

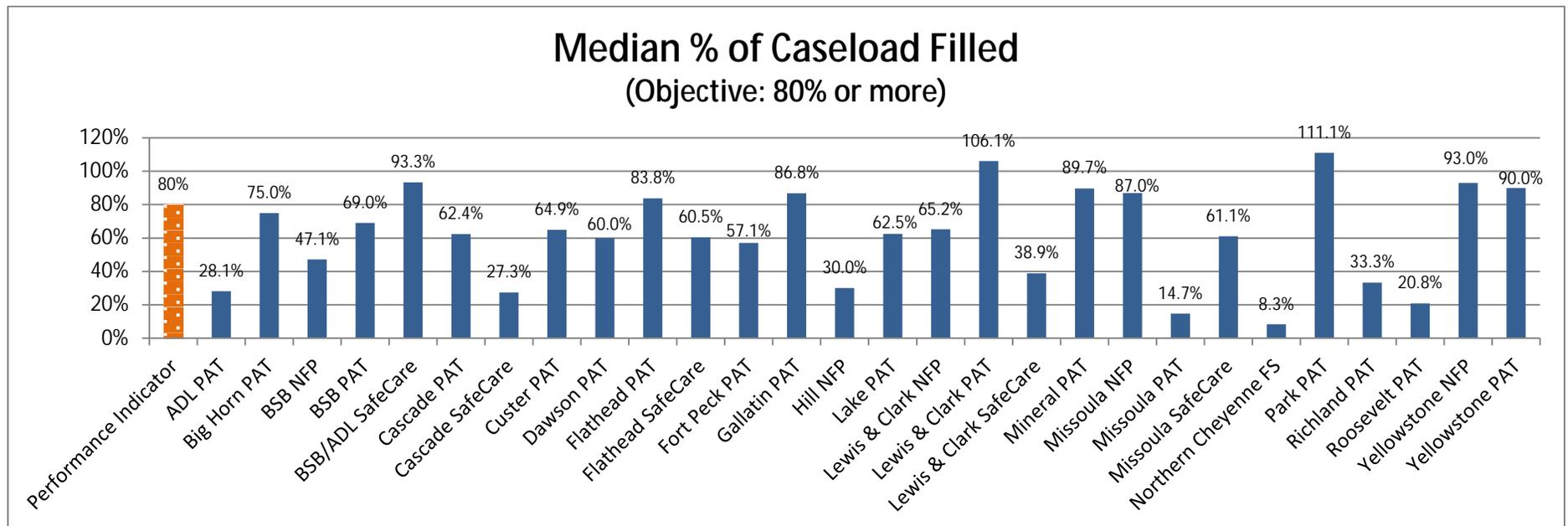
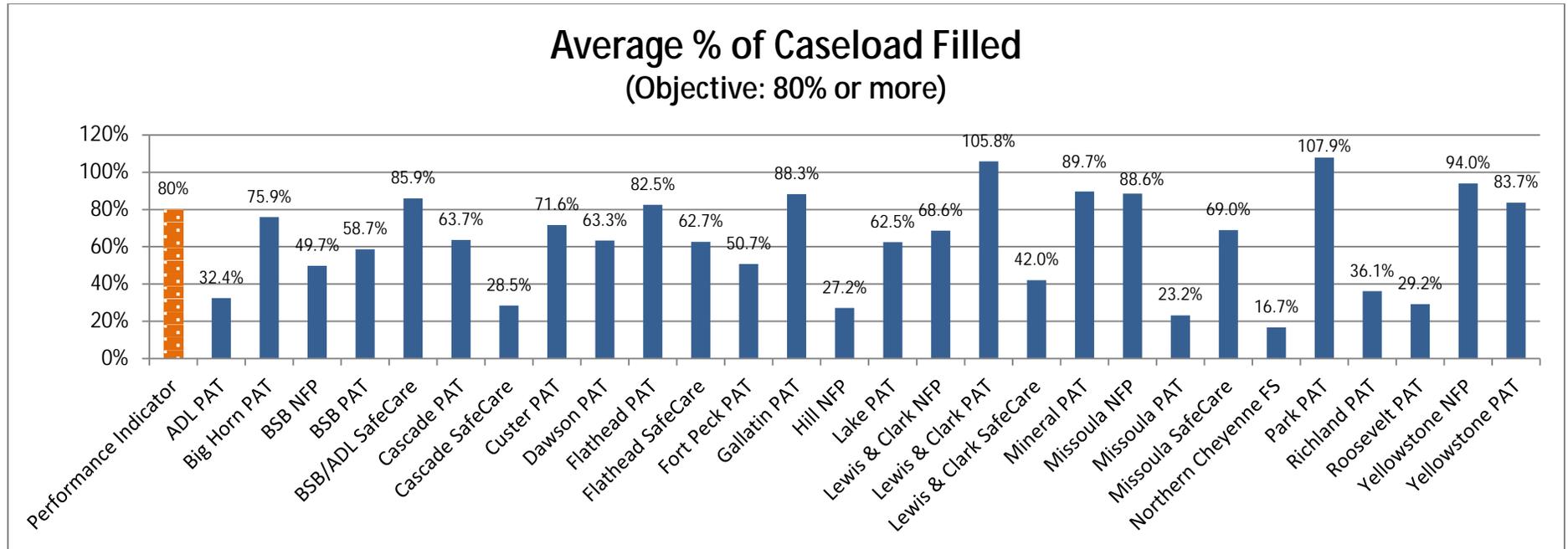
Healthy Montana Families Performance Indicators  
 April 1, 2015-March 18, 2016

Model Site	Performance Indicator*		Reference Information	
	Average % of Caseload Filled	Median % of Caseload Filled	Minimum % of Caseload Filled	Maximum % of Caseload Filled
Performance Indicator	80%	80%	80%	80%
ADL PAT	32.4%	28.1%	18.8%	51.5%
Big Horn PAT	75.9%	75.0%	67.9%	85.7%
BSB NFP	49.7%	47.1%	35.3%	58.8%
BSB PAT	58.7%	69.0%	16.7%	83.3%
BSB/ADL SafeCare	85.9%	93.3%	53.3%	106.7%
Cascade PAT	63.7%	62.4%	57.0%	73.1%
Cascade SafeCare	28.5%	27.3%	15.2%	45.5%
Custer PAT	71.6%	64.9%	59.5%	89.2%
Dawson PAT	63.3%	60.0%	50.0%	90.0%
Flathead PAT	82.5%	83.8%	74.5%	91.2%
Flathead SafeCare	62.7%	60.5%	42.1%	78.9%
Fort Peck PAT	50.7%	57.1%	20.0%	65.7%
Gallatin PAT	88.3%	86.8%	73.6%	105.7%
Hill NFP	27.2%	30.0%	20.0%	35.0%
Lake PAT	62.5%	62.5%	61.1%	63.9%
Lewis & Clark NFP	68.6%	65.2%	43.5%	87.0%
Lewis & Clark PAT	105.8%	106.1%	93.9%	121.2%
Lewis & Clark SafeCare	42.0%	38.9%	27.8%	61.1%
Mineral PAT	89.7%	89.7%	84.6%	94.9%
Missoula NFP	88.6%	87.0%	82.6%	97.8%
Missoula PAT	23.2%	14.7%	8.8%	50.0%
Missoula SafeCare	69.0%	61.1%	50.0%	105.6%
Northern Cheyenne FS	16.7%	8.3%	0.0%	58.3%
Park PAT	107.9%	111.1%	77.8%	133.3%
Richland PAT	36.1%	33.3%	16.7%	50.0%
Roosevelt PAT	29.2%	20.8%	12.5%	53.3%
Yellowstone NFP	94.0%	93.0%	87.7%	101.8%
Yellowstone PAT	83.7%	90.0%	36.7%	110.0%

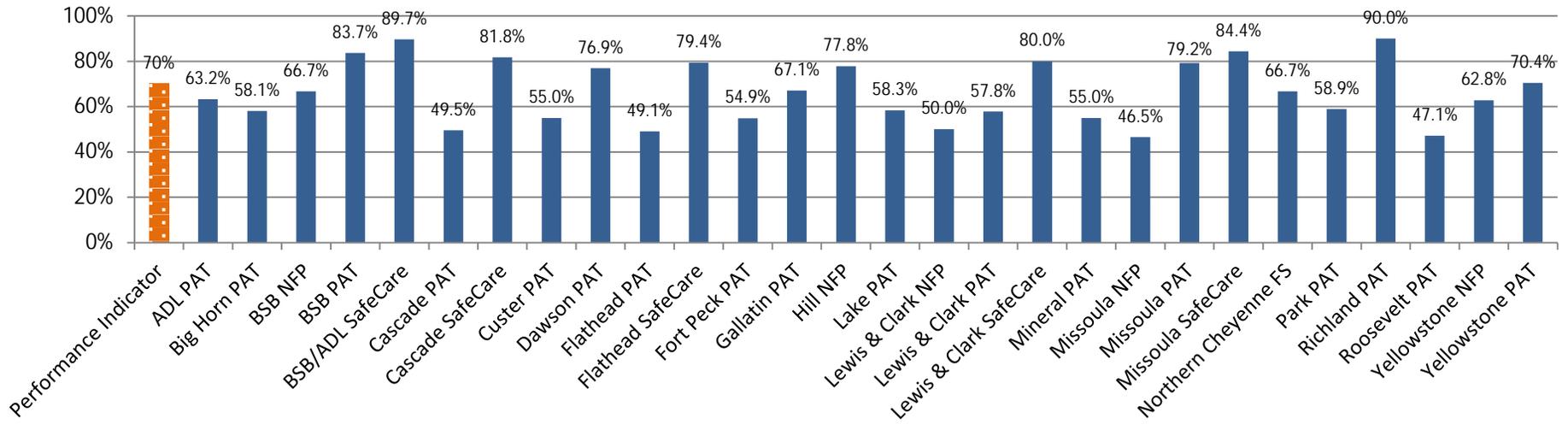
\*Both the average and median can be useful in measuring program performance. The average is the mean of all values. The median is the mid-point, or middle value, in a series of values and is not as affected by extreme high and low values as the average. If a program had extreme changes in the percent of their caseload that was filled during the analysis period (April 1, 2015-March 18, 2016), the median is a more appropriate summary of overall performance.

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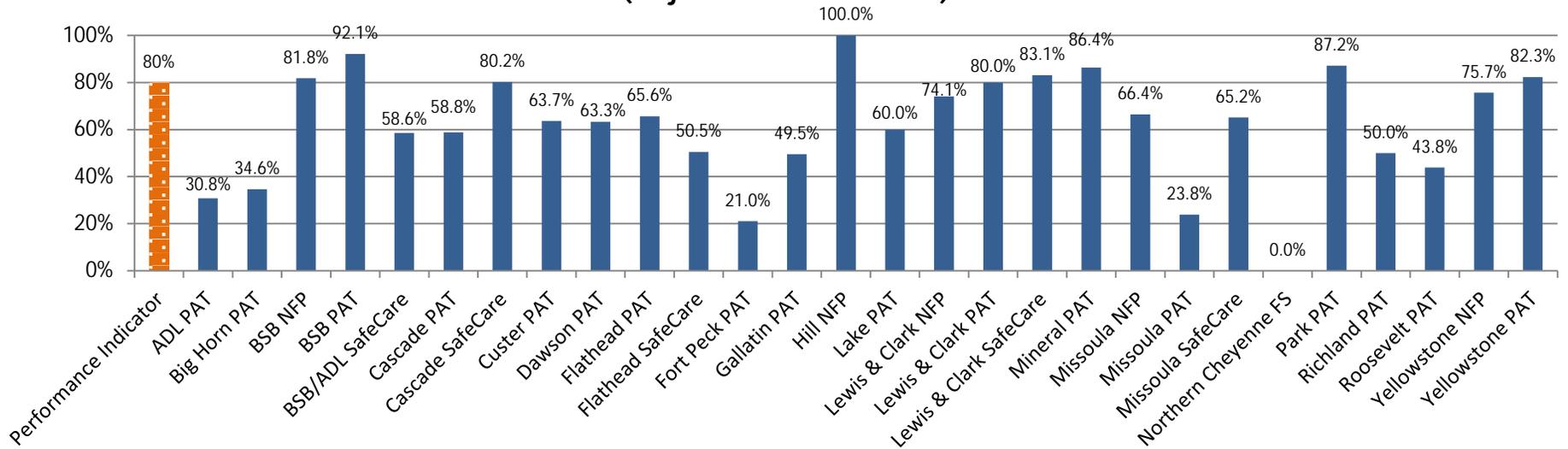
Model Site	Frequency of Services	Screening Completions	Retention – Loss of contact/ interest	Retention – Enrolled 1 year (PAT, NFP, FS) or 3 months (SC)
Performance Indicator	70%	80%	15% or less	60%
ADL PAT	63.2%	30.8%	11.1%	75.0%
Big Horn PAT	58.1%	34.6%	18.8%	53.3%
BSB NFP	66.7%	81.8%	16.7%	10.0%
BSB PAT	83.7%	92.1%	21.1%	0.0%
BSB/ADL SafeCare	89.7%	58.6%	29.6%	75.9%
Cascade PAT	49.5%	58.8%	37.5%	42.9%
Cascade SafeCare	81.8%	80.2%	33.3%	59.3%
Custer PAT	55.0%	63.7%	31.7%	37.5%
Dawson PAT	76.9%	63.3%	30.8%	27.3%
Flathead PAT	49.1%	65.6%	35.2%	56.6%
Flathead SafeCare	79.4%	50.5%	36.7%	92.9%
Fort Peck PAT	54.9%	21.0%	30.3%	7.1%
Gallatin PAT	67.1%	49.5%	16.9%	39.3%
Hill NFP	77.8%	100.0%	8.3%	71.4%
Lake PAT	58.3%	60.0%	10.8%	50.0%
Lewis & Clark NFP	50.0%	74.1%	22.2%	26.9%
Lewis & Clark PAT	57.8%	80.0%	35.2%	33.3%
Lewis & Clark SafeCare	80.0%	83.1%	33.3%	84.6%
Mineral PAT	55.0%	86.4%	22.0%	63.6%
Missoula NFP	46.5%	66.4%	8.5%	73.8%
Missoula PAT	79.2%	23.8%	23.1%	10.0%
Missoula SafeCare	84.4%	65.2%	29.2%	73.3%
Northern Cheyenne FS	66.7%	0.0%	75.0%	0.0%
Park PAT	58.9%	87.2%	22.9%	35.0%
Richland PAT	90.0%	50.0%	18.2%	14.3%
Roosevelt PAT	47.1%	43.8%	20.0%	20.0%
Yellowstone NFP	62.8%	75.7%	13.0%	60.0%
Yellowstone PAT	70.4%	82.3%	23.6%	18.8%



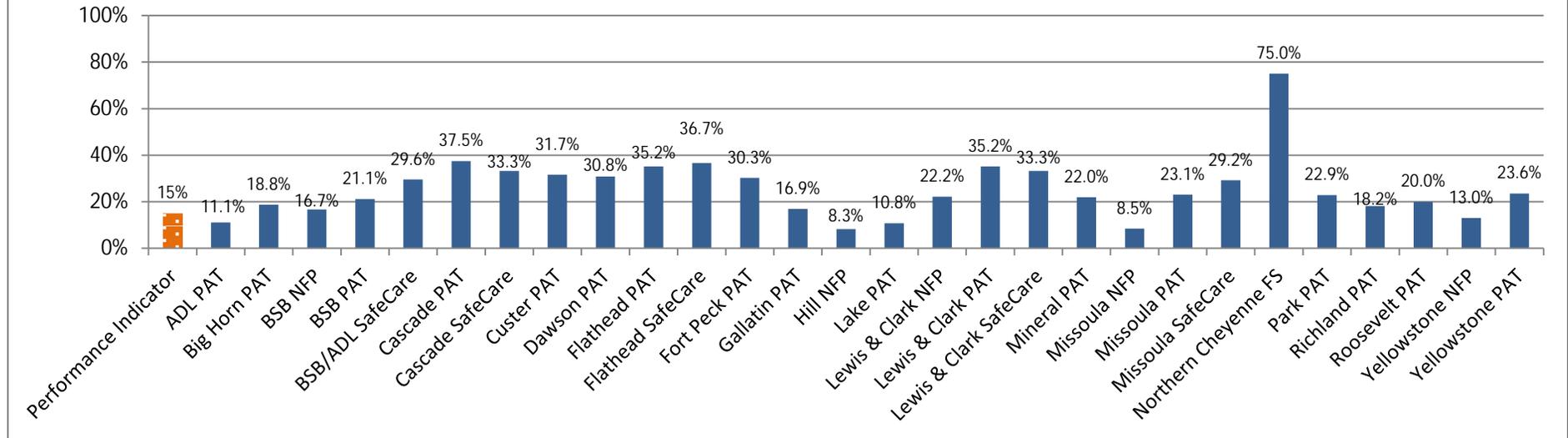
### Frequency of Services (Objective: At least 70%)



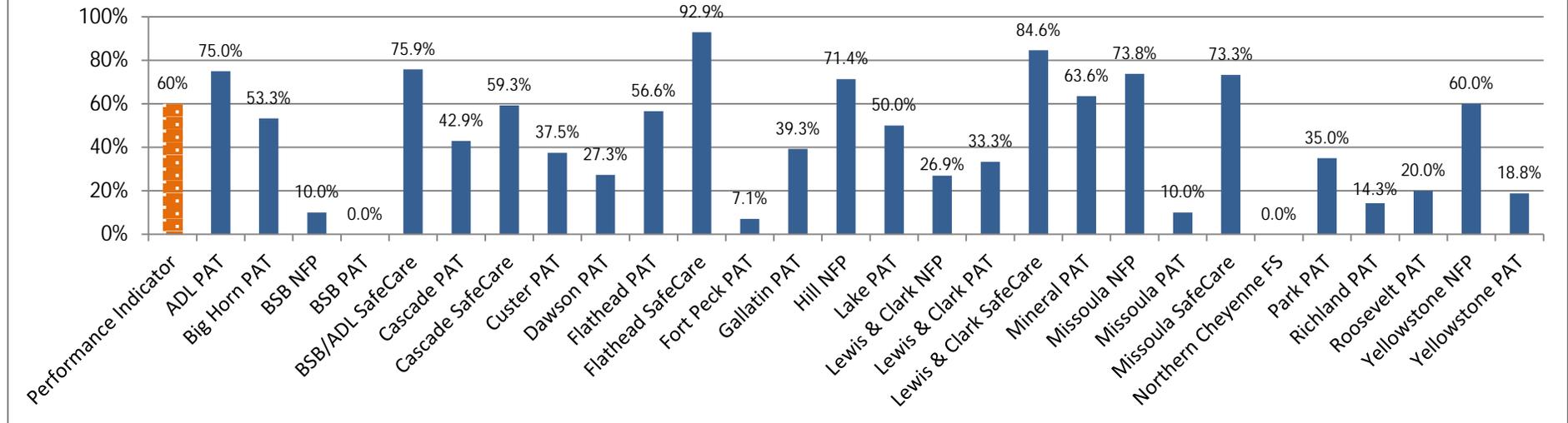
### Screening Completions (Objective: 80% or more)



### Retention - Loss of Contact/Interest (Objective: Less than 15%)



### Retention - Enrolled at Least 1 Year (PAT, NFP, FS) or 3 Months (SafeCare) (Objective: 60% or more)



**Performance Indicator Descriptions and Calculations:**

- Caseload: Achieve and maintain 80% or more of the contract caseload filled with actively participating clients (clients with at least one completed visit within the last 90 days for Family Spirit, NFP, and PAT, or 60 days for SafeCare).
  - Numerator: Number of active clients for each site, by month between April 1, 2015 and March 18, 2016.
  - Denominator: Each site's contract caseload, by month between April 1, 2015 and March 18, 2016.
- Frequency of Services: At least 70% of enrolled families receive 2 visits or more per month during the first year of services.
  - This calculation only looks at a client's first year of service (or first 6 months for SafeCare). If any amount of their first year falls within the analysis period (April 1, 2015-March 18, 2016), then only that time gets counted. The number of visits that occurred during that time is divided by the amount of time of their first year that fell within the analysis period.
  - Example: If Jane enrolled June 1, 2014, her first year of service would end May 31, 2015. For this analysis, her time from April 1, 2015 to May 31, 2015 would be all that was considered. If she received 3 visits in April, and 1 visit in May, that means 4 visits would lie within the analysis period. She has 2 months of her first year in the analysis period and 4 visits during that time, so  $4 \text{ visits} / 2 \text{ months} = \text{average of 2 visits per month}$ . Jane would be included in those that received 2 visits a month or more during her first year of service.
  - Numerator: All clients who received or should have received any of their first year (or six months for SafeCare) of service between April 1, 2015 and March 18, 2016, and either exited before their first year (or 6 months for SafeCare), or continued up to or beyond their first year (or six months for SafeCare) of service, and received an average of 2 visits per month during the time of their first year (or six months for SafeCare) that fell between April 1, 2015 and March 18, 2016, or before they exited, if the first year (or six months for SafeCare) was not completed.
  - Denominator: All clients who received or should have received any of their first year (or six months for SafeCare) of service between April 1, 2015 and March 18, 2016, and either exited before their first year (or 6 months for SafeCare), or continued up to or beyond their first year (or six months for SafeCare) of service.
- Screening Completions: 80% or more of expected screenings completed.
  - The performance indicator reports released in 2016 only include a client's first screenings, not subsequent screenings. All screenings that should have been completed but were not were included. In subsequent years, the data system may be updated to allow filtering out of clients who did not have a screen because they were already receiving services or were otherwise excluded from being expected to have a screening. For the 2016 reports, sites should reflect on how their screening rates look and the reasons why the rates might be low.
  - Screenings count toward this measure if a client's first expected screening occurred at the following defined times, within the reporting period.
    - § Numerator: All clients who were eligible for their first screening, between April 1, 2015 and March 18, 2016, and did not exit before the screening time frame, and received the screening within the time frames listed below; or exited before the end of the screening time frame, but received a screening.
    - § Denominator: All clients who were eligible for their first screening, between April 1, 2015 and March 18, 2016, and did not exit before the screening time frame; or exited before the end of the screening time frame, but received a screening.
    - § ASQ: within 90 days of enrollment (if 4 months or older), or by when child is 4 months + 45 days of age.
    - § ASQ:SE: within 90 days of enrollment (if 6 months or older), or by when child is 6 months + 45 days of age.
    - § HOME: within 90 days of enrollment (if 6 months or older), or by when child is 6 months + 45 days of age.
    - § ABI or RA: within 90 days if enrollment.
    - § EPDS: within 12 weeks of delivery, if enrolled prenatally or by the time the infant was 8 weeks.

- Retention:
  - Loss of contact/interest: Minimize enrolled families that are lost to contact, lost to care, or similarly lost to services to less than 15%.
    - § This measure includes clients who exited during the analysis. The exit reasons included in loss of contact or interest include: the family could not be located, loss of contact, family was dissatisfied, lack of interest, refused further visits, the family regularly missed scheduled personal visits, too busy, unable to accommodate requested schedule, refused new nurse, and pressure from family.
    - § Numerator: Clients who exited between April 1, 2015 and March 18, 2016 with one of the following exit reasons: family could not be located, loss of contact, family was dissatisfied, lack of interest, refused further visits, the family regularly missed scheduled personal visits, too busy, unable to accommodate requested schedule, refused new nurse, or pressure from family.
    - § Denominator: Clients who exited between April 1, 2015 and March 18, 2016.
  - Enrollment length: 60% or more of families remain enrolled for at least 1 year (PAT, NFP, FS) or 3 months (SafeCare).
    - § Numerator: Clients whose end of first year of service occurred between April 1, 2015 and March 18, 2016 and either exited or stayed enrolled after their first year (or third month for SafeCare), or whose first year (or first three months for SafeCare) of service occurred before the analysis period, but didn't exit until during the analysis period, or stayed enrolled.
    - § Denominator: Clients who either exited or stayed enrolled between April 1, 2015 and March 18, 2016.
- Data Management:
  - Data entry timeliness: 90% or more of referral and home visit data are entered into MTmechv within 5 business days.
  - Data entry completeness: Minimize the number of MTmechv forms that are not completed to 10%.
  - The data management performance indicators were not produced for the 2016 summaries. Programs can produce their own reports on these measures using the Data Entry Timeliness reports in the MTmechv data system.

### **Performance Indicator Purpose and History:**

Program performance indicators were first included in Healthy Montana Families contracts for the 2016 State Fiscal Year (July 1, 2015-June 30, 2016). The first performance indicator reports were distributed to all sites as part of the May 2015 Quarterly Meeting. The performance indicators were developed to provide consistent measures of performance and quality across all four home visiting models funded through HMF and:

- Identify opportunities for improvement
- Identify high performance
- Demonstrate state commitment to quality and performance

### **How to Use the Performance Indicators:**

The performance measures reflect some key aspects of home visiting services, including seeing an appropriate number of clients (caseload), seeing the clients at an appropriate frequency (frequency of services), conducting the screenings according to the required schedule (screening completions), and retaining clients as long as possible and minimizing the number who stop participating before they complete the program (retention). The data management performance indicators reflect how well a program does at managing and entering program data, including the data used to plan services for clients, produce performance reports, evaluation, and maintain funding.

Performance indicators are intentionally called indicators because they indicate underlying program strengths and challenges. By using the performance indicators as a basis for continuous quality improvement (CQI) or other improvement activities, programs can get into much greater depth about what is driving

the performance indicator results, what is working well, and where there are opportunities for improvement. The discussion questions below can help guide general discussions.

Discussion Questions:

1. When reviewing the performance indicators, consider the following questions for each indicator:
  - a. Has your program met the target?
  - b. What are some challenges in meeting the target?
  - c. What are some strategies to help your program meet the target?
2. What are some other potential ways to assess the performance of your program?
  - a. What are some examples of other performance indicators that might be useful?

Instructions on how each site can access the data used to calculate their performance indicators are available on the Healthy Montana Families Groupsite.

**Resources:**

- Using Data to Measure Home Visiting Performance, The Pew Charitable Trusts: [http://www.pewtrusts.org/-/media/assets/2015/10/hv\\_datainitiative-report.pdf](http://www.pewtrusts.org/-/media/assets/2015/10/hv_datainitiative-report.pdf)
- Home Visiting Evidence of Effectiveness (HOMVEE): <http://homvee.acf.hhs.gov/>