

## **ATTACHMENT 4**

**REQUEST FOR APPLICATION FOR  
CHILDREN'S TRUST FUND  
COHORT 31  
RFA 13-23  
ATTACHMENT 4  
CHILDREN'S TRUST FUND – PROGRAM AND DATA REQUIREMENTS**

**Instructions**

Please review all program requirements and initial below. Please sign the last page of this document. Include these pages as part of the Application Package. Failure to agree and fully implement the program and fiscal terms below may affect award, the renewal of the grant agreement, and the ability to compete in the next competitive application process and may result in the reduction or revocation of the award.

The Office of Child Development and Early Learning will release Announcements as specified in Section A of "General" and a Policy and Procedure Manual that further explains the requirements, timelines, and process for submission for the requirements included in this document.

For the purpose of the below requirements, EBHV is defined as an approved program on the U.S. Department of Health and Human Services, Administration for Children & Families Home Visiting Evidence of Effectiveness ("HomVEE") website (<https://homvee.acf.hhs.gov/model-search>). Approved EBHV programs have a green checkmark next to the model on the appropriate page. Please be sure to review the descriptions for all models as certain EBHV models are approved with stipulations.

**For CTF Applicants**

Because Children's Trust Fund ("CTF") grants can fund a broader scope of programs, some OCDEL Family Support Program Requirements may not apply. Those programs that are not on the HomVEE list but traditionally provide home visiting as a primary service delivery strategy will be considered a Family Support Program for program and data collection purposes. Portions of the following list that are not applicable to CTF grantees offering family support services will be noted.

**General**

\_\_\_\_\_ **A.** The Office of Child Development and Early Learning may release Program Announcements that contain pertinent information that may include best practices in service provision as well as clarifications of policies or grant requirements. Issue and effective dates are noted at the top of each Announcement and Grantees will be held accountable for the material presented, when appropriate. Grantees are encouraged to devise a filing system for the Announcements for easy reference. Grantees should also consider other staff within their agency for whom the information may have relevance. Some Announcements may contain attachments or references to resources that will be useful to programs' implementation. Programs are encouraged to use the resources to enhance program operation.

\_\_\_\_\_ **B.** Upon request by the Department or its representatives, the Grantee shall cooperate and participate in periodic management reviews, fiscal reviews, monitoring, pilot, and evaluation activities.

\_\_\_\_\_ **C.** Grantee shall comply with all applicable federal, state, and local statutes, regulations, and policies, including, but not limited to, The Children's Trust Fund Act, P.L. 1235, No. 151.

**Training**

\_\_\_\_\_ **D.** The Grantee must provide training for home visitors and family support staff in explaining informed consent for families.

\_\_\_\_\_ **E.** The Grantee shall participate in professional courses as required by the national model developer(s) and training including, but not limited to, an orientation series and ongoing professional development developed or supported by the Department.

\_\_\_\_\_F. The Grantee or its designee shall attend all mandatory meetings as directed by the Department, including, but not limited to, phone conferences, remote video conferences, statewide meetings, and training sessions arranged by the Department. CTF Grantees are required to budget \$500.00 per grant year towards these professional development opportunities.

\_\_\_\_\_G. The Grantee shall attend a minimum of one approved professional development opportunity on the Strengthening Families™ Protective Factors Framework during the term of the award.

#### **Policies and Procedures**

\_\_\_\_\_H. The Grantee must develop policies and procedures to ensure that caseloads are covered when a home visiting or family support program staff leaves the program or is on leave.

\_\_\_\_\_I. The Grantee shall establish and adhere to a confidentiality policy that satisfies the following requirements:

- a. All client information must be kept in a locked location (i.e., office or file cabinet);
- b. A Staff list of everyone who will have access to the files;
- c. Procedures for accessing the files that protect client confidentiality;
- d. Develop and maintain procedures for accessing the files in the event of a court order, police investigation, and medical emergencies;
- e. Develop and maintain procedures for written consent to access, disclose, and share files;
- f. Develop and maintain procedures for the destruction of files after 7 years;
- g. Develop and maintain procedures to train new staff and periodically update current staff on the policy; Review confidentiality policy with any new staff upon hire and review with continuing staff once a year at a minimum;
- h. Review confidentiality policy annually and update as necessary.
- i. The Grantee must submit their confidentiality policy using a standard format and method provided by the Department.

\_\_\_\_\_J. The Grantee shall comply with all applicable state audit requirements. Grantees must maintain records, documents, and other evidence in sufficient detail to support all claims against the funding for a period of seven years. The Department will recover or recoup non-allowable costs and undocumented costs. Copies of Audits may be requested by OCDEL or their designee during the monitoring process.

\_\_\_\_\_K. The Grantee must develop and implement policies and procedures regarding the equitable and accessible provision of culturally and linguistically responsive services.

\_\_\_\_\_L. If providing services through this Grant to families with children in the birth to school age range, the Grantee shall coordinate services with Early Intervention agencies to support those children receiving services and children identified after enrollment as needing services. The Grantee must document this coordination through the establishment of a Memorandum of Agreement (“MOA”). CTF Grantees are excluded from this requirement if they are not providing Evidence Based Home Visiting services.

The MOA will, at a minimum, address the following requirements:

- a. Transition of children and families into and out of the program;
- b. Procedures for referral to Early Intervention in the event that the child qualifies;
- c. Establish a point of contact at each agency for follow up conversations and planning as needed;
- d. Outline protocols to share information and coordinate services as appropriate, including the sharing of ASQ and ASQ SE Results;
- e. Determine a frequency for the MOA to be reviewed and revised;
- f. Other topics as relevant to local programs; and
- g. Be signed by an authorized individual from each agency.

\_\_\_\_\_M. The Grantee shall develop written transition plans with each child or caregiver served through EBHV. Transition planning must occur at least six months prior to the date services will end for the child and family. CTF Grantees are excluded from this requirement if they are not providing Evidence Based Home Visiting services.

Written transition plans shall, at a minimum:

- a. Include the family in the development of the transition plan;
- b. Make families aware of timelines for program registration, and policies and practices related to transition for children receiving Early Intervention services;
- c. Provide specific information to families about what they can expect at the next step within early care, community, and school settings;
- d. Support and encourage families for whom a more challenging transition is anticipated with more specific resources to assist in preparation of the transition;
- e. Allow for collaboration with receiving program or classroom to share information on curriculum, instructional strategies used in the program, and transition supports provided; and set clear written expectations and provide staff an understanding of their role in supporting transitioning adults and children into, within, and out of the program.

Written transition plans must include:

- a. Review of options available to the family within the community they live;
- b. Review of any critical deadlines for registration;
- c. Support in obtaining and completing applications for targeted programs;
- d. Discussion regarding consent to exchange information with the program the family is seeking to enroll the child;
- e. Review of the child's current health status and the need to obtain immunizations or a physical in order to enroll in the next setting
- f. Set expectations of what the parent will be responsible for completing and what the staff will complete and when;
- g. An invitation to coordinate with early learning program(s) and their personnel to review program registration and attendance policies with families;
- h. In the event a family is not interested in a formal program for their next steps, or if they may not be eligible, provision of community or electronic resources families can access independently;
- i. Support and encourage parents in next steps, such as careers or schools; and
- j. Provision of other supports as determined locally.

\_\_\_\_N. The Grantee, once awarded, shall enter into MOAs with other local home visiting and family support service providers in the communities, county or counties the Grantee serves.

- a. CTF Grantees are excluded from this requirement if they are not providing Evidence Based Home Visiting services. CTF Grantees are encouraged to participate in community collaborative groups.

These MOAs must include:

- a. Establishment of a collaborative working relationship to
  - a. Help families develop and support their child(ren)'s potential;
  - b. Establish a collaborative relationship with a full array of agencies and programs so families are aware of available resources and can access them
  - c. Create opportunities to connect families to services while they are also receiving services from other resources as allowed; and
  - d. Provide that all families and children residing in the Commonwealth of Pennsylvania are accessing services that meet their needs.
- b. Meeting with each other either as a collaborative or individually with each provider at least once per year to understand the services currently provided by the respective programs and reviewing referral policies between agencies. Meetings may occur virtually.

\_\_\_\_O. The Grantee shall educate applicable families and, if applicable, implement requirements specified in the OCDEL Inclusion and Reduction of Suspension/Expulsion announcements, and any future applicable announcements released by OCDEL.

\_\_\_\_\_ **P.** The Grantee shall implement high-quality supervision, including reflective supervision for EBHV staff. Grantees must develop and implement policies and procedures for the effective provision of reflective supervision program-wide with fidelity to the model(s) implemented.

- a. CTF Grantees are excluded from this requirement if they are not providing Evidence Based Home Visiting services.

**Reflective supervision:** is a distinctive form of competency based professional development that is provided to multidisciplinary early childhood home visitors who are working to support very young children's primary caregiving relationships. Reflective supervision is a practice which acknowledges that very young children have unique developmental and relational needs and all early learning occurs in the context of relationships. Reflective supervision is distinct from administrative supervision and clinical supervision due to the shared exploration of the parallel process, that is, attention to all of the relationships is important, including the relationships between home visitor and supervisor, between home visitor and parent, and between parent and infant/toddler. Reflective supervision supports professional and personal development of home visitors by attending to the emotional content of their work and how reactions to the content affect their work. In reflective supervision, there is often greater emphasis on the supervisor's ability to listen and wait, allowing the supervisee to discover solutions, concepts and perceptions on his/her own without interruption from the supervisor.

### **Reporting**

\_\_\_\_\_ **Q.** The Grantee shall complete and submit to the Department monthly enrollment reports using a standard format and method provided by the Department.

\_\_\_\_\_ **R.** The Grantee shall complete and submit to the Department quarterly program narrative reports using a standard format and method provided by the Department.

\_\_\_\_\_ **S.** The Grantee shall complete monitoring assessments, which may include on-site program visits, and additional reports as requested or required by the CTF Board or OCDEL.

### **Enrollment / Goal Number to be Served**

\_\_\_\_\_ **T.** For Children's Trust Fund Programs with a goal number of families to be served each year, the Grantee may be required to participate in improvement activities if 25% of goal numbers of families are not served by the end of each quarter. For the improvement plan, the number of classes offered, attendance, and frequency will be considered prior to placing a Grantee on an improvement plan for enrollment. Failure to improve enrollment or reach the goal number of families by the next renewal process may result in reduction of award.

#### **Dual Enrollment**

To support responsible fiscal stewardship and to maintain Model fidelity, Grantees shall develop and implement policies and procedures to avoid dual enrollment. **Families may be enrolled in an EBHV Model and Enhancement(s), such as a positive parenting class, concurrently as appropriate for the family or caregiver.**

Grantees implementing more than one EBHV Model, particularly in the same community, should, with fidelity to the model, develop policies and procedures to screen and enroll eligible families in the Model that best meets their needs. Avoiding dual enrollment maximizes the availability of limited resources for EBHV services for eligible families and prevents duplicative collection and reporting of demographic and performance measure data.

### **Program Revisions**

\_\_\_\_\_ **U.** Grantees are required to submit program revisions through a method and format determined by the Department when the following events occur:

#### **CTF Grant Program Revisions:**

- a. CTF Board approval is required for major program revisions, which include:
  - a. A 25 percent increase or decrease in the population to be served through the grant;

- b. A major change in the originally-approved design of the program, which could potentially alter the program's objectives;
  - c. A change in the entity responsible for administering the grant agreement.
- b. CTF Executive Director's or their representative's approval is required for minor program revisions, which include:
- a. A redefinition of the population to be served including geographic territory and other similar changes;
  - b. An increase or decrease of under 25 percent in the population to be served through the grant;
  - c. A change in a subcontractor responsible for completion of components of the grant program;
  - d. A change in curriculum or model used that does not alter the program's objectives or deviate from a model program's requirements.

### **Data Collection**

\_\_\_\_\_V. The Grantee shall participate in and use the Pennsylvania Family Support Data Collection system developed by the Department.

\_\_\_\_\_W. The Grantee shall collect demographic data on all families, caregivers, and children enrolled in the program being funded by the Department through this grant award.

\_\_\_\_\_X. The Grantee shall collect Performance Measure Data on all families, caregivers, and children enrolled in EBHV programs being funded by the Department through this grant award. CTF funded Family Support Programs are not required to collect the Performance Measures for enrolled families at this time.

- a. EBHV programs is defined as being an approved program on the U.S. Department of Health and Human Services, Administration for Children & Families Home Visiting Evidence of Effectiveness ("HomVEE") website (<https://homvee.acf.hhs.gov/home>)
  - i. Approved EBHV programs have a green checkmark next to the model on the appropriate page. Please be sure to review the descriptions for all models as certain EBHV models are approved with stipulations.
  - ii. Home Visiting programs not within this list will be considered Family Support Programs for the purpose of data collection.
  - iii. CTF Grantees are excluded from this requirement if they are not providing Evidence Based Home Visiting services.
- b. The Grantee shall select one or more tools from the approved list for each applicable Performance Measure.
  - i. Due to federal and state reporting requirements alternative tool proposals will not be accepted.
  - ii. One or more approved tools may need to be selected for each applicable Performance Measure based on population served.
  - iii. CTF Grantees are excluded from this requirement if they are not providing Evidence Based Home Visiting services.

A link to the list of approved tools can be found under each applicable performance measure in the data collection supplemental section below.

\_\_\_\_\_Y. The Grantee shall implement its chosen Model(s) according to national Model developer guidelines, with fidelity to the Model(s).

- a. Fidelity is defined as a Grantees' adherence to Model developer requirements for high-quality implementation as well as any affiliation, certification, or accreditation required by the Model developer, if applicable. These requirements include all aspects of initiating and implementing a program, including, but not limited to:
  - a. Recruiting and retaining clients;
  - b. Providing initial and ongoing training, supervision, and professional development for staff;
  - c. Maintaining a management information system to track data related to fidelity and services; and
  - d. Developing an integrated resource and referral network to support client needs.

- b. Changes to an evidence-based or evidence-informed program, or practice that alter the core components related to program outcomes are not permissible, as they could impair fidelity and undermine the program's effectiveness.
- c. Grantees must implement programs with fidelity to the Model, which may include development of policies and procedures to recruit, enroll, disengage, and re-enroll family participants. Enrollment policies should strive to balance continuity of services to eligible families and availability of slots to unserved families.
- d. The Grantee shall participate in existing local collaborative groups to coordinate home visiting, family support, youth services, or other early childhood initiatives as appropriate and available in the communities they serve. Through this participation, the Grantee must develop shared resources and referral strategies between their program and other community service providers. Participation will help Grantees actively work to best meet the needs of families receiving services.
- e. Consistent with Model fidelity, Grantees must develop policies and procedures in collaboration with other home visiting, family support, and early childhood partners as appropriate to transition families into other home visiting, family support, or early childhood services to sustain services to eligible families of children through kindergarten entry and beyond.

### **Fiscal**

\_\_\_\_\_ **Z.** The Grantee shall develop fiscal policies on the following:

- a. Procurement
- b. Conflict of Interest
- c. Purchasing Process
- d. Record Retention & Destruction
- e. Inventory
- f. Proof of Insurances
- g. Security & Storage of Fiscal Records
- h. Cost Allocation Plan

Information on these policies is available at: <http://www.pa-home-visiting.org/fiscal-guide/>

\_\_\_\_\_ **AA.** The Grantee will be asked to prepare a line-item budget using the Pennsylvania Family Support Data System. Grantees are strongly encouraged to include sufficient program, fiscal and data operations staff in their respective budgets. With each budget the Grantee will be asked to prepare a budget justification. The budget justification will align with the line-item budget; provide a detailed description of the planned activities and associated cost. Grantees will also be required to provide updated match verification letters if matches are required as a term of the grant award.

CTF Grantees are required to submit General Ledger (GL) reports from their accounting system through a method determined by the Department when requested. Grantees shall reconcile them to their submitted Final Expenditure report each year of the grant award. The Department is aware that GL reports often account for much more than the yearly Grant award. With this being the case for many Grantees, the Department will allow for tracking spreadsheets to be submitted with the GL reports to reconcile the amounts that are reported to OCDEL.

### **Data Collection Supplemental**

\_\_\_\_\_ **BB.** The Grantee will collect all required data based on the Evidence-Based Home Visiting or Family Support Program they are implementing noted below.

All Family Support programs funded by the Office of Child development and Early Learning must collect the following demographic fields for all Family/Caregiver/Child participants. A data dictionary for all demographics with FAQ's is available at: <http://www.pa-home-visiting.org/demographics/>.

### **Demographics**

#### **D-1. Family Demographics.**

Previously called "Household" Demographics. Collected at enrollment and updated between June 1-30 and between September 1-30 of each year.

All entries are required of all programs except entry d (Household Disability Benefits), which is optional:

- a. Family (Case) Identifier
- b. Total Number of People in the Household
- c. Annual Household Income
- d. Household Disability Benefits
- e. Users of Tobacco Products
- f. Low Student Achievement (of any Caregiver or Child in Home)
- g. Child with Developmental Delays or Disabilities (any Child in Home)
- h. Family Member is Serving, or Formally Served, in the US Armed Forces (any Family Member Living in the Home)
- i. History of Child Abuse or Neglect or Interactions with Child Welfare Services (any Caregiver or Child in the Home)
- j. Primary Referral Source for Family

**D-2. Enrollment: Caregiver.**

Collected at initial enrollment. All entries are required of all programs except entry b (Middle Name), which is optional, and entries j-k, which apply only to Nurse-Family Partnership programs:.

- a. First Name
- b. Middle Name
- c. Last Name
- d. Caregiver (Client) Identifier
- e. EBHV Program
- f. Family Support Programs
- g. Program Type (Funding)
- h. Date of Enrollment
- i. Multips Pilot (Nurse-Family Partnership Only)
- j. Multips Pilot Date of Enrollment (Nurse-Family Partnership Only)

**D-3. Demographics: Caregiver.** Collected at enrollment or within 15 days of enrollment. Updated between June 1-30 and between September 1-30 of each year. Updated by the <sup>10</sup>th of the next month if notified of a change. All entries are required of all programs:

- a. Address
- b. Birth Date
- c. Gender
- d. Enrolled Prenatally
- e. Pregnancy Status
- f. If Pregnant, Number of Children Expected from Current Pregnancy (used to calculate enrollment)
- g. If Pregnant, Estimated Date of Delivery
- h. History of Substance Abuse
- i. Current Substance Use / Needs Substance Abuse Treatment
- j. Self-Identified Disability k. Plans of Safe Care
- l. Race
- m. Ethnicity
- n. Legal Marital Status
- o. Educational Attainment
- p. Educational Status
- q. Employment Status
- r. Housing Status
- s. Health Insurance Status
- t. Measure 15: Caregiver Education (Only on Update)
- u. Update: Caregiver

Question: Are there any changes to demographics for the Caregiver (6/30) and (9/30)?



Answer: Yes/No.

v. Reason for Exit

**D-4. Exit: Caregiver.** Collected when exited from all Programs in the system. All entries are required of all programs:

- a. Exit
- b. Date of Exit
- c. Reason for Exit

**D-5. Demographics: Child.**

Collected at enrollment or first visit after birth if caregiver enrolled prenatally. Updated between June 1-30 and between September 1-30 of each year. Updated by the 10<sup>th</sup> of the next month if notified of a change. All entries are required of all programs:

- a. First Name
- b. Middle Name
- c. Last Name
- d. Birth Date
- e. Gender
- f. Enrollment Date
- g. Caregiver's Relationship to Child
- h. Caregiver's Pregnancy Status
- i. Child's Birth Weight
- j. Child's Gestational Age at Birth
- k. Born Substance Exposed / Plans of Safe Care
- l. Race
- m. Ethnicity
- n. Self-Identified Disability
- o. Primary Language Spoken at Home
- p. Health Insurance Status
- q. Usual Source of Medical Care
- r. Usual Source of Dental Care
- s. Update: Child (See Child Demographics Above)

**D-6. Exit: Child.** Collected when exited from all programs in the system. All entries are required of all programs:

- a. Exit
- b. Date of Exit
- c. Reason for Exit

## PERFORMANCE MEASURES

All Family Support programs funded by the Office of Child development and Early Learning **implementing EBHV programs** will be required to collect the following Performance Measures for all Family/Caregiver/Child participants. A data dictionary for all performance measures with FAQ's is available at: <http://www.pa-home-visiting.org/measures/>.

***CTF Grantees are excluded from this requirement if they are not providing Evidence-Based Home Visiting services.***

For a Model to be considered an EBHV program, it must be included on the Home Visiting Evidence of Effectiveness (HomVEE) list of approved models available at: <https://homvee.acf.hhs.gov/implementation>.

Performance Measures. The six benchmark areas captured through these performance measures are: improved maternal and newborn health; prevention of child injuries, child abuse, neglect, 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.

- 1. Performance Measure 1: Preterm Birth.** Percent of infants (among mothers who enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment.
- 2. Performance Measure 2: Breastfeeding.** Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at three and six months of age.
- 3. Performance Measure 3: Depression Screening.** Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within three months of enrollment (for those not enrolled prenatally) or within three months of delivery (for those enrolled prenatally).
  - a. Family Support programs must use a validated tool for this measure. Depression must be defined in accordance with the validated depression screening tool's definition of depression.
  - b. Current, approved depression screening tools are available at: <http://www.pa-home-visiting.org/measures/#Measure3>.
- 4. Performance Measure 4: Well Child Visit.** Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics schedule.
- 5. Performance Measure 5: Postpartum Care.** Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery.
- 6. Performance Measure 6: Tobacco Cessation Referrals.** Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months of enrollment. Other forms of tobacco consist of: Combustibles (Cigars, Pipes, Hookahs, Bidis), Non-Combustibles (Chew, Dip, Snuff, Snus, Dissolvable), and Electronic Nicotine Delivery Systems known as "Vaping."
- 7. Performance Measure 7: Safe Sleep.** Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing or soft bedding.
- 8. Performance Measure 8: Child Injury.** Rate of injury-related visits to the Emergency Department since enrollment among children enrolled in home visiting. Injury-related emergency department visits are defined as injuries resulting from the following causes or mechanisms of injury: motor vehicle, suffocation, drowning, poisoning, fire or burns, falls, sports and recreation, and intentional injuries, such as child maltreatment.
- 9. Performance Measure 9: Child Maltreatment.** Percent of children enrolled in home visiting with at least one investigated case of maltreatment following their enrollment date within the reporting period. Collected via administrative data from the DHS Office of Children, Youth and Families.
- 10. Performance Measure 10: Parent-Child Interaction.** Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool. Current approved parent-child interaction screening tools are available at: <http://www.pa-home-visiting.org/measures/#Measure10>
- 11. Performance Measure 11: Early Language and Literacy Activities.** Percent of children enrolled in home visiting with a family member who reported that during a typical week the family member read, told stories, or sang songs with their child every day.
- 12. Performance Measure 12: Developmental Screening.** Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated screening tool. The current approved developmental screening tool is Ages & Stages Questionnaire ("ASQ 3"). Developmental delays include delays in any or all areas including cognitive, communication/language, physical or sensory, adaptive, and social and emotional development.

**13. Performance Measure 13: Behavioral Concerns and Home Visits.** Percent of home visits where primary caregivers were asked if they have any concerns regarding their child’s development, behavior, or learning.

**14. Performance Measure 14: Intimate Partner Violence Screening Indicator.** Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence (“IPV”) within six months of enrollment using a validated tool. Current approved IPV screening tools are available at: <http://www.pa-home-visiting.org/measures/#Measure14>

**15. Performance Measure 15: Primary Caregiver Education.** Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in, maintained continuous enrollment in, or completed high school or equivalent during their participation in home visiting.

**16. Performance Measure 16: Continuity of Insurance Coverage.** Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least 6 consecutive months.

**17. Performance Measure 17: Completed Depression Referrals.** Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts.

a. Examples of completed referrals include an appointment with a therapist, appointment with a psychiatrist, meeting with a mental health consultant, follow up with primary care physician, follow up with OBGYN, inpatient psychiatric hospitalization, support groups.

b. For those participants who screen positive for depressive symptoms but are already receiving services for depression, you do not need to provide a referral.

**18. Performance Measure 18: Completed Developmental Referrals.** Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner. A child may be excluded from the denominator if the child has a previously identified developmental delay (prior to enrollment or prior to reaching an age-recommended screening).

**19. Performance Measure 19: IPV Referrals.** Percent of primary caregivers enrolled in home visiting with positive screens for IPV (measured using a validated tool) who receive referral information for IPV.

**As of October 1, 2021, the following Performance Measures and timelines are optional for data collection purposes.**

**20. Performance Measure 20: Substance Use Screening.** Percent of primary caregivers enrolled in home visiting who were screened for unhealthy alcohol use, nonmedical prescription drug use, and illicit drug use using a validated tool at six months post enrollment.

**21. Performance Measure 21: Completed Substance Use Referrals.** Percent of primary caregivers enrolled in home visiting with positive screens for unhealthy alcohol use or drug use (measured using a validated tool) who receive services in a timely manner. Collected at nine months post enrollment.

**Due to changing federal and state requirements, the Department may add, modify, or remove any data collection requirement through an Announcement as specified in Attachment 4, Section A, General Requirements, at any time during the agreement term.**

**The Grantee has read and agrees to comply with the requirements listed above:**

APPLICANT AGENCY NAME

SIGNATURE

PRINTED NAME

DATE

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