, or certification (20 percent, n=5) and participation in educational activities (8 percent, n=2).
- Performance measures capturing employment alone assess paid hours worked (12 percent, n=3) and employment status (4 percent, n=1).
- Grantees are targeting household/family members (40 percent, n=10), mothers/caregivers (25 percent, n=14), or pregnant women only (4 percent, n=1).

Construct 5.3: Health Insurance Status

- All 25 grantees are assessing health insurance status using an outcome measure, primarily through participant self-report (96 percent, n=1).
- Most grantees are assessing health insurance status of mothers and children (80 percent, n=20), followed by household status (8 percent, n=2), child's status (8 percent, n=2), and the status of the mother alone (4 percent, n=1).

Benchmark Domain 6: Coordination and Referrals for Other Community Resources and Supports

Construct 6.1: Identification for Necessary Services

- All grantees are using process measures for identification of necessary services.
- Sixty percent (n=15) of grantees are focusing on comprehensive screening of needs, 24 percent (n=6) on screening for a single need, and 16 percent (n=4) on screening for a limited set of needs (e.g., domestic violence, maternal depression, developmental delay).
- Forty eight percent (n=12) of grantees are assessing multiple family or household members. The same number of grantees (n=12) is focusing on the mother or caregiver, and four percent (n=1) are focused on screening of children.

Construct 6.2: Referrals for Necessary Services

- All grantees are using process measures, with program documentation providing information on rates of service referrals.
- Eighty-four percent (n=21) are tracking the number of families referred, and 16 percent (n=4) are tracking the number of individual referrals made.

Construct 6.3: Number of MOUs

- All 25 grantees chose to report on a process measure for the number of MOUs with community agencies, and all are reporting a simple count of MOUs at two time points.

Construct 6.4: Information Sharing

- All 25 grantees are using process measures to report on information sharing with community agencies, with 24 of 25 grantees (96 percent) reporting a simple count and one grantee (4 percent) reporting a percentage.
- The majority of grantees proposed having a clear point of contact in another agency (84 percent, n=21) as the indicator for this construct. Other indicators for this construct include agencies with which the grantee shares information (4 percent, n=1), collaborative meetings (4 percent, n=1), agencies with which the client has authorized release and exchange of information (4 percent, n=1), and agencies that receive referrals from home visitors (4 percent, n=1).

Construct 6.5: Receipt of Necessary Services

- All 25 grantees are measuring completion of referrals to external service providers, which is defined as an outcome measure.
- Sixty percent (n=15) of grantees are assessing the number of completed referrals, while 40 percent (n=10) are assessing the number of families who received necessary services.

Definitions of Key Terms[3]

Term	Definition
Benchmark	An indicator used to track quantifiable improvement. Benchmarks may also be called measures or performance measures.
Construct	The concept to be measured. In the case of Tribal MIECHV, the 36 benchmark constructs were predetermined.
Benchmark domain	Each benchmark construct is grouped into six benchmark areas: (1) improvements in maternal, newborn, and child health; (2) prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency room visits; (3) improvements in school readiness and achievement; (4) reductions in crime or domestic violence; (5) improvements in family economic self-sufficiency; and (6) improvements in the coordination and referrals for other community resources and supports.
Process measure	Process measures capture program services and activities, programmatic policies, and procedures implemented.
Outcome measure	Outcome measures track change at the individual child, family, and system level. Outcome data are often collected to assess improvements or changes in participant knowledge, attitudes, skills, or behaviors.
Alignment	The degree of similarity between grantee benchmark measures.

[3] Key term definitions draw from (1) U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child care (2014). *Tribal Maternal, Infant, and Early Childhood Home Visiting Program Guidance for Submitting a Needs Assessment and Plan for Responding to Identified Needs*; and (2) U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning Research and Evaluation (2011). *Design Options for Home Visiting Measurement Brief: Selecting Data Collection Measures for MIECHV Benchmarks.* http://www.mdrc.org/sites/default/files/img/DOHVE%20Measurement%20Brief.pdf.

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For more information on TEI contact:

Nicole Denmark
Federal Project Officer
Office of Planning Research and Evaluation
nicole.denmark@acf.hhs.gov

Kate Lyon
Project Director
James Bell Associates, Inc.
lyon@jbassoc.com