IMPLEMENTATION SYSTEM						
Indicator		***In Place***	***Partially in Place***	***Not in Place***	***Don't Know***	***Notes***
Staff with designated roles *Staff are provided clear expectations and accountability. Staff include home visitors, supervisors, program managers, directors, and others employed at the organization.*						
I-1	Job descriptions clearly define expectations and accountability for assessment, screening, referral, linkage, and follow through.					
I-2	Formal policy clearly defines WHO is responsible for assessment, screening, referral, linkage, and follow through.					
Training to assess, screen, refer, link, and follow-through *Staff receive instructions regarding assessment, screening, referral, linkage, and follow-up.*						
I-3	Formal policy clearly defines the timing and scope of training for home visiting staff around assessment, screening, referral, linkage, and follow through.					
I-4	Formal training for home visiting staff focuses on assessment, screening, referral, linkage, and follow-through with other service providers.					

I-5	Home visiting staff are competent in using a family-centered approach when coordinating services with families with diverse background, strengths, and needs.					
Supervision/coaching *Oversight is readily available and of high quality.*						
I-6	Supervisors support and monitor staff around assessment, screening, referral, linkage, and follow through.					
I-7	Home visiting staff use supervision or coaching data regarding assessment, referrals, linkages, and follow-through to drive improvements in processes.					
Data system to support decision making *Information and reporting systems inform continuous quality improvement regarding home visiting services. Information is collected regarding coordination to support improvement in policy, practice, and programs.*						
I-8	Formal policy clearly defines accountability for measurement, reporting, and reviewing outcomes for coordination in the management information systems.					
I-9	Management information systems maintain data specific to screening, referral, linkage and follow through.					
I-10	Home visiting staff use a data system to inform decisions regarding coordinating services for families.					

		In Place	Partially in Place	Not in Place	Don't Know	Notes
Policies and procedures for communication between home visiting programs and other agencies *Formal policies or procedures specify the intended nature of communication (content, mode, frequency of interactions) between agencies.*						
I-11	Formal agreements or memoranda of understanding support communication between home visiting programs and other agencies.					
I-12	Formal policy clearly defines the primacy of the family in deciding what and with whom information is shared.					

ACTIVITIES

Indicator		In Place	Partially in Place	Not in Place	Don't Know	Notes
Establish roles across organizations *Clear expectations delineate WHO is responsible for WHAT services or aspects of services, including service coordination.*						
A-1	Home visiting staff understand the roles of other community providers with regard to serving families.					
Assess family strengths and needs *Determine the family's strengths and needs in areas including but not limited to physical, emotional, social, psychological, and spiritual health and well-being as well as need for education, employment, peer support.*						
A-2	Families participate in a comprehensive assessment of strengths and needs.					

A-3	Family assessment includes consideration of both formal and informal supports (professional, friends, and relatives).					
A-4	Home visiting staff screen families/children for [XX] with a standardized tool.					
Create a goal plan *In partnership with the family, establish and maintain a goal plan that outlines the family's short- and long-term goals and steps to achieve them.*						
A-5	Families have a goal plan.					
A-6	Goal plans have clearly specified family-centered goals for home visiting.					
A-7	Goal plans clearly document that family preferences were incorporated.					
A-8	Goal plans incorporate families' formal and informal supports (professionals, friends, and relatives).					
Facilitate referrals and linkages *Facilitate referrals and linkages by sharing pertinent information with families and providers.*						
A-9	Family agreement for exchange of information about [XX] screening results is documented in record.					
A-10	Home visiting staff offer a referral to families with a positive screen for [XX] who are not already in services.					

A-11	Home visiting staff provide referral information specific to [XX] to families with positive screens for [XX].					
A-12	Home visiting staff provide key information to the family about the referral (such as logistics, nature of services provided).					
A-13	Home visiting staff provide pertinent information about the family to the community provider at the time of the referral (e.g., reason for referral; family needs and preferences).					
A-14	Home visiting staff provide a warm-hand-off to families who receive referrals to community organizations (this refers to connecting a caregiver with a provider in real time, in person or by phone).					
Monitor, follow-up and respond to change *In partnership with the family, HV staff assess progress toward service and service coordination goals on a regular basis.*						
A-15	Home visiting staff follow up with families who received referrals to learn about the family's understanding and next steps.					
A-16	Home visiting staff follow up with families who received but did not complete referrals to learn why referral was not completed.					
A-17	Home visitors review the goal plan monthly with families and update as needed.					

Indicator	In Place	Partially in Place	Not in Place	Don't Know	Notes
Support self-management of goals *Tailor education and support to align with families' capacity for and preferences about involvement in their own care and to promote empowerment, self-efficacy, and engagement.*					
A-18 Home visitors use specific strategies (e.g., coaching, motivational interviewing) to promote self-care, progress toward goals, and self-sufficiency.					
Align services with population needs and community resources *In partnership with other community organizations, adapt services to meet changing population needs and availability of other community resources.*					
A-19 Home visiting staff are actively engaged in community discussions regarding the evolving needs of the community, gaps in services, and the capacity to serve all families in need of services.					
A-20 Home visiting staff participate in community health planning activities.					

SHORT-TERM PROGRAM OUTCOMES

Indicator	*In Place*	*Partially in Place*	*Not in Place*	*Don't Know*	*Notes*
Increased family satisfaction and engagement with home visiting services *Families report satisfaction and demonstrate increased participation and engagement in services.*					
OF-1 Families receive all of the expected home visits each month.					
OF-2 Families report satisfaction with home visiting services.					

OF-3	Families remain enrolled in home visiting for recommended time period.					
Increased referrals to home visiting program *HV programs receive appropriate referrals from community organizations*						
OF-4	Number of referrals of families meeting eligibility requirements within a 6-month period					
Increased feedback to community providers *HV programs share feedback with community providers regarding HV services families receive and progress toward achieving goals*						
OF-5	Home visiting programs give feedback about family progress to community providers.					

Note. [XX] refers to maternal depression, intimate partner violence, maternal substance use, or child development delay.