

Maryland Home Visiting Data Collection, FY15

1. **Jurisdiction: Please indicate the jurisdiction in which the program operates. Note: If this program serves multiple counties, please complete a separate tool to present county-level data.**
[--Please Select--]
-

2. **Please provide complete information for the appropriate person to contact regarding any follow-up questions about this data.**

First Name _____
Last Name _____
Work Phone _____
Email Address _____

3. **Please select the Evidence-Based Home Visiting model for which data is being provided. Note: If this organization operates multiple program models (Ex. Early Head Start and Healthy Families) please complete a separate survey for each program.**
[--Please Select--]
-

4. **Please indicate the percentage of funds that this program receives from each type of agency.**

The sum of all entered values must be 100.

Federal Government _____
State Government _____
Local Government _____
Non-profit Organization _____
Other _____

5. **If this program is funded directly from the Federal Government, what are the sources of Federal funds? Check N/A if no Federal funding is received for this program.**

MIECHV _____
Federal Source #2 _____

Federal Source #3

Federal Source #4

N/A

6. **If this program is funded through the State, please check the source(s) of funds received. Check N/A if no state funds are received for this program.**

DHR

MSDE

Children's Cabinet

N/A

If other, please specify

7. **Please list all of the sources of funding for this program that were counted in the "non-profit" or "other" categories from question #4.**

Source #1

Source #2

Source #3

Source #4

Source #5

16. Use these next 3 questions to provide information on primary caregivers other than the mother. Note: This is the only section to report information about primary caregivers other than the mother. How many of the following were enrolled as the primary caregiver to target children during this reporting period?

	#
Father	
Grandmother	-
Grandfather	-
Aunt	-
Uncle	-
Other	-

17. What services does the program provide to primary caregivers other than mom? Please select all options that apply.

	Yes	N/A
services per the model and curriculum	<input type="radio"/>	<input type="radio"/>
adapted services	<input type="radio"/>	<input type="radio"/>
other	<input type="radio"/>	<input type="radio"/>

18. Please add any additional comments regarding other primary caregivers in this home visiting program.

19. **What is the number of target children who have fully adhered to the well-child check-up schedule recommended by the American Academy of Pediatrics (AAP) while they have been enrolled in this program?**
The AAP well-child check up schedule: by 1 month, 2 months, 4 months, 6 months, 9 months, 1 year, 15 months, 18 months, 2 years, 2.5 years, 3 years, 4 years and 5 years of age.
If this program does not currently collect this data, please state "DNC" here.

20. **Please indicate any reasons that this program does not collect this data (ex. not previously been required).**

21. **Please complete this chart with data on depressive symptoms for the expectant and postpartum mothers served in this program during the reporting period. Only count each woman once, even if multiple screenings were performed. Count a woman as "screened positive for depression" if she screened positive at any point during this reporting period. If the program does not currently collect this data, please place an "x" the appropriate column.**

	# of women	do not currently collect
# of women screened for depression	-	-
#of women who screened positive for depression	-	-
# of women who screened positive who were then referred for services	-	-
# of women who either initiated mental health services or continued services	-	-

22. **Please indicate all reasons that this program does not collect any of the above data on depressive symptoms (ex. not currently required, need to be trained on a screening tool, lack of services for referral when women screen positive, etc.)**

23. **Please use this chart to fill in data regarding substance use and abuse for the expectant and postpartum mothers served in this program during the reporting period. Only count each woman once, even if multiple screenings were performed. Count a woman as "screened positive for substance use/abuse" if she screened positive at any point during this reporting period. If the program does not currently collect this data, please place an "x" the appropriate column.**

	# of women	do not currently collect
# of women screened for substance use and abuse	-	-
#of women who screened positive for use and abuse	-	-
# of women who screened positive who were then referred for services	-	-
# of women who either initiated substance use/abuse services or continued services	-	-

24. **Please indicate all reasons that this program does not collect any of the above data on substance use and abuse (ex. not currently required, need to be trained on a screening tool, lack of services for referral when women screen positive, etc.)**

25. **Please fill in the following chart with information regarding Clinically High Parenting Stress. Fill in only the column for the tool that is used. If this program does not currently collect this data, place an "x" in the appropriate column. Please count each women only once, even if multiple screenings were administered with one client. Also, please count a mother as "presenting with high parenting stress" if she screened positive at any point during this period.**

	As measured by the Parenting Stress Index Tool	As measured by the Healthy Families Parenting Inventory Tool	As measured by the Life Skills Progression Tool	As measured by another tool	Do not currently measure
# of women presenting with high parenting stress	-	-	-	-	-

26. **If "another tool" was indicated in question #24, please specify what tool is used to measure parenting stress.**

27. **Please indicate all reasons that this program does not collect any of the above data on parenting stress (ex. not currently required, need to be trained on a screening tool, lack of services for referral when women screen positive, etc.)**

28. **What is the total number of children who were screened for typical development of communication, gross motor, fine motor, problem solving and personal-social skills via the ASQ-3 Tool during this reporting period? Children should only be counted once, even if multiple screenings were performed.**

29. **Please answer the following questions about the children who were screened with the ASQ-3 Tool. All questions refer to the results from the child's most recent screening.**

	# of children
# who demonstrated atypical development as evidenced by a score below the cutoff	-
# who demonstrated atypical development and were referred for further services	-
# who are currently receiving further services for atypical development	-

30. **What is the total number of children who were screened for social-emotional development via the ASQ-SE Tool during this reporting period? Children should only be counted once, even if multiple screenings were performed.**

31. **Please answer the following questions about the children who were screened with the ASQ-SE Tool. All questions refer to the results from the child's most recent screening.**

	# of children
# who demonstrated atypical development as evidenced by a score above the cutoff	-
# who demonstrated atypical development and were referred for further services	-
# who are currently receiving further services for atypical development	-

32. **Please indicate any reasons that this program does not collect this data.**

33. **Please fill in the chart with data on children referred to or receiving the following services for disabilities during this reporting period.**

Acronyms used below: IEP- Individualized Education Plan, IFSP- Individualized Family Service Plan.

	# of children
Children REFERRED to the local school system Child Find Office for Part B preschool special education services	—
Children REFERRED to the local Infants and Toddlers program for Part C early intervention services	—
Children RECEIVING Part B preschool special education services through an IEP	—
Children RECEIVING Part C early intervention services through an IFSP	—
Children RECEIVING private services for disabilities	—

34. **What is the total number of mothers assessed for parenting behaviors and/or parent-child relationships at some initial baseline point (ex. 6 months of child's age). Examples of tools for this measurement include the HOME Inventory and the Healthy Families Parenting Inventory.**

35. **During this reporting period, how many women who had an initial parenting behaviors screening were screened for follow-up on this measure?**

36. **How many mothers who were assessed at both baseline and follow-up showed improvement in their parenting behaviors/parent-child relationships?**

37. **Please indicate all reasons that this program does not collect any of the above data on parenting behaviors/parent-child relationships (ex. not currently required, need to be trained on a screening tool, lack of services for referral, etc.)**

38. **Please indicate all times at which home visiting staff screens for Intimate Partner Violence (IPV)/Domestic Violence (DV).**

- At enrollment
- At 36 months pregnancy
- At every visit
- No IPV/DV screening at this time
- Other
- If other, please specify

39. **Please fill in the chart with information regarding women who were screened for IPV/DV. If your program currently does not collect this information, please indicate that with "DNC" in the appropriate column.**
of women

# screened by 36 weeks gestation	-
# who screened positive for IPV/DV by 36 weeks gestation	-
# who screened positive for IPV/DV by 36 weeks AND completed safety plans within 24 hours	-
# screened at any other interval	-
# who screened positive at any other interval	-
# who screened positive for IPV/DV at any other interval AND completed safety plans within 24 hours	-

40. **Please indicate all reasons that this program does not collect any of the above data on IPV/DV (ex. not currently required, need to be trained on a screening tool, lack of services for referral, etc.)**
