

Evidence-Based Model Crosswalk to Benchmarks

Model Alignment with Benchmark

Department of Health and Human Services

6/1/2011

The following resource tool reflects information obtained from model developers as to how each evidence-based model aligns across the MIECHV program benchmarks. The government does not endorse these measurement instruments/items or the model developer's recommendations on the use of the instruments/items to meet MIECHV benchmarks.

The bolded items in each of the benchmark tables included in this document reflect instruments/items required by the model developers, as stated by the model developers. This does not mean that grantees must use that required instrument/item to report on a benchmark. Items that are not bolded in the benchmark tables are suggested and/or recommended by the model developers. It is the responsibility of the grantee to determine their definition of each indicator and to identify a data source for benchmark reporting.

Evidence-Based Model Crosswalk to Benchmarks
Model Alignment with Benchmark Constructs

Table of Contents

BENCHMARK 1: Maternal & Newborn Health	<u>2</u>
BENCHMARK 2: Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits	<u>10</u>
BENCHMARK 3: School Readiness and Achievement	<u>16</u>
BENCHMARK 4: Crime or Domestic Violence	<u>28</u>
BENCHMARK 5: Family Economic Self-Sufficiency	<u>32</u>
BENCHMARK 6: Coordination and Referrals for Other Community Resources and Supports	<u>37</u>

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BENCHMARK 1

Maternal and Newborn Health

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**Evidence-Based Model Crosswalk to Benchmarks
Model Alignment with Benchmark Constructs**

BENCHMARK 1: Maternal & Newborn Health		
Program Models	Data Collected by Model	Data Source
CONSTRUCT: Prenatal Care		
Parents as Teachers	Prenatal care scores range from 1-5 (1=no prenatal care; 2=care started in 2nd or 3rd trimester and mother keeps some appointments; 3=care started in 2nd or 3rd trimester and mother keeps most appointments; 4=care started in 1st trimester and mother keeps most appointments; and 5=keeps postpartum appointments) (definition of prenatal care provided on form)	Life Skills Progression (LSP): (Health & Medical Care #17—Prenatal Care) <i>*LSP collected by home visitor at baseline (within 1st two visits) and every 6 months of program enrollment</i>
Nurse Family Partnership	Number of weeks pregnant when mom first started getting prenatal care during pregnancy; calculated by trimester.	Maternal Health Assessment Form collected at maternal entry point and throughout prenatal period
Healthy Families America	Construct required but flexibility in the type of data collected; suggested collection of week or month entered prenatal care	Administrative records or Kempe Family Stress Checklist
Family Check-Up		
Healthy Steps	Prenatal Health Data	EMR - electronic medical record
HIPPY		
Early Head Start	C12a. Number of pregnant women who received prenatal and postpartum health care. C12d. Number of pregnant women who received prenatal education on fetal development.	EHS Program Information Report (PIR) Data, Items C12a and C12d; collected annually

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**Evidence-Based Model Crosswalk to Benchmarks
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CONSTRUCT: Parental use of alcohol, tobacco, or other illicit drugs		
Parents as Teachers	<p><u>Drug and/or alcohol use/abuse scores</u> range from 1-5 (1=chronic Hx drug and/or alcohol abuse w/ addiction; 2=drug/alcohol binge or intermittent use, without apparent addiction; 3=rare or experimental use of drugs or clean, in recovery group or Tx program; 4=occasional use of legal substances, stops if pregnant; and 5=no Hx or current use/abuse. <u>Tobacco use scores</u> range from 1-5 (1=chain smoker, >2packs/day, smokeless, or heavy second-hand smoke; 2=non-chain use or some second-hand exposure; 3=decreases amount when pregnant or controls second-hand exposure; 4= no use or second-hand exposure in past 6 months or current pregnancy; 5=none or never.</p>	LSP: (Mental Health & Substance Use/Abuse #24—Substance Use/Abuse (drugs and/or alcohol) and Mental Health & Substance Use/Abuse #25—Tobacco Use)
Nurse Family Partnership	<p><u>Tobacco Use:</u>1. During the 3 months before you became pregnant, how many cigarettes did you usually smoke in a day?2. Did you smoke cigarettes at all during your pregnancy, including before you found out you were pregnant?3. In the last 48 hours, HOW MANY cigarettes have you smoked? By 48 hours, I mean from (TIME AND DAY OF WEEK) to (TODAY AND TIME). <u>Alcohol Use:</u>1. 4. OVER THE PAST FOURTEEN DAYS, on how many DIFFERENT DAYS did you use alcohol? 2. OVER THE PAST FOURTEEN DAYS, when you used alcohol, how many drinks did you USUALLY have PER DAY? <u>Drug Use:</u> 6 open-ended questions related to illicit and prescription drug use.</p>	Health Habits Form; screened at maternal entry and if relevant re-assessed at 36 weeks and 1 year post-partum
Healthy Families America	Construct required but flexibility in the type of data collected	ASSIST (WHO)

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**Evidence-Based Model Crosswalk to Benchmarks
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Family Check-Up	Construct required but flexibility in the type of data collected (measure must be reliable, valid, and culturally appropriate for population)	SUBST screening measure
Healthy Steps	5 open-ended questions about smoking and second-hand smoke. 4 open-ended questions about alcohol/substance abuse. Sample items: How often is your child exposed to smoke? In the past year, have you or your partner had a problem with alcohol and/or drug use?	Parental Risk Factors Screening Questionnaire Data in HS file
HIPPY		Parent self-report tracked in ETO ¹
Early Head Start	Number of pregnant women who received substance abuse prevention and treatment.	EHS Program Information Report (PIR) Data, Item C12c; collected annually
CONSTRUCT: Preconception care		
Parents as Teachers		
Nurse Family Partnership	Number of mothers receiving preconception care between birth of first child and conception of second	Interview
Healthy Families America	Preconception ATOD use	Administrative records
Family Check-Up		
Healthy Steps		
HIPPY		
Early Head Start		

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**Evidence-Based Model Crosswalk to Benchmarks
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CONSTRUCT: Inter-birth intervals		
Parents as Teachers	Family planning scores range from 1-5 (1=no FP method used, lacks info about FP; 2= FP method use rare, limited understanding; 3=occasional use of FP methods and some understanding of FP; 4= regular use of FP methods and good understanding of FP; and 5= regular use of FP methods and plans/spaces pregnancies)	LSP: (Health & Medical Care #19—Family Planning)
Nurse Family Partnership	Number of maternal subsequent pregnancies while in the program	Interview
Healthy Families America Family Check-Up	Birth dates of participating mother's children	Administrative records
Healthy Steps HIPPY Early Head Start	Birth dates of participating mother's children	HS file

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**Evidence-Based Model Crosswalk to Benchmarks
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CONSTRUCT: Screening for maternal depressive symptoms		
Parents as Teachers	Edinburg Postnatal Depression Scale (see compendium for details); OR LSP Depression and Suicide Scale with scores ranging from 1-5 (1=recurrent chronic depression with suicidal attempts/thoughts, severe problem with ADL, parenting, and insight/perception; 2= recurrent chronic depression without suicidal attempts/thoughts, moderate problem with ADL, parenting, and insight/perception; 3= recent postpartum or situational depression and some problems with ADL, parenting, and insight/perception; 4= manages or controls depression with Tx and/or medications or has recovered and adequate ADL, parenting, and insight/perception; and 5= not depressed/optimistic)	Edinburgh Postnatal Depression Scale and LSP: (Mental Health & Substance use/abuse #26—Depression/Suicide)
Nurse Family Partnership	1.14-item Personal Beliefs assessment 2. Edinburg Postnatal Depression Scale	1. Maternal Health Assessment Form required at maternal intake through one year postpartum; 2. optional use of the Edinburgh Postnatal Depression Scale at pregnancy through 1 year post-partum
Healthy Families America	Construct required but flexibility in the type of data collected	EPDS, CES-D, PDSS, HFPI
Family Check-Up	Site required to screen for depression, anxiety, and anger/frustration levels, but there is flexibility in the measure selected(measure must be reliable, valid, and culturally appropriate for population)	PHQ2 or GAD2
Healthy Steps	Parental Risk Factor Screening: 8 open-ended questions that screen for maternal depression: Item example - How many days during the past week have you felt sad, blue or depressed?	Parental Risk Factors Screening Questionnaire data in HS file; PHQ-2; PHQ-9; Edinburgh (EPDS)
HIPPY		
Early Head Start	Number of pregnant women who received mental health interventions and follow-up (note: does not address depressive symptoms specifically)	EHS Program Information Report (PIR) Data, Item C12b; collected annually

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**Evidence-Based Model Crosswalk to Benchmarks
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CONSTRUCT: Breastfeeding		
Parents as Teachers	Breastfeeding scores range from 1-5 (1=not breastfed or breastfed <2weeks; 2=breastfed<1month; 3=breastfed for 1-3 months; 4=breastfed 3-6 months with or without supplement; 5= breastfed >6months with supplement)	LSP: (Infant/Toddler Development (4 months-3years) #43—Breast Feeding)
Nurse Family Partnership	Number of mothers breastfeeding at birth; Series of 4 questions asked every six months: Has your child ever had breast milk? Does your baby continue to get breast milk? How old was your baby when s/he stopped getting breast milk? (specify number of weeks) Until what age was your baby fed exclusively breast milk (no water, juice, formula, cereal or other solids)?	Infant Birth Form required at birth) and Infant Health Care Form required at 6, 12, 18, and 24 months post-partum)
Healthy Families America	Number of moms who attempt breastfeeding; number of months child breastfed; number of moms breastfeeding at the 6 month follow-up	
Family Check-Up		
Healthy Steps	Number of moms who breastfeed (collected during physician visit)	EMR - electronic medical record
HIPPY		
Early Head Start	Number of pregnant women who received information on the benefits of breastfeeding	EHS Program Information Report (PIR) Data, Item C12e; collected annually

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**Evidence-Based Model Crosswalk to Benchmarks
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CONSTRUCT: Well-Child Visits		
Parents as Teachers	APR: Percentage of 2-year olds that are fully immunized. LSP: Child well care score range from 1-5 (1=none, no medical home; 2= seldom, no medical home; 3=occasional appointments, unstable medical home; 4=has annual exam only, stable medical home; and 5=keeps regular CHDP/well-child apps with same provider)	APR LSP: (Health & Medical Care #20—Child Well Care)
Nurse Family Partnership	3 items related to well-child visits and immunization schedule: 1. Where do you usually take (child’s name) for routine check-ups (well-child care)? Health department/community clinic/Hospital clinic/ Private doctor’s office/Other2. Based on your local immunization schedule (regardless of vaccine brand or manufacturer) is (child’s name) up to date on all vaccinations? (Y/N)3. Is the information on child’s immunization status based on written record or mother’s self-report? Written record/ Mother’s self-report	Infant Health Care Form; required at 6, 12, 18, and 24 months post-partum
Healthy Families America	Compliance with recommended schedule at 6 & 12 months	Administrative records
Family Check-Up Healthy Steps		
HIPPY		Parent self-report tracked in ETO ¹
Early Head Start	Number of children who are up-to-date on a schedule of age-appropriate preventative and primary health care according to your state's EPSDT schedule for well child care	EHS Program Information Report (PIR) Data, Item C8; collected annually

NOTES:

¹ HIPPY does not currently require that programs track, but can add grantee items to ETO system

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BENCHMARK 2

Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits

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**Evidence-Based Model Crosswalk to Benchmarks
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BENCHMARK 2: Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits		
Program Models	Data Collected by Model	Data Source
CONSTRUCT: Visits for children to the emergency department from all causes		
Parents as Teachers Nurse Family Partnership	Child visits to emergency care, urgent care, or hospital for injury or ingestion. Report number of ER/urgent care visits and dates, and report number of hospitalizations requiring overnight state and dates.	Infant Health Care Form required at 6, 12, 18, and 24 months post-partum
Healthy Families America Family Check-Up	Target child's ER visit date(s) and cause(s)	
Healthy Steps	Number of visits to the emergency department	EMR - electronic medical record
HIPPY Early Head Start		Parent self-report tracked in ETO ¹
CONSTRUCT: Visits of mothers to the emergency department from all causes		
Parents as Teachers Nurse Family Partnership	Maternal visits to emergency care, urgent care, or hospital. Report number of ER/urgent care visits	Participant report
Healthy Families America Family Check-Up	Mom's ER visit date(s) and cause(s)	
Healthy Steps HIPPY Early Head Start	Mom's ER visits	HS file Parent self-report tracked in ETO ¹

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**Evidence-Based Model Crosswalk to Benchmarks
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CONSTRUCT: Information provided or training of participants on prevention of child injuries		
Parents as Teachers	Number of participants receiving information or training on injury prevention	Parent educator resources and parent handouts focusing on safety, childproofing, and prevention of injuries are in the Parents as Teachers Foundational curriculum. Also includes a home safety checklist. Handouts that are given to parents and discussion on these topics are recorded on the Personal Visit Record.
Nurse Family Partnership	Number of participants receiving information or training on injury prevention (while this data is not formally reported in the data system, it is available in client charts)	Guidance on child safety, injury prevention is part of the program content but completion of that material is not formally documented in data system, only in client charts
Healthy Families America	Construct required but flexibility in the type of data collected	Home visit record
Family Check-Up		
Healthy Steps	Documentation of information provided on prevention of injuries during well child visit; concerns also documented	EMR - electronic medical record and HS files
HIPPY		Home visitor tracks POS information in ETO ¹
Early Head Start	C40k. Number of families who received health education. C40m. Number of families who received parenting education.	EHS Program Information Report (PIR) Data, Items C40k and C40m

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**Evidence-Based Model Crosswalk to Benchmarks
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CONSTRUCT: Incidences of child injuries requiring medical treatment		
Parents as Teachers	Child Safety scores range from 1-5 (1=child hospitalization for injury, permanent damage; 2=outpatient/ER Tx for injury, no permanent damage; 3=no unintentional injuries. home/car unsafe/not childproofed; 4=no unintentional injury. home partially safe. uses care seat. uses information; and 5=child protected, no injury. Home/car safe. Teaches safety. Seeks/uses information for age.	LSP: (Relationships with Child(ren) #8—Safety)
Nurse Family Partnership	Number of child injuries requiring treatment (while this data is not formally reported in the data system, it is available in client charts)	Recorded in individual client records; currently not collected in the data collection system
Healthy Families America		Home visit record
Family Check-Up		
Healthy Steps	Documentation of child injuries requiring medical treatment	EMR - electronic medical record
HIPPY		Parent self-report tracked in ETO ¹
Early Head Start		

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**Evidence-Based Model Crosswalk to Benchmarks
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CONSTRUCT: Reported suspected maltreatment for children in the program		
Parents as Teachers	LSP: Discipline scores range from 1-5 (1=Has shown reportable levels of physical abuse or severe neglect; 2=Uses physical punishment. Frequent criticism; verbal abuse; 3=Mixture of impatient/critical and appropriate discipline; 4=Inconsistent limits. Ineffective boundaries. Teaches desired behavior effectively sometimes; and 5=Uses age-appropriate discipline. Teaches, guides, and directs behavior effectively. APR: Number of families referred to social services because of child abuse and neglect.	1. Personal Visit Record ; 2. LSP: (Relationships with Child(ren) #6—Discipline); 3. Affiliated Performance Report (APR, Section VI, Q4)
Nurse Family Partnership	Maternal self-report or nurse report of suspected cases of maltreatment of children in the program (while this data is not formally reported in the data system, it is available in client charts)	Participant report; Collected in the nurses notes
Healthy Families America	Dates of accepted reports for target child, relationship of alleged perpetrator, and type of maltreatment	Official CPS records
Family Check-Up		
Healthy Steps	Number of suspected cases of maltreatment of children in the program	EMR - electronic medical records
HIPPY		Method recommended by states -tracked in ETO ¹
Early Head Start	Number of families who received child abuse and neglect services	EHS Program Information Report (PIR) Data, Item C40h

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**Evidence-Based Model Crosswalk to Benchmarks
Model Alignment with Benchmark Constructs**

CONSTRUCT: Reported substantiated maltreatment for children in the program		
Parents as Teachers		
Nurse Family Partnership		
Healthy Families America	Dates of accepted reports for target child, relationship of alleged perpetrator, and type of maltreatment	Official CPS records
Family Check-Up		
Healthy Steps	Number of substantiated cases of maltreatment of children in the program	EMR - electronic medical records
HIPPY		Method recommended by states -tracked in ETO ¹
Early Head Start		
CONSTRUCT: First-time victims of maltreatment for children in the program		
Parents as Teachers		
Nurse Family Partnership	Number of children in the program who are first-time victims (if the mother self-reports)	Interview/self-report
Healthy Families America		Official CPS records
Family Check-Up		
Healthy Steps	Number of substantiated cases of maltreatment of children in the program	EMR - electronic medical record
HIPPY		Method recommended by states -tracked in ETO ¹
Early Head Start		

NOTES:

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BENCHMARK 3

School Readiness and Achievement

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**Evidence-Based Model Crosswalk to Benchmarks
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BENCHMARK 3: School Readiness and Achievement		
Program Models	Data Collected by Model	Data Source
CONSTRUCT: Parent support for children’s learning and development		
Parents as Teachers	LSP: Support of Development scores range from 1-5 (1=Poor knowledge of child development; 2=Little knowledge and limited interest in child development. Passive parent role; 3=Open to child development info. Provides some toys, books and play for age; 4=Applies child development ideas. Interested in child development skills, interests, and play; and 5=Anticipates child developmental changes. Uses appropriate toys/books; plays and reads with child daily.)	LSP: (Relationships with child(ren) #7—Support of Development); Parents as Teachers Parent Survey; Protective Factors Survey; Keys to Interactive Parenting Scale.
Nurse Family Partnership	Parent knowledge through observation and documentation in client record; scale scores from the Ages and Stages Questionnaire	Observation and self-report noted in client record(collected at entry and 1 year post enrollment); Ages and Stages Questionnaire (collected at 4, 10, 14, and 20 months postpartum)
Healthy Families America	Number of times parent reads to child per week recorded on program assessment form	HFPI, KIPS, HOME, program assessment form
Family Check-Up	Open-ended questions from intake form regarding parent support for independent learning and development for child; PARYC scores	Intake Assessment; PARYC (parenting young children form)
Healthy Steps	Risk factors for school readiness listed as multiple item screener that looks at precursors to school readiness; scale scores from ASQ or ASQ-SE	Data in HS file (collected every 6 months); ASQ, ASQ-SE

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**Evidence-Based Model Crosswalk to Benchmarks
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HIPPY	Construct required but flexibility in the type of data collected	Instruments used to measure changes in parental knowledge, behavior and well-being include: Parent Involvement and Efficacy Survey, Protective Factors Survey, Parenting Stress Index. Instruments commonly used by HIPPY programs to measure changes in children’s development and skills are : Ages and Stages Questionnaires (ASQ), Work Sampling System, Peabody Picture and Vocabulary, Dynamic Indicators of Basic Emergent Literacy Skills (DIEBLS). Surveys of kindergarten teachers determine school readiness of HIPPY participants. State benchmark exams are used to measure the academic progress of HIPPY participants throughout their elementary school years.
Early Head Start	C40m. Number of families who received parenting education.	EHS Program Information Report (PIR) Data, Item C40m

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**Evidence-Based Model Crosswalk to Benchmarks
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CONSTRUCT: Parent knowledge of child development and their child’s developmental progress		
Parents as Teachers	LSP: Support of Development scores range from 1-5 (1=Poor knowledge of child development; 2=Little knowledge and limited interest in child development. Passive parent role; 3=Open to child development info. Provides some toys, books and play for age; 4=Applies child development ideas. Interested in child development skills, interests, and play; and 5=Anticipates child developmental changes. Uses appropriate toys/books; plays and reads with child daily.)	LSP: (Relationships with child(ren) #7—Support of Development); Parents as Teachers Parent Survey; Protective Factors Survey; Keys to Interactive Parenting Scale.
Nurse Family Partnership	Parent knowledge through observation and documentation in client record; scale scores from the Ages and Stages Questionnaire	Observation and self-report noted in client record(collected at entry and 1 year post enrollment); Ages and Stages Questionnaire (collected at 4, 10, 14, and 20 months postpartum)
Healthy Families America		KIPS, HOME, Home Visitor Observation of ASQ
Family Check-Up	Parent self-rating on competence of child development	Parent-report on progress during feedback session
Healthy Steps	Screening tool scale scores	Parental Knowledge of Child Development Screening Tool (collected at beginning and end of intervention)
HIPPY	Construct required but flexibility in the type of data collected	See above for suggested measures
Early Head Start	C40m. Number of families who received parenting education.	EHS Program Information Report (PIR) Data, Item C40m

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**Evidence-Based Model Crosswalk to Benchmarks
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CONSTRUCT: Parenting behaviors and parent-child relationship		
Parents as Teachers	LSP: Several items from the LSP address parenting behaviors and parent-child relationship. Item scores range from 1-5	LSP: (Relationships with child(ren) #4—Attitudes to Pregnancy, Relationships with child(ren) #5—Nurturing, Relationships with child(ren) #6—Discipline, Relationships with child(ren) #7—Support of Development, Relationships with child(ren) #8—Safety); Parents as Teachers Parent Survey; Protective Factors Survey; Keys to Interactive Parenting Scale.
Nurse Family Partnership	Observations are documented in the client’s chart. Interventions are also documented in the client’s chart.	Observations are recorded in the client chart. Dyadic assessment tool is an interview that is used periodically (data collected at entry and 1 year post enrollment).
Healthy Families America Family Check-Up	Observation: therapist rates caregiver across 5 behaviors (caregiver-child relationship quality, proactive parenting behaviors, limit-setting and praise, caregiver monitoring, and family relationship). Parent self-report.	HFPI, PFS, KIPS, HOME PARYC parenting young children, ACRS adult child relationship scale, observation session; Parenting Young Children (PARYC) and Adult Child Relationship Scale (ACRS) recommended
Healthy Steps	Based on clinical judgment of and observation by HS specialist. No specific criteria defined (require the process, not the specific data elements)	Observation using Temperament Scale at 4 months; every home visit there is an informal observation of parent-child interaction using Quick Check Sheets
HIPPY	Construct required but flexibility in the type of data collected	See above for suggested measures
Early Head Start	C40m. Number of families who received parenting education.	EHS Program Information Report (PIR) Data, Item C40m

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**Evidence-Based Model Crosswalk to Benchmarks
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CONSTRUCT: Parent emotional well-being or parenting stress		
Parents as Teachers	Scores for Edinburg, Protective Factors Survey, PAT Parent Survey. LSP item scores range from 1-5 for Depression/Suicide and for Self-Esteem.	Edinburgh Postnatal Depression Scale, Protective Factors Survey, Parents as Teachers Parent Survey, and LSP: (Mental Health & Substance use/abuse #26—Depression/Suicide, Mental Health & Substance Abuse—#28—Self-Esteem)
Nurse Family Partnership	Personal Beliefs Form consists of 7-item - sample item: 'There is really no way I can solve some of the problems I have.'	Maternal Health Assessment Form: Personal Beliefs; Edinburgh Postnatal Depression Scale
Healthy Families America		HFPI, PFS, KIPS, HOME
Family Check-Up	Site required to address construct, but there is flexibility in the measure selected(measure must be reliable, valid, and culturally appropriate for population)	PHQ2, GAD2
Healthy Steps	Maternal depression: 8 open-ended questions from the Parent Risk Factor Questionnaire that screen for maternal depression. Stress Inventory: only administered if requested	Parental Risk Factors Screening Questionnaire; Parenting Stress Inventory if indicated by parent, pediatrician, or HS Specialist. Data in HS files
HIPPY	Construct required but flexibility in the type of data collected	See above for suggested measures
Early Head Start	C40c. Number of families who received mental health services. C40m. Number of families who received parenting education.	EHS Program Information Report (PIR) Data, Items C40c and C40m

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**Evidence-Based Model Crosswalk to Benchmarks
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CONSTRUCT: Child communication, language and emergent literacy		
Parents as Teachers	Assessment of this construct is required but the identified screener may be selected by the site	Comprehensive developmental screening is a required component of Parents as Teachers. Preferred developmental screening tools include the ASQ-3, Battelle, Brigance, DIAL-3, Early Screening Inventory, and First STEP. Refer to the Parents as Teachers website for more details. And LSP: (Infant/Toddler Development (4 months – 3 years) #36-42 Communication, Gross Motor, Fine Motor, Problem Solving, Personal-Social, Social-emotional, and Regulation)
Nurse Family Partnership	ASQ scores collected through parent report and nurse observations	Ages and Stages Questionnaire at various times during infancy and toddlerhood (4, 10, 14, 20 months postpartum)
Healthy Families America	Construct required but flexibility in the type of data collected	ASQ
Family Check-Up	2 ways: parents rate their child's language abilities compared to peers; also observation session for therapist of child's language and communication abilities (coding sheet for observation session)	Screening question, observation session
Healthy Steps	Pediatrician screening tool: Every well-child visit includes an assessment of literacy. Ex.: book presented to infant/child, document infant/child's reaction, discussion with parent next steps)	EMR - electronic medical records
HIPPY	Construct required but flexibility in the type of data collected	See above for suggested measures
Early Head Start	Number of children who completed routine screenings for developmental, sensory, and behavioral concerns since last year's PIR was reported	EHS Program Information Report (PIR) Data, Item C28

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**Evidence-Based Model Crosswalk to Benchmarks
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CONSTRUCT: Child's general cognitive skills		
Parents as Teachers	Assessment of this construct is required but the identified screener may be selected by the site	Comprehensive developmental screening is a required component of Parents as Teachers. Our preferred developmental screening tools include the ASQ-3, Battelle, Brigance, DIAL-3, Early Screening Inventory, and First STEP. Refer to the Parents as Teachers website for more details. And LSP: (Infant/Toddler Development (4 months – 3 years) #36-42 Communication, Gross Motor, Fine Motor, Problem Solving, Personal-Social, Social-emotional, and Regulation)
Nurse Family Partnership	ASQ scores collected through parent report and nurse observations	Ages and Stages Questionnaire at various times during infancy and toddlerhood (4, 10, 14, 20 months postpartum)
Healthy Families America	Construct required but flexibility in the type of data collected	ASQ
Family Check-Up	Opened ended question at intake - how's your child doing?	Intake Assessment Item
Healthy Steps	Construct required but flexibility in the actual tool selected by site. Require a valid, reliable, and culturally appropriate screen, but site-selected	Assessed using developmental screen at 6 months and every 6 months thereafter; ASQ
HIPPY	Construct required but flexibility in the type of data collected	See above for suggested measures
Early Head Start	C24. Number of children enrolled who have an IFSP indicating they have been determined eligible by the Part C Agency to receive early intervention services under IDEA. C28. Number of all children who completed routine screenings for developmental, sensory, and behavioral concerns since last year's PIR was reported	EHS Program Information Report (PIR) Data, Items C24 and C28

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**Evidence-Based Model Crosswalk to Benchmarks
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CONSTRUCT: Child's positive approaches to learning including attention		
Parents as Teachers	Assessment of this construct is required but the identified screener may be selected by the site	Comprehensive developmental screening is a required component of Parents as Teachers. Our preferred developmental screening tools include the ASQ-3, Battelle, Brigance, DIAL-3, Early Screening Inventory, and First STEP. Refer to the Parents as Teachers website for more details. And LSP: (Infant/Toddler Development (4 months – 3 years) #36-42 Communication, Gross Motor, Fine Motor, Problem Solving, Personal-Social, Social-emotional, and Regulation)
Nurse Family Partnership	ASQ scores collected through parent report and nurse observations	Ages and Stages Questionnaire at various times during infancy and toddlerhood (4, 10, 14, 20 months postpartum)
Healthy Families America	Construct required but flexibility in the type of data collected	ASQ-SE
Family Check-Up	Construct required but flexibility in the type of data collected (measure must be reliable, valid, and culturally appropriate for population)	SDQ, Observation session, teacher report
Healthy Steps	Construct required but flexibility in the type of data collected	Observation during screening; Temperament Scale
HIPPY	Construct required but flexibility in the type of data collected	See above for suggested measures
Early Head Start	C24. Number of children enrolled who have an IFSP indicating they have been determined eligible by the Part C Agency to receive early intervention services under IDEA. C28. Number of all children who completed routine screenings for developmental, sensory, and behavioral concerns since last year's PIR was reported	EHS Program Information Report (PIR) Data, Items C24 and C28

*Items bolded are required by model for model reporting. Items not bolded are recommended/suggested by model.

**Evidence-Based Model Crosswalk to Benchmarks
Model Alignment with Benchmark Constructs**

CONSTRUCT: Child's social behavior, emotion regulation, and emotional well-being		
Parents as Teachers	Measurement of this construct is required but flexibility in the type of data collected. APR: Number and % of children screened, identified, referred, and followed-up by developmental areas	ASQ-SE, DECA, and BITSEA (recommended supplements to full developmental screening); Affiliate Performance Report (APR, Section V., Q11a-c)
Nurse Family Partnership	ASQ-SE scores collected through parent report and nurse observations	Ages and Stages Questionnaire-Social Emotional (ASQ-SE) at various times during infancy and toddlerhood (6, 12, 18, and 24 months postpartum)
Healthy Families America	Measurement of this construct is required but flexibility in the type of data collected	ASQ-SE
Family Check-Up	Measurement of this construct is required but flexibility in the type of data collected (measure must be reliable, valid, and culturally appropriate for population)	SDQ, CBQ, Observation session, and teacher report when appropriate
Healthy Steps	Measurement of this construct is required but flexibility in the type of data collected	Temperament Scale; Appropriate Screening tool required (ASQ recommended); observation
HIPPY	Measurement of this construct is required but flexibility in the type of data collected	See above for suggested measures

***Items bolded are required by model for model reporting. Items not bolded are recommended/suggested by model.**

**Evidence-Based Model Crosswalk to Benchmarks
Model Alignment with Benchmark Constructs**

Early Head Start	<p>C21a. Number of children for whom the MH professional consulted with program staff about the child's behavioral/mental health. C21b. Number of children for whom the MH professional consulted with the parents about their child's behavior/mental health. C21c. Number of children for whom the MH professional provided an individual mental health assessment. C24. Number of children enrolled in your program who have an IFSP indicating they have been determined eligible by the Part C Agency to receive early intervention services under IDEA. C28. Number of all children who completed routine screenings for developmental, sensory, and behavioral concerns since last year's PIR was reported.</p>	<p>EHS Program Information Report (PIR) Data, Items C21a, C21b, C21c, C24 and C28</p>
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***Items bolded are required by model for model reporting. Items not bolded are recommended/suggested by model.**

**Evidence-Based Model Crosswalk to Benchmarks
Model Alignment with Benchmark Constructs**

CONSTRUCT: Child's physical health and development		
Parents as Teachers	Health Record: Number of children screened in hearing, vision, and health. Number of families provided information about health and nutrition. Tracking of handout dissemination. APR: Number and % of children screened, identified, referred, and followed-up by developmental area.	Parents as Teachers Health Record. Parents as Teachers requires annual screening of hearing, vision, and health. Curriculum includes health and nutrition information. Handouts given to parents are tracked. Affiliate Performance Report (APR; Section V, Q11a-c)
Nurse Family Partnership	Infant/child growth and development: Weight, height, and head circumference	Infant Health Care Form collected at 6, 12, 18, and 24 months post-partum
Healthy Families America	Construct required but flexibility in the type of data collected	ASQ
Family Check-Up	General open-ended questions to parents about child's health and development. Construct must be addressed, but items/measures selected may be determined by site.	Asked at Intake
Healthy Steps	Problems or concerns with physical health and development documented on EMR; HS files have actual screening tools administered	EMR - electronic medical records; HS files
HIPPY	Construct required but flexibility in the type of data collected	See above for suggested measures
Early Head Start	C8. Number of children who are up-to-date on a schedule of age-appropriate preventive and primary health care according to your state's EPSDT schedule for well child care; including children who left the program, if they were up-to-date when they left the program. C24. Number of children enrolled in your program who have an IFSP indicating they have been determined eligible by the Part C Agency to receive early intervention services under IDEA. C28. Number of all children who completed routine screenings for developmental, sensory, and behavioral concerns since last year's PIR was reported.	EHS Program Information Report (PIR) Data, Items C8, C24, and C28

*Items bolded are required by model for model reporting. Items not bolded are recommended/suggested by model.

BENCHMARK 4

Crime or Domestic Violence

*Items **bolded** are required by model for model reporting. Items not **bolded** are recommended/suggested by model.

**Evidence-Based Model Crosswalk to Benchmarks
Model Alignment with Benchmark Constructs**

BENCHMARK 4: Crime or Domestic Violence		
Program Models	Data Collected by Model	Data Source
CONSTRUCT: Crime: Arrests		
Parents as Teachers Nurse Family Partnership		
Healthy Families America Family Check-Up Healthy Steps HIPPY Early Head Start	Parent-endorsed item on legal troubles	Stressful Life Events Item
CONSTRUCT: Crime: Convictions		
Parents as Teachers Nurse Family Partnership		
Healthy Families America Family Check-Up Healthy Steps HIPPY Early Head Start	Is there a family member incarcerated? What do your children know about it? What are your concerns around it? Does the child have contact with the incarcerated parent?	CTS-R, Home Visit Record Parental Risk Factors Screening Questionnaire in HS file

***Items bolded are required by model for model reporting. Items not bolded are recommended/suggested by model.**

**Evidence-Based Model Crosswalk to Benchmarks
Model Alignment with Benchmark Constructs**

CONSTRUCT: Domestic Violence: Screening for domestic violence		
Parents as Teachers	DOVE screening tool for domestic violence. 2. PVR records occurrence of screening and when referrals are made or information is provided to families.	1. DOVE (Domestic Violence Enhance Visitation Program) structured IPV sessions and documentation form is included in the curriculum. 2. Personal Visit Record (PVR)
Nurse Family Partnership	Maternal self-report of experience of intimate partner violence during pregnancy and after delivery (multi-item questionnaire)	Relationships Form
Healthy Families America		CTS-R
Family Check-Up	Construct must be addressed but specific measure may be determined by the site	DYAD-C
Healthy Steps	Open-ended individualized screening for domestic violence (construct required but flexibility in how data is collected)	Parental Risk Factors Screening Questionnaire in HS file
HIPPY		
Early Head Start		
CONSTRUCT: Domestic Violence: Of families identified for domestic violence, number of referrals made to relevant violence services		
Parents as Teachers	DOVE screening tool for domestic violence. 2. PVR records occurrence of screening and when referrals are made or information is provided to families.	1. DOVE (Domestic Violence Enhance Visitation Program) structured IPV sessions and documentation form is included in the curriculum. 2. Personal Visit Record (PVR)
Nurse Family Partnership	Number of referrals made to domestic violence or victims services	Use of Government and Community Services Form and Relationships Form
Healthy Families America		Program administrative data
Family Check-Up	Encourage a facilitated referral process if needed	Encouraged to track referrals
Healthy Steps	Number of referrals made by type	EMR - electronic medical records and HS file
HIPPY		Referrals tracked in ETO ¹
Early Head Start	C40i. Number of families who received domestic violence services.	EHS Program Information Report (PIR) Data, Item C40i

***Items bolded are required by model for model reporting. Items not bolded are recommended/suggested by model.**

**Evidence-Based Model Crosswalk to Benchmarks
Model Alignment with Benchmark Constructs**

CONSTRUCT: Domestic Violence: Of families identified for the presence of domestic violence, number of families for which a safety plan was completed		
Parents as Teachers	DOVE screening tool for domestic violence. 2. PVR records occurrence of screening and when referrals are made or information is provided to families.	1. DOVE (Domestic Violence Enhance Visitation Program) structured IPV sessions and documentation form is included in the curriculum. 2. Personal Visit Record (PVR)
Nurse Family Partnership	Of families identified for domestic violence, number safety plans made	Nurse home visitors chart safety plans per agency policy – data not currently part of web-based system
Healthy Families America		Program administrative data
Family Check-Up		Suggested but not required
Healthy Steps	Number of safety plans made for families who identify DV as a concern	EMR - electronic medical records
HIPPY		Safety plans tracked in ETO per Home Visitor report ¹
Early Head Start		

NOTES:

¹ HIPPY does not currently require that programs track, but can add grantee items to ETO system

***Items bolded are required by model for model reporting. Items not bolded are recommended/suggested by model.**

BENCHMARK 5

Family Economic Self-Sufficiency

***Items bolded are required by model for model reporting. Items not bolded are recommended/suggested by model.**

**Evidence-Based Model Crosswalk to Benchmarks
Model Alignment with Benchmark Constructs**

BENCHMARK 5: Family Economic Self-Sufficiency		
Program Models	Data Collected by Model	Data Source
CONSTRUCT: Household income and benefits		
Parents as Teachers	Income scores range from 1-5 (1=none or illegal income only; 2=TANF and/or child support, SDI; 3=Employed with low income, seasonal or 200% FPL; 4=Employed with moderate income, meets expenses most of time; and 5=Adequate salary)	LSP: (Basic Essentials (#34)—Income) and Personal Visit Record used to record when referrals are made or information provided
Nurse Family Partnership	Household income data as well as use of government and community services collected (identify each source of income and benefit and the amount gathered from each): 1. Total yearly household income: (less than or equal to \$6,000; \$6,001-12,000; \$12,001-20,000; \$20,001-30,000; over \$40,000; client is dependent on parent/guardian)- includes all sources of income 2. Does the client qualify for TANF, Medicaid, WIC, or Food stamps? Y/N (this is a proxy for low income if client doesn't know income)	Demographics: Pregnancy-Intake Form (collected from mother at intake and four time points during the program)
Healthy Families America		PFS; Assessment Interview at intake, 6 months, 12 months, and each year thereafter
Family Check-Up	Number of people in household, amount of income, service utilization	Standard questions¹
Healthy Steps	8 open-ended questions about household income and benefits such as: "Do you have enough food to adequately feed your family this week?"	Parental Risk Factors Screening Questionnaire in HS files

***Items bolded are required by model for model reporting. Items not bolded are recommended/suggested by model.**

**Evidence-Based Model Crosswalk to Benchmarks
Model Alignment with Benchmark Constructs**

HIPPY	Household income (checking all that apply including wages/salary, TANF, unemployment, social security, child support/alimony, other).	HIPPY Application
Early Head Start	C35. Number of families receiving cash benefits or other services under the TANF program. C36. Number of families receiving SSI. C42. Number of families receiving services under WIC.	EHS Program Information Report (PIR) Data, Items C35, C36, C42
CONSTRUCT: Employment or education of adult members of the household		
Parents as Teachers	LSP: Varying items related to literacy, education level, employment, and immigrations status, with all scores ranging from 1-5. PVR: Records when referrals are made or information provided.	LSP: (Education & Employment (#12)—Language (for non-English speaking only), Education & Employment (#13)—<12 Grade education, Education & Employment (#14)—Education, Education & Employment (#15)—Employment, Education & Employment (#16)—Immigration) and Personal Visit Record used to record when referrals are made or information provided
Nurse Family Partnership	Client employment: Are you currently working? (yes-full time 37+ hrs, yes-part time, no). Client Education: 1. Have you completed high school or a GED? (Yes-completed high school, yes completed GED, no) 2. If no, what is the last grade you completed? 3. Have you completed education other than high school/GED (vocational/technical training program, some college, associate's degree, bachelor's degree, master's degree, professional degree (e.g., LLB, LD, MD, DDS), no) 4. Are you currently enrolled in any kind of school, vocational or educational program? Y/N 5. If yes: (middle school, high school or GED program, post-high school vocational/technical training, college); 6. If no, do you plan to enroll in any kind of school, vocational or educational program?	Demographics: Pregnancy Intake Form & Demographic Update Form.

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**Evidence-Based Model Crosswalk to Benchmarks
Model Alignment with Benchmark Constructs**

Healthy Families America		Assessment Interview at intake, 6 months, 12 months, and each year thereafter
Family Check-Up	Level of education and employment status for caregivers	Asked at intake
Healthy Steps	2 open-ended questions about employment: "Has anyone in your household lost a job within the past year?" "Are you concerned about him / her losing your job?"	Parental Risk Factors Screening Questionnaire in HS files
HIPPY	<u>Employment:</u> Employment (Y/N); Occupation (student, work part-time, work full-time, self-employed, homemaker, unemployed). <u>Education:</u> High school graduate (Y/N), college graduated (Y/N), highest level of education completed, GED (Y/N), if not high school graduate the last grade completed, currently enrolled in high school (Y/N), currently enrolled in college (Y/N).	HIPPY Application
Early Head Start	Various items related to employment status by single- and two-parent families. Various items related to education and job training services by single- and two-parent families.	EHS Program Information Report (PIR) Data, Items C33a, C33b, C33c, C34a, C34b, C37a, C37b, C37c, C38a, C38b, C39, C40d, C40e, C40f.

***Items bolded are required by model for model reporting. Items not bolded are recommended/suggested by model.**

**Evidence-Based Model Crosswalk to Benchmarks
Model Alignment with Benchmark Constructs**

CONSTRUCT: Health insurance status		
Parents as Teachers	1. LSP: Medical/Health Insurance scores range from 1-5 (1=no coverage; 2=medical for pregnancy or emergency only; 3=medical full-scope benefits with or without share of cost; 4=state-subsidized or partial pay coverage; and 5=private insurance with or without co-pay). 2. PVR records when referrals are made or information on health insurance provided; 3. APR, VI Q2: Number and % of families whose children are uninsured. 3. APR, VI Q3: Number and % of families linked to CHIP.	1. LSP: (Basic Essentials #33—Medical /Health Insurance); 2. Personal Visit Record used to record when referrals are made or information provided; 3. Affiliate Performance Report (APR, Section VI, Q2 & Q3)
Nurse Family Partnership	Number of clients who have health insurance	Collected at intake and four other time points during the program
Healthy Families America		Assessment Interview at intake, 6 months, 12 months, and each year thereafter
Family Check-Up	Family health insurance status	Asked at intake to aid in referrals
Healthy Steps	Number of families enrolled in Medicaid, free pay or private plan	EMR - electronic medical records
HIPPY		Parent self-report tracked in ETO ¹
Early Head Start	C3. Number of pregnancy women with at least one type of health insurance. C4. Number of pregnant women with no health insurance. C1. Number of all children with health insurance. C2. Number of children with no health insurance.	EHS Program Information Report (PIR) Data, Items C3, C4, C1, C2

NOTE:

¹ HIPPY does not currently require that programs track, but can add grantee items to ETO system

***Items bolded are required by model for model reporting. Items not bolded are recommended/suggested by model.**

BENCHMARK 6

Coordination and Referral for Other Community Resources and Supports

***Items bolded are required by model for model reporting. Items not bolded are recommended/suggested by model.**

**Evidence-Based Model Crosswalk to Benchmarks
Model Alignment with Benchmark Constructs**

BENCHMARK 6: Coordination and Referrals for Other Community Resources and Supports		
Program Models	Data Collected by Model	Data Source
CONSTRUCT: Number of families identified for necessary services		
Parents as Teachers	PVR documents family strengths and protective factors focused on during the visit, strength-based observations of parent-child interactions, topics discussed like healthy births, attachment, discipline, health, nutrition, safety, sleep, and transitions/routines. APR documents number and % of families linked by PAT to one or more community resources during the program year.	Personal Visit Record (PVR) used to record family needs and when referrals are made or information provided; Affiliate Performance Report (APR, Section VI, Q1)
Nurse Family Partnership	Collects data on services a family needs	Use of Government and Community Services Form; collected at intake, infant birth, infancy 6 months, infancy 12 months, toddler 18 months, and toddler 24 months.
Healthy Families America	Construct required but flexibility in type of data collected	Program administrative data
Family Check-Up	Feedback session provides information on family needs (no specific criteria assessed)	PACL - database or other MIS system
Healthy Steps	Use clinical skills, pediatrician and parental reports, and screening results to identify necessary services; specific criteria determined by site based on available options	HS files and HS Database; Parental Risk Factor Screening Questionnaire

***Items bolded are required by model for model reporting. Items not bolded are recommended/suggested by model.**

**Evidence-Based Model Crosswalk to Benchmarks
Model Alignment with Benchmark Constructs**

HIPPY	Reason for referral (e.g., child development, crisis intervention, education, employment ESL, job training, legal aid, etc.); Referral date; Referral status (referred, never arrived, denied service, waitlist, receiving service, completed service).	HIPPY Application
Early Head Start	<p>C40a. Number of families who received emergency/crisis intervention such as meeting immediate needs for food, clothing, or shelter. C40b. Number of families who received housing assistance such as subsidies, utilities, repairs, etc. C40c. Number of families who received mental health services. C40g. Number of families who received substance abuse prevention treatment. C40h. Number of families who received child abuse and neglect services. C40i. Number of families who received domestic violence services. C44. Number of families experiencing homelessness that were served during the enrollment year.</p>	EHS Program Information Report (PIR) Data, Items C40a, C40b, C40c, C40g, C40h, C40i, C44

*Items bolded are required by model for model reporting. Items not bolded are recommended/suggested by model.

**Evidence-Based Model Crosswalk to Benchmarks
Model Alignment with Benchmark Constructs**

CONSTRUCT: Number of families that required services and received a referral to available community resources		
Parents as Teachers	PVR: Referrals are made based on home visitor assessment; tracks when referrals are made to other organizations by types of service. APR: Number and % of families that were linked by PAT to one or more community resources during the program year.	Personal Visit Record (PVR) used to record when referrals are made; Affiliate Performance Report (APR, Section VI, Q1)
Nurse Family Partnership	Maternal referrals to additional services collected at every visit	Home Visitor Encounter Form (completed at every visit); Use of Government and Community Services Form (collected at intake, infant birth, infancy 6 months, infancy 12 months, toddler 18 months, and toddler 24 months).
Healthy Families America	Construct required flexibility in type of data collected	Program administrative data
Family Check-Up	Number of referrals made to family	PACL - database or other MIS system
Healthy Steps	Number of referrals made for child and family	HS Database; referrals noted in EMR
HIPPY	Number referred	HIPPY Application
Early Head Start	C21d. Number of children for whom MH professionals facilitated a referral form mental health services. C22. Number of children who were referred by the program for mental health services outside of EHS since last year's PIR was reported.	EHS Program Information Report (PIR) Data, Items C21d and C22

***Items bolded are required by model for model reporting. Items not bolded are recommended/suggested by model.**

**Evidence-Based Model Crosswalk to Benchmarks
Model Alignment with Benchmark Constructs**

CONSTRUCT: Number of MOU's or other formal agreements with other social service agencies in the community		
Parents as Teachers		Program Management Records
Nurse Family Partnership	Number of MOUs developed	Implementing agency documents
Healthy Families America	Number of partnerships with other social service agencies	National Site Survey collected annually
Family Check-Up		
Healthy Steps		
HIPPY		
Early Head Start	C48a. Number of Part C agencies that your program has a formal agreement with to coordinate services for children with disabilities. C50a. Number of formal agreements that you have a formal collaboration and resource sharing agreements with public pre-kindergarten programs.	EHS Program Information Report (PIR) Data, Items C48a and C50a

***Items bolded are required by model for model reporting. Items not bolded are recommended/suggested by model.**

**Evidence-Based Model Crosswalk to Benchmarks
Model Alignment with Benchmark Constructs**

CONSTRUCT: Number of agencies with which the home visiting provider has a clear point of contact in the collaborating community agency that includes regular sharing of information between agencies		
Parents as Teachers		Program Management Records
Nurse Family Partnership	Community Advisory Board develops and maintains referral sources and linkages for program participants based on staff assessment of participant needs and preferences. Development of a Community Advisory Board is part of standard implementation planning process, with plans reviewed for readiness assessment prior to program start-up.	Community Advisory Board meetings are documented in the data collection system.
Healthy Families America	Number of agencies and type of agencies with whom there is an established relationship	National Site Survey collected annually
Family Check-Up		
Healthy Steps	Resource Binder identifying agencies with clear point of contact	Resource Binder
HIPPY	HIPPY programs are required to have Advisory Boards to integrate services in the community. Each program develops site specific service provider contacts.	Tracked in ETO
Early Head Start		

***Items bolded are required by model for model reporting. Items not bolded are recommended/suggested by model.**

**Evidence-Based Model Crosswalk to Benchmarks
Model Alignment with Benchmark Constructs**

CONSTRUCT: Number of completed referrals		
Parents as Teachers	Follow-up on status of referrals and whether or not completed	Personal Visit Record (PVR)
Nurse Family Partnership	Number of completed referrals documented in client's chart	Client's chart
Healthy Families America	Construct required but flexibility in the type of data collected	Program administrative data
Family Check-Up	Number of completed referrals	PACL - database or other MIS system
Healthy Steps	Number of successfully completed referrals	HS Database
HIPPY		ETO report ¹
Early Head Start	C15. Number of children with continuous accessible dental care provided by a dentist. C18. Number of all children who are up-to-date on a schedule of age-appropriate preventative and primary oral health care according to your state's EPSDT schedule. C19. Number of pregnant women who received a professional dental examination(s) and/or treatment since last year's PIR was reported. C22. Number of children who were referred by the program for mental health services outside of EHS since last year's PIR was reported. C22a. Number of children who received mental health services since last year's PIR was reported.	EHS Program Information Report (PIR) Data, Items C15, C18, C19, C22 and C22a

NOTE:

¹ HIPPY does not currently require that programs track, but can add grantee items to ETO system.

***Items bolded are required by model for model reporting. Items not bolded are recommended/suggested by model.**