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Standard 1-1.A

(from Best Practice Standards 2014-2016 effective through 12/31/2016)

1-1.A (formerly 1-1.A population description/data) The site has a description of its target population and how the current target population definition was decided upon. The description includes the use of relevant community data (i.e. a needs assessment, state rankings, etc.) used in the decision-making.

Intent: Communities choose to implement the HFA model as a mechanism to improve family and child outcomes and do so because there is local, state and/or federal interest in providing supportive home visiting services to parents, infants and young children who reside in at-risk communities or segments of a community where families or children may be experiencing increased stress. It is therefore vitally important that site leadership has the data upon which to base target population decisions and can utilize it to ensure that a systematic process for identifying families is in place. Demographic data that quantifies (as closely as possible) the volume of potential families as defined by its target population is gathered. This data is specific to the families actually giving birth within the identified target population.

The site’s target population should be reviewed at least once every two years and updated as changes in funding, site structure and/or community demographics warrant. A site’s target population describes the characteristics and total number (or close approximate) of all potential families. Each site defines its own target population in order to meet the unique needs of the community. Sites are encouraged to identify target populations that are realistic to reach. For example, while it is commendable to want to reach out to all families giving birth in a given year, staffing capacity may make this goal unrealistic.

Target populations are defined by factors such as age, Medicaid eligibility, geographical area, first time pregnancy, utilization of identified community agencies, etc. Some cities have multiple HFA sites working together by serving different target populations

1-1.A RATING INDICATORS	
3	- The site has a description of its target population and how the current target population was decided upon including the relevant and up-to-date community data that was used in the decision-making. Both the description and data utilized are comprehensive and up-to-date (within last two years).
2	- The site has a description of its target population and how the current target population was decided upon including the community data that was used in the decision-making; however, the description and/or data utilized could be more comprehensive and/or up-to-date.
1	- The site does not have a description of its target population; or does not include how its current target population was decided upon and/or community data was not used when deciding on its current target population.

☺ **Tip:** When compiling demographic data to quantify information about the target population, applicable data should be used (e.g., if the site intends to serve teen parents from a particular geographic area, then the site should gather data that establishes how many teens from that specified area give birth in a given year; or if the target population is all families enrolling in WIC from the local Health Dept., the site should gather data to determine how many families make-up this target population; or 1st time families giving birth at XYZ Hospital, etc.).

Using PIMS to Provide Evidence of Compliance

As noted in the tips for Standard 1-1.A, a site will need to gather data on the intended target population from sources such as the US Census, WIC agency, local health department, electronic birth certificates, and so on. That data can then be compared to data collected in PIMS via the Record Screen and Home Form to monitor how well the site is identifying families from the community sources, and to compile relevant characteristics of the screened families. This data can also be used to identify trends in preceding years to determine if adjustments need to be made to the defined target population.

The report **PIMS02: Screening Information Summary** gives a total number of screens for the timeframe selected, and a summary of the number of screens from each referral source.

Sites might use **Group Memberships** to categorize families by age, geographic area, language, or other characteristics to assist in analyzing the target population via standard and custom reports.

A series of **Custom Reports** can be built to extract additional data from the Record Screen and Home Form: Mother's age, town of residence or zip code, and risk factors such as unmarried, unemployed partner, inadequate income, and so on.

Tips for Monitoring PIMS Data Related to Standard

For the reports to yield useful data, make sure that all screens include the participant's town of residence and/or zip code, referral source, and all risk factors; and that the participant's Home Form includes date of birth, race/ethnicity, language and religion (if available). If the status of a screening risk factor is not known, be sure to select "unknown"; do not leave it blank.

How to Run these Reports

PIMS02: Screening Information Summary

1. From the **Reports** screen, select **Standard Reports**.
2. Select **Category** "Screening" and **Report** "Screening Information Summary".
3. Choose a date range and a cut-off date that is at least three months later than the date range end. This should allow for most of the screens in that range to have completed an outreach period and have a disposition entered for them. For the purposes of credentialing evidence, select a range of at least one year. Consult with your HFA or state support staff for details on what time period is needed for your site.

Custom Reports – Risk Factors

1. From the **Reports** screen, select **Custom Reports**.
2. Step 1: Select "Frequency Distribution", **Report Category** "Screening". In **Report Field**, select the risk factor desired.

3. Step 2: Select **Add**. On the **Report Criteria** screen, choose “Date” and “screen date” as filters, and choose a date range. Select **Save and finish**.
4. Step 3: Select **Preview Report**.

Custom Reports – Other Data

Data on mother’s age at screening can be determined by building a custom report as shown above. In Step 1, select **Report Category** “age” and **Report Field** “age at screening”.

Data on mother’s town of residence can be determined by building a custom report as shown above. In Step 1, select **Report Category** “screening” and **Report Field** “City(screen)”.

Example 1 – PIMS02: Total numbers of screens by referral source

Referral Source	Number	% of All Screens
Child Protective Services	0	0.0%
Church	0	0.0%
Community based organization	3	1.1%
Day care/child care center	0	0.0%
Department of children and family services	0	0.0%
Domestic violence shelter	0	0.0%
Door-to-door outreach	0	0.0%
Family member	2	0.7%
Friend	2	0.7%
Head Start	0	0.0%
Health clinic	168	60.0%
Health department	0	0.0%
Home health care agency	0	0.0%
Hospital	2	0.7%
Mental health provider	0	0.0%
Midwife	0	0.0%
Other Healthy Family participant	1	0.4%
Other Healthy Family program	4	1.4%
Other home visitor program	0	0.0%
Private physician	0	0.0%
Public health nurse	0	0.0%
School	6	2.1%
Self referred	1	0.4%
Visiting nurse	0	0.0%
Women, Infants and Children	90	32.1%
Other (specify)	1	0.4%
Total number of screens	280	100.0%

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In the above example, 60% of screened families were referred by the hospital’s prenatal clinic, and 32% by the WIC office.

Example 2 – Custom Report on Mother’s Age at Screening

Custom01: Frequency Distributions
Age: age at screening

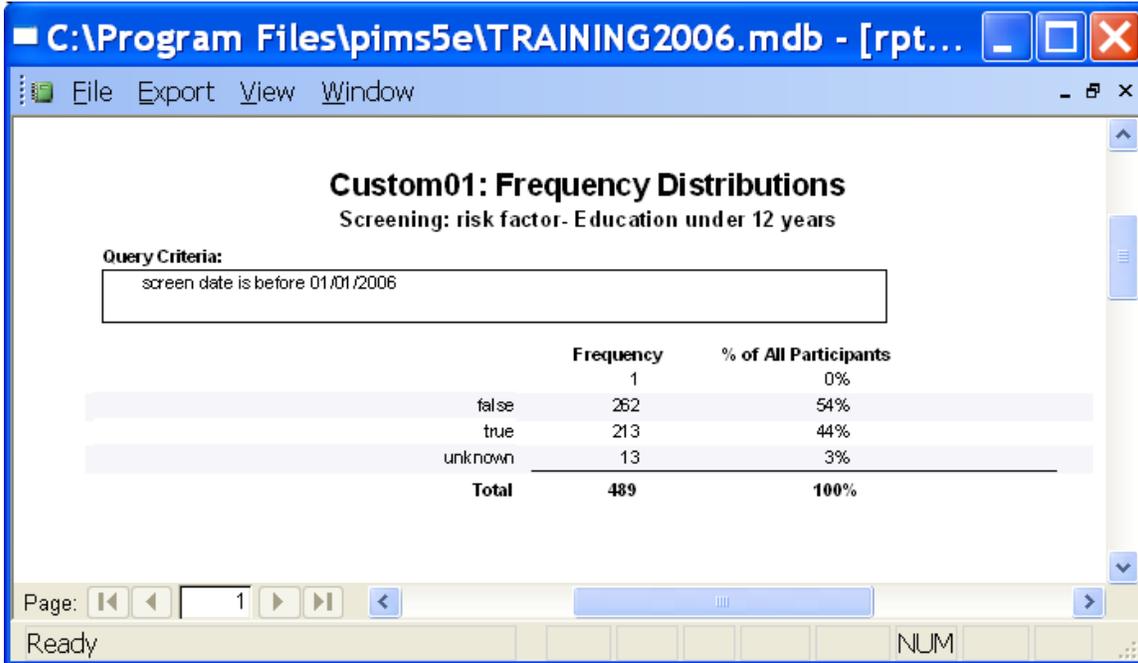
Query Criteria:
screen date is before 01/01/2006

	Frequency	% of All Participants
13	2	0%
14	3	1%
15	11	2%
16	17	3%
17	24	5%
18	44	9%
19	45	9%
20	50	10%
21	36	7%
22	35	7%
23	34	7%
24	22	4%
25	14	3%
26	20	4%
27	16	3%
28	20	4%
29	14	3%
30	10	2%
31	7	1%
32	9	2%
33	15	3%
34	8	2%
35	2	0%
36	3	1%
38	2	0%
39	3	1%
40	3	1%
41	1	0%
46	1	0%
Total	489	100%

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Ready NUM

Example 3 – Custom Report on Record Screen Risk Factors



After running the custom reports above for age, education level, and other risk factors, the following table can be compiled for demographics of the screened target population:

Screening Risk Factor	Yes	No	Unknown
Mother is unmarried	71%	23%	5%
Partner is unemployed	25%	65%	10%
Mother's education < 12 years	44%	54%	3%
Inadequate income	55%	15%	30%
History of substance abuse	3%	94%	3%
History of depression	17%	38%	45%
Late prenatal care	27%	70%	2%
Unstable housing	12%	42%	45%
Age at Screening			
Under 20	30%		
20-24	36%		
25-29	17%		
30-34	10%		
35+	3%		
Unknown	3%		

Standard 1-1.B

1-1.B (formerly 1-1.A organizational relationships). The site identifies places where the target population is found, and the site has established organizational relationships with these entities for purposes of identifying families and obtaining referrals (e.g., local hospitals, prenatal clinics, high schools, etc.).

Intent: In addition to the site’s target population definition/description of families it intends to serve, it will also indicate the community partners which will enable the site to gain access to the families. Sites are encouraged to focus on building these relationships with other community entities to help ensure the target population is well defined and easy to access. In order for sites to access families within the target population, it is essential to create relationships with community entities that come into contact with potential families within the target population. In some cases these community partnerships may require formal Memorandums of Understanding/Agreements, and in other cases these relationships may be verbal agreements or informal in nature. In either case, it is important that these relationships allow site staff to connect with families in the target population. These connections may include the agencies providing referrals/screens and/or contact information to the HFA site for the purpose of assessing families to determine eligibility.

1-1.B	RATING INDICATORS
3	- The site identifies organizations within the community in which the target population can be found; both formal and informal agreements are in place and working smoothly to ensure families in the target population are identified and referred.
2	- The site identifies organizations within the community in which the target population can be found, and agreements (either formal or informal) are in place; however relationships with some referral sources could be strengthened to improve identification of families.
1	- Any of the following: the site does not identify organizations within the community in which the target population can be found; or identified organizations are not referring families.

Using PIMS to Provide Evidence of Compliance

The report **PIMS02: Screening Information Summary** gives a total number of screens for the timeframe selected, and a summary of the number of screens from each referral source. Use **PIMS02** to monitor referrals from various community organizations with whom the site has agreements (e.g., WIC, prenatal clinics, hospitals, schools, etc.).

Tips for Monitoring PIMS Data Related to Standard

For the reports to yield useful data, make sure that all screens include the participant’s referral source.

How to Run these Reports

PIMS02: Screening Information Summary

4. From the **Reports** screen, select **Standard Reports**.
5. Select **Category** "Screening" and **Report** "Screening Information Summary".

Healthy Families (IL000')

Screening Information Summary HFA Credentialing Standard 1-1C

(n = 152) Group filter set to exclude Second Enrollments

Screen Outcome	Number	% of All Screens	% of Valid Screens
Negative	4	2.6%	2.6%
Positive, assessment completed	90	59.2%	59.2%
Positive, assessment declined	58	38.2%	38.2%
Missing Data	0	0.0%	
Total number of screens	152	100.0%	100.0%

Referral Source	Number	% of All Screens	% of Valid Screens
Child Protective Services	0	0.0%	0.0%
Church	0	0.0%	0.0%
Community based organization	0	0.0%	0.0%
Day care/child care center	0	0.0%	0.0%
Department of children and family services	0	0.0%	0.0%
Domestic violence shelter	0	0.0%	0.0%
Door-to-door outreach	0	0.0%	0.0%
Family member	1	0.7%	0.7%
Friend	0	0.0%	0.0%
Head Start	0	0.0%	0.0%
Health clinic	140	92.1%	92.7%
Health department	0	0.0%	0.0%
Home health care agency	0	0.0%	0.0%
Hospital	0	0.0%	0.0%
Mental health provider	0	0.0%	0.0%
Midwife	0	0.0%	0.0%
Other Healthy Family participant	0	0.0%	0.0%
Other Healthy Family program	3	2.0%	2.0%
Other home visitor program	0	0.0%	0.0%
Private physician	0	0.0%	0.0%
Public health nurse	0	0.0%	0.0%
School	5	3.3%	3.3%
Self referred	1	0.7%	0.7%
Visiting nurse	0	0.0%	0.0%
Women, Infants and Children	1	0.7%	0.7%
Other (specify)	0	0.0%	0.0%
Missing Data	1	0.7%	
Total number of screens	152	100.0%	100.0%

Standard 1-1.C

(from Best Practice Standards 2014-2016 effective through 12/31/2016)

1-1.C (formerly 1-1.B) The site monitors the number of families in the target population that are identified/referred through its system of organizational relationships and develops strategies to increase the percentage screened/identified.

*Intent: Site staff will identify any gaps in the ability to connect with potential families and address how the system of relationships might be improved (e.g., strategies to form new relationships, provide in-service training for referral agencies, create more effective ways to screen/identify families in the target area, etc.). **Please note:** if sites are able to screen/identify 90% or more of potential families, strategies to increase the percentage do not need to be identified.*

1-1.C	RATING INDICATORS
3	- The system of organizational relationships enables the site to screen/identify seventy-five to eighty-nine percent (75-89%) of families in the target population, measures the rate at least annually, regularly monitors the system of organizational relationships in place and identifies strategies to increase the percentage screened/identified; or ninety to one hundred percent (90-100%) of the target population has been screened over a one year period, in which case strategies do not need to be developed or implemented.
2	- The system of organizational relationships currently allows less than seventy-five percent (75%) of the families in the target population to be screened/identified; however, the site measures the rate at least annually, regularly monitors the system of organizational relationships in place, and has identified strategies to address any issues.
1	- Any of the following: The site has not measured, at least annually, the percent of families being screened/identified; the site has not monitored the system of organizational relationships; and/or has not developed strategies to address issues.

☺ Tip: Use of the HFA 1-1 and 1-2 Screening/Assessment Data Table will allow the site to calculate its rate of identifying potential families from the target population.

Using PIMS to Provide Evidence of Compliance

As noted in the tips for Standard 1-1.A, a site will need to gather data on the intended target population from sources such as the US Census, WIC agency, local health department, electronic birth certificates, and so on. That data can then be compared to data collected in PIMS via the **Record Screen** and **Home Form** to see how well the site is identifying families from the community sources, and to compile relevant characteristics of the screened families. This data can also be used to identify trends in preceding years to determine if adjustments need to be made to the defined target population.

The report **PIMS02: Screening Information Summary** gives a total number of screens for the timeframe selected, and a summary of the number of screens from each referral source.

Tips for Monitoring PIMS Data Related to Standard

For the reports to yield useful data, make sure that all **Screen Forms** include the following:

- Time of screening (prenatal or postnatal)
- Participant's town of residence and/or zip code
- Referral source
- All risk factors. If the status of a screening risk factor is not known, be sure to select "unknown; do not leave it blank.

In the participant's Home Form, include the following:

- *Participant's Static Characteristics*: date of birth, race/ethnicity, language and religion (if available)
- *Key Service Dates*: target child date of birth (for postpartum screens) or target due date (for prenatal screens)

Sites will want to monitor screening trends on a regular (e.g., monthly) basis, but at least annually. Sites may use the HFA spreadsheet for Standard 1 or other method for tracking trends in screening the target population.

How to Run these Reports

PIMS02: Screening Information Summary

6. From the **Reports** screen, select **Standard Reports**.
7. Select **Category** "Screening" and **Report** "Screening Information Summary".
8. Run the summary report for each month for two consecutive years. Consult with your HFA or state support staff for details on what time period is needed for your site.
9. Enter the following data into the HFA spreadsheet (if using): Total number screened prenatally, total number screened from birth to two weeks postpartum, total number screened after two weeks postpartum, number of positive screens. Sample data from the report is shown below.

Custom Queries – other data

Sites may need to create custom queries to extract other information about screens of the target population. One example is shown below. Contact your PIMS Technical Support for assistance as needed.

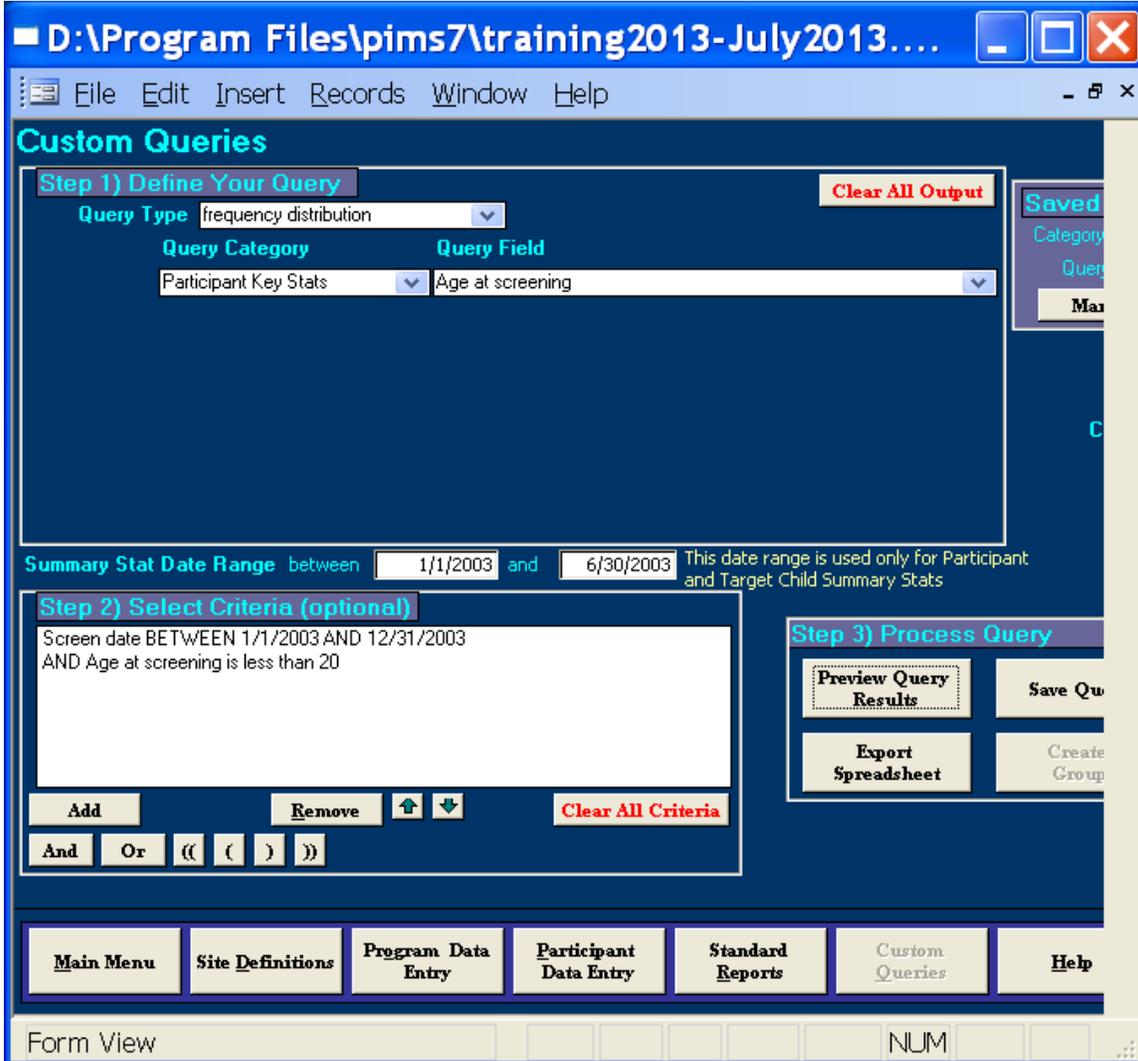
Example 1 – PIMS02: Total numbers of screens by referral source

Referral Source	Number	% of All Screens
Child Protective Services	0	0.0%
Church	0	0.0%
Community based organization	3	1.1%
Day care/child care center	0	0.0%
Department of children and family services	0	0.0%
Domestic violence shelter	0	0.0%
Door-to-door outreach	0	0.0%
Family member	2	0.7%
Friend	2	0.7%
Head Start	0	0.0%
Health clinic	168	60.0%
Health department	0	0.0%
Home health care agency	0	0.0%
Hospital	2	0.7%
Mental health provider	0	0.0%
Midwife	0	0.0%
Other Healthy Family participant	1	0.4%
Other Healthy Family program	4	1.4%
Other home visitor program	0	0.0%
Private physician	0	0.0%
Public health nurse	0	0.0%
School	6	2.1%
Self referred	1	0.4%
Visiting nurse	0	0.0%
Women, Infants and Children	90	32.1%
Other (specify)	1	0.4%
Total number of screens	280	100.0%

In the above example, the site has two major referral sources for its target population: 60% of screened families were referred by the hospital’s prenatal clinic, and 32% by the WIC office. If the site has defined its target population as “all clients at the hospital prenatal clinic”, and the annual number of births is about 200, then the site is screening about 84% of the target population (168 divided by 200) and meets the standard.

Example 2 – Custom Report on Mother’s Age at Screening

In this example, the site’s target population is defined as “all teen mothers in the county”. This information cannot be obtained from **PIMS02**, so we will build a simple **custom query** looking at screened participants’ age at screening for the calendar year.



The query produces the following:

Custom01: Frequency Distributions
Participant Key Stats: Age at s screening

Query Criteria:
AND Screen date BETWEEN 1/1/2003 AND 12/31/2003
AND Age at screening is less than 20

	freq	% of All Participants	# valid	% of Valid Participants
13	1	3%	1	3%
14	1	3%	1	3%
15	2	6%	2	6%
16	3	10%	3	10%
17	4	13%	4	13%
18	12	39%	12	39%
19	8	26%	8	26%
Total	31	100%	31	100%

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Ready NUM

If birth data for the county indicates that there were approximately 75 teen births in the previous year, then the site screened only 41% of the target population (31 divided by 75). The site does not meet the standard, and would submit a narrative describing strategies they plan to use to increase the number of screens.

Standard 1-2.B

(from Best Practice Standards 2014-2016 effective through 12/31/2016)

1-2.B The site follows its policy and procedures regarding its screening process and utilizes a systematic process for receiving referrals and screening families in a timely manner.

1-2.B	RATING INDICATORS
	<p>3—The site utilizes a systematic process for receiving referrals and screening families, according to site policy.</p>
	<p>2—Past instances may have occurred when the site did not utilize a systematic process for receiving referrals and screening families according to site policy; however, recent practice indicates this is now occurring.</p>
	<p>1—The site does not utilize a systematic process for receiving referrals and screening families; or the site does not follow its policy and procedures.</p>

Using PIMS to Provide Evidence of Compliance

As part of the site's procedure for systematic monitoring of screening disposition, the report **PIMS01: Screening Information by Individual** can be run monthly to view a list of completed screens and their dispositions. As with other standards, the site will need to provide a narrative that describes how this report is used to support their policy.

Tips for Monitoring PIMS Data Related to Standard

For the report to yield useful data, screens and screen dispositions should be entered promptly, and screens that are more than 90 days old should have a final disposition entered. Running the report monthly and reviewing statuses with staff responsible for outreach will ensure that data is timely.

How to Run these Reports

PIMS01: Screening Information by Individual

1. From the **Reports** screen, select **Standard Reports**.
2. Select **Category** "Screening" and **Report** "Screening Information by Individual".
3. Select a date range of at least one month. Screens that have been assessed will appear first in the list. Review with staff the current status of screens that have not been assessed, and

enter dispositions as appropriate. Screens that are older than 90 days should have a final disposition entered.

4. Rerun the report to show current statuses.

Example

D:\Program Files\pims7beta\training2014.mdb - [rpt0... - [X]

File Export View Window

Healthy Families (1L000')

PIMS01: Screening Information

Includes individuals screened between 1/1/2003 and 3/31/2003 (n = 19)

Group filter not applied

Assess	Participant Name	Screen Time	Screen Date	Target Birth	Target Due	Reason for Not Assessed
Positive (n = 19)						
Yes	Clark, Michelle	prenatal	01/02/03	06/16/03		
Yes	Walker, Deborah	prenatal	01/08/03			
Yes	Lee, Kimberly	prenatal	01/14/03			
Yes	Lewis, Sarah	prenatal	02/11/03			
Yes	Robinson, Sharon	prenatal	02/11/03			
Yes	Richardson, Ashley	prenatal	02/25/03	05/02/03		
Yes	Peterson, Nicole	prenatal	02/26/03			
Yes	Torres, Kelly	prenatal	03/03/03			
Yes	Ward, Janice	prenatal	03/11/03	09/05/03		
Yes	Howard, Rose	postnatal (>= 2 weeks postpartum)	03/13/03	02/10/03		
Yes	Bailey, Mildred	prenatal	03/21/03	08/07/03		
Yes	Cooper, Joan	prenatal	03/21/03			
Yes	Rivera, Katherine	prenatal	03/25/03	08/16/03		
No	Hall, Jessica	prenatal	01/08/03			outside service area
No	Rodriguez, Laura	prenatal	01/23/03			outside service area
No	Garcia, Carol	prenatal	02/12/03			Refused/not interested
No	Martinez, Ruth	prenatal	02/12/03			Miscarriage
No	Gray, Judy	prenatal	02/24/03			No time available to participate

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Ready NUM

Standard 1-2.C

(from Best Practice Standards 2014-2016 effective through 12/31/16)

1-2.C (former 1-1.D) Determination of eligibility for services occurs either prenatally or within the first two weeks after the birth of the baby.

*Intent: Screening/Assessment is used together in this standard to allow sites flexibility in determining family eligibility. **Please note:** Sites are encouraged to utilize a 2-step process that includes initial screening followed by the assessment (Parent Survey/Family Stress Checklist) to determine family eligibility. For sites using a 2-step process, assessment data should be used as evidence for this standard. For sites using a positive screen for determining eligibility, screening data should be used for this standard. For sites providing “universal” home visiting services (where all families are considered eligible to participate in site services), the “universal” status is considered a positive screen. Sites should use the number of families referred/received as evidence for this standard.*

1-2.C RATING INDICATORS

~~3—Ninety five percent (95%) through one hundred percent (100%) of eligibility screenings or assessments occur prenatally or within the first two weeks after the birth of the baby.~~

2 - Eighty percent (80%) through ninety-four percent (94%) of all eligibility screenings or assessments occur either prenatally or within the first two weeks after the birth of the baby.

~~1—Less than eighty percent (80%) of all eligibility screenings or assessments occur either prenatally or within the first two weeks after the birth of the baby.~~

☺ Tip: Sites are encouraged to establish systems that allow the connection with families to occur as early as possible, ideally during the prenatal period.

Using PIMS to Provide Evidence of Compliance

The reports **PIMS02: Screening Information Summary** and **PIMS04: Assessment Information Summary** address this standard. Remember that as with most accreditation standards, you may need to support the quantitative data from PIMS reports with a narrative interpretation.

For sites using *a positive screen only* for eligibility or *offering services universally*, use **PIMS02: Screening Information Summary**. The section of the report, “Time of Screening”, will show the number of screens for the date range selected in the following categories:

- Prenatal
- Postnatal, within two weeks of birth

- Postnatal, two weeks or more after birth
- Postnatal, exact time unknown.

For sites using *a positive screen and a positive assessment for eligibility*, use **PIMS04: Assessment Information Summary**. The section of the report, “Time of Assessment”, will provide a breakdown of assessment times – prenatal by trimester, postnatal within to two weeks of birth, and more than two weeks after birth.

Tips for Monitoring PIMS Data Related to Standard 1-2.C

For the **PIMS02** report to yield useful data for this standard, make sure that all screens have the time of screening – prenatal or postnatal – entered; and on the Home form under “Key Service Dates” that the *pregnancy due date* or *child’s date of birth* are entered. **PIMS02** will indicate how many records are missing the time of screening. The supervisor may want to review **PIMS01: Screening Information by Individual** each month to identify any records missing a time of screening. **PIMS01** will also display the target pregnancy due date and child’s date of birth, if entered, for each screen.

For the **PIMS04** report to yield useful data for this standard, make sure all assessments have a “time of assessment” entered. Use the **Custom Queries QAMP Assessment** report **Missing Assessment Data – Misc.** to generate a list of assessments missing time of administration. The supervisor may want to run this **QAMP** query once a month to identify any assessments missing a time of administration.

Example 1 – Sites offering services universally or based on a positive screen

For sites that offer services universally or based on a positive screen, the report **PIMS02: Screening Information Summary** can be used as evidence, as shown below.

How to Run this Report

10. From the **Reports** screen, select **Standard Reports**.
11. Select **Category** “Screening” and **Report** “Screening Information Summary”
12. Choose a date range and a cut-off date. For the purposes of credentialing evidence, select a range of one year. Consult with your HFA or state support staff for details on what one-year period is needed for your site.
13. If any records are missing data, run the report **PIMS01: Screening Information** to review a list of individual screens and their time of screening for a specified date range. Identify records that are missing the time of screening – prenatal or postnatal – and enter the missing data. Rerun **PIMS02**.

Health

PIMS02: Screening Information Summary

Includes individuals screened between 1/1/2002 and 12/31/2003 (n = 158)

Time of Screening	Number	% of All Screens	% of Valid Screens
postnatal (>= 2 weeks postpartum)	5	3.2%	3.2%
postnatal (exact time unknown)	7	4.4%	4.4%
prenatal	146	92.4%	92.4%
Missing Data	0	0.0%	
Total number of screens	158	100.0%	100.0%

Page: 1

Ready NUM

In the above example of **PIMS02: Screening Information Summary**, 92% of screens occurred prenatally. If this is a site that offers home visiting services universally or based on a positive screen, then it would meet the requirements for Standard 1-2.C.

Example 2 – Sites offering services based on a positive assessment

For sites that offer services based on a positive assessment, the report **PIMS04: Assessment Information Summary** can be used as evidence, as shown below.

How to Run this Report

1. From the **Reports** screen, select **Standard Reports**.
2. Select **Category** "Assessment" and **Report** "Assessment Information Summary"
3. Choose a date range and a cut-off date. For the purposes of credentialing evidence, select a range of one year. Consult with your HFA or state support staff for details on what one-year period is needed for your site.
4. If any records are missing the time of assessment, Use the **Custom Queries QAMP Assessment** report "Missing Assessment Data – Misc." to generate a list of assessments missing time of administration. Enter the missing data and rerun **PIMS04**.

PIMS04: Assessment Information Summary
Includes individuals assessed between 1/1/2007 and 12/31/2007 (n = 62)

Time of Assessment	n	% of All Assessments
<i>Prior to birth/Pre-natal assessment</i>		
Second trimester	13	21.0%
Third trimester	23	37.1%
<i>Post-natal assessment</i>		
Within two weeks after birth	8	12.9%
More than two weeks after birth	18	29.0%
Total number of assessments	62	100%

Page: 1

In this example, 71% of assessments occurred prenatally or within two weeks after the birth of the baby, and 29% occurred later. This site does not meet the standard that 80% of assessments occur prenatally or within two weeks of birth.

Standard 1-2.D

(from Best Practice Standards 2014-2016 effective through 12/31/16)

1-2-D (formerly 1-1.C) The site monitors and addresses families that screen positive but were not assessed and either 1.) not offered services (when the site offers services universally or uses a positive screen to determine eligibility or 2.) not offered assessment (when the site uses a positive assessment to determine eligibility).

Intent: Many potential families miss the opportunity to participate in services because site staff is unable, for a variety of reasons, to maintain contact with them subsequent to the initial screening process. Therefore, sites are to monitor the screening/identifying process in order to develop strategies for increasing the capacity of the site to connect with the target population. The depth of the monitoring will depend on the amount of information gathered through the screening/identifying process or from referral agencies.

1-2.D	RATING INDICATORS
3	- The site monitors at least annually the screening process particularly as it relates to any families who screen positive and then are not assessed or offered services (when screen is used to determine eligibility) and has developed and implemented strategies to address any issues.
2	-The site monitors at least annually the screening process particularly as it relates to any families who screen positive and then are not assessed or offered services (when screen is used to determine eligibility) and has developed strategies to address any issues.
1	-Any of the following: The site has not monitored, at least annually, the screening process as it relates to families who screen positive and then are not assessed or offered services (when screen is used to determine eligibility), or has not developed strategies to address issues.

Using PIMS to Provide Evidence of Compliance

The report **PIMS02: Screening Information Summary** addresses this standard. Remember that as with most accreditation standards, you may need to support the quantitative data from PIMS reports with a narrative interpretation.

PIMS02 is used to monitor dispositions of screens, and sites that determine eligibility for home visiting in the three ways mentioned in Standard 1-2.D can use the report to support their compliance:

- Sites that offer home visiting services universally
- Sites that determine home visiting eligibility based on a positive screen
- Sites that determine home visiting eligibility based on a positive assessment

PIMS summarizes the following for the date range selected:

- Total number of prenatal and postnatal screens
- Total number of “positive assessed”, “positive not assessed”, and “negative not assessed”
- A breakout of “positive not assessed” screens by disposition (reason not assessed).

PIMS can capture a number of reasons that families either refuse services or might not be offered services after screening. Data from this report can help monitor service gaps.

Disposition Reason	Possible Use of Disposition Reason
Abortion	Mother is planning to have an abortion.
Adoption	Mother is planning to have baby adopted.
Assessment quota met	Assessment staff workload is at capacity.
Child protective services (CPS) status	Parents have an open CPS case, and child is currently in foster care.
Deceased target child	Target child died before assessment or enrollment in home visiting.
Didn't meet criteria (inappropriate referral)	Family doesn't meet one or more criteria of program's target population; e.g., not a first-time mother, or family lives outside the geographic catchment area.
Does not need services – client decision	Parents feel confident in their experience and existing network of supports.
Does not need services – staff decision	The family is likely low risk in spite of positive screen; e.g., prenatal care started at 14 weeks, but all other screen items were “false”.
Language barrier	Family speaks a language other than English and no translator is available.
Miscarriage	Mother experienced a miscarriage before assessment or enrollment in home visiting.
Missed at hospital	Screen was completed at the hospital, but the mother was discharged from maternity before an assessment could be completed.
Moving/moved	Family is moving or has moved outside the target area.
No time available to participate	Due to work, school, or other obligations, parents do not have time to meet with program staff on a regular basis.
Other	Other reasons than above. Also can be used for a temporary disposition, such as “outreach in progress” or “assessment appointment scheduled”.
Participating in another program	Family is already receiving services from another parent education or home visiting program, such as Early Head Start.
Refused/not interested	Parents do not believe program is a match for their needs.
Unable to locate	Program staff is unable to contact family due to incorrect phone and/or address information, or parents do not respond to repeated outreach attempts.
Unknown	Refusal reason was not noted by staff and cannot now be determined

The following are some examples of identified trends using PIMS, and ways a site might consider addressing them:

- If there are large numbers of families refusing services due to “no time available to participate”, the site may want to address flexibility in scheduling home visits.
- If there are large numbers of families that cannot be served due to language barriers, the site may want to consider finding translators or hiring staff with appropriate language skills.
- If there are large numbers of eligible families who live outside the target area, the site may want to consider expanding the program's catchment area.

Tips for Monitoring PIMS Data Related to Standard

Sites will want to monitor and update screen dispositions in PIMS regularly. For the report to yield useful data, make sure that screens that have been closed out have one of the following: 1) an assessment, 2) an enrollment, or 3) an appropriate “not assessed “ reason entered. Use **PIMS01: Screening Information** to review a list of individual screens and their dispositions for a specified date range. Screens usually remain open for about three months of outreach. Therefore, the supervisor may want to review **PIMS01** once a month for the previous 4-6 month period to reconcile PIMS with paper records on clients.

How to Run this Report

14. From the **Reports** screen, select **Standard Reports**.
15. Select **Category** “Screening” and **Report** “Screening Information Summary”
16. Choose a date range and a cut-off date that is at least three months later than the end of the date range. This should allow for most of the screens in that range to have completed an outreach period and have a disposition or assessment entered for them. For the purposes of credentialing evidence, select a range of one year. Consult with your HFA or state support staff for details on what one-year period is needed for your site.

Example

Reasons for Positive Screens Not Assessed	Number	% of All Non-Assessed Positive Screens
Refused/not interested	21	10.9%
Does not need services - client decision	35	18.1%
Does not need services - staff decision	18	9.3%
Participating in another program	0	0.0%
No time available to participate	38	19.7%
Missed at hospital	1	0.5%
Moving/moved	4	2.1%
Unable to locate	49	25.4%
Miscarriage	1	0.5%
Abortion	0	0.0%
Adoption	0	0.0%
Deceased target child	1	0.5%
Child protective services (CPS) status	0	0.0%
Language barrier, no interpreter	1	0.5%
Assessment quota met	0	0.0%
Did not meet criteria (inappropriate referral)	19	9.8%
Other	5	2.6%
Unknown	0	0.0%
Total number of non-assessed positive screens	193	100.0%

In the above example from **PIMS02**, nearly 20% of mothers screened refused due to “no time available to participate”, and 25% could not be located after screening. The site would want to address these trends in their Cultural Sensitivity Review and in the supporting narrative for Standard 1-2.D.

Standard 1-2.E

(from Best Practice Standards 2014-2016 effective through 12/31/16)

1-2.E (formerly 1-1.E) The site monitors and addresses families who verbally declined the offer of services subsequent to either, 1.) a positive assessment (when the site uses assessment to determine eligibility), or 2.) the offer of services (when the site uses a positive screen to determine eligibility or offers services universally).

Intent: Sites are to monitor families who verbally decline the offer of services after being determined eligible in an effort to develop strategies for increasing the ability to connect with, engage and enroll families.

1-2.E	RATING INDICATORS
3	- The site monitors families who verbally decline the offer of services after a positive assessment or when contacted to offer services (screen or universal determines eligibility), and has implemented strategies to address any issues.
2	-The site monitors families who verbally decline the offer of services after a positive assessment or when contacted to offer services (screen or universal determines eligibility), and has developed strategies to address any issues; however, these strategies have not yet been implemented.
1	-Any of the following: The site has not monitored the families who verbally declined services or has not developed strategies to address issues.
NA	-All families, within the annual timeframe, verbally accepted the offer of services subsequent to being determined eligible.

Using PIMS to Provide Evidence of Compliance

Depending on the program’s method of determining eligibility, several PIMS reports address this standard. Remember that as with most accreditation standards, you may need to support the quantitative data from PIMS reports with a narrative interpretation.

For sites using *a positive screen only* for eligibility or *offering services universally*, use **PIMS02: Screening Information Summary**. The section of the report, “Reasons for Positive Screen Not Assessed”, will show a breakdown of refusal reasons for the date range selected.¹

For sites using *a positive assessment* for eligibility, there are several PIMS reports to assist in monitoring trends in refusals.

- **PIMS04: Assessment Information Summary**. The section of the report, “Reason for Refusing Services”, will provide a breakdown of refusal reasons for the date range specified.

¹ For information on how to monitor PIMS data and run reports specific to this standard, see the tip sheet for Standard 1-2.D.

- **PIMS07: Service Acceptance Analysis** provides a detailed analysis of families accepting vs. refusing services by demographic characteristics, assessment worker, assessment scores, and referral source. Information from this report can be used to support your narrative for this standard, as well as the improvement plan described in the site's annual Cultural Sensitivity Review.
- **PIMS07A: Service Acceptance Analysis – Passive Refusals** provides a list of families who have assessed positive and accepted services, but who have not yet enrolled (i.e., have not received a first home visit). Programs may or may not want to include passive refusals in their analysis of refusal trends for credentialing. Note: If, after the designated outreach period, the program has been unable to engage families in services, the assessment disposition should be changed from “assessed positive, accepted services” to “assessed positive, refused services”.

Tips for Monitoring PIMS Data Related to Standard

For sites using *a positive screen only* for eligibility or *offering services universally*, see tip sheet for Standard 1-2.D on how to monitor data.

Sites using *a positive assessment* for eligibility will want to regularly monitor and update assessment information in **PIMS**. For the reports to yield useful data, make sure that assessments that have been closed out have a final disposition and all demographic information entered in the **Home Forms** and the **Baseline**.

- Use **PIMS03A: Assessment Information by Disposition** to review a list of individual assessments and their dispositions for a specified date range. Assessments without a disposition will be listed first. The supervisor may want to review **PIMS03A** once a month for the previous three month period to reconcile PIMS with paper records on clients.
- Use Custom Queries **QAMP Assessment** reports to identify records with missing demographics and other information.

How to Run these Reports

17. From the **Reports** screen, select **Standard Reports**.
18. Select **Category** “Assessment” and **Report** “Service Acceptance Analysis: Accepting vs. Refusing Services” or “Assessment Information Summary”
19. Choose a date range and a cut-off date that is at least three months later than the end of the date range. This should allow for the assessments in that range to have completed an outreach period and have a final disposition entered for them. For the purposes of accreditation evidence, select a range of one to two years. Consult with your HFA or state support staff for details on what date range is needed for your site.
20. If **PIMS07** indicates missing data, run Custom Queries **QAMP Assessment** and **QAMP Baseline** reports to identify the individual assessments. Enter the missing data, and rerun **PIMS07**.
21. If **PIMS04** has a mismatch between the total number of assessments and the totals under “Post Assessment Disposition”, run **PIMS03A** and note the assessments without dispositions. Enter the missing dispositions and rerun **PIMS04**.

Example – Site offering services based on positive assessment

Participant Reason for Refusing Services (n = 15)				
	# Total	% of All Refusals	# Valid	% of Valid Refusals
Not Interested	1	6.7%	1	6.7%
(Does not need services - client decision)	3	20.0%	3	20.0%
Not ready to commit	3	20.0%	3	20.0%
Misunderstood services/purpose of assessment	0	0.0%	0	0.0%
Moving	1	6.7%	1	6.7%
Participating in another program	0	0.0%	0	0.0%
No time available to participate	3	20.0%	3	20.0%
Not acceptable to other family member	0	0.0%	0	0.0%
Unable to locate/contact after assessment	3	20.0%	3	20.0%
Never completed a home visit	0	0.0%	0	0.0%
Other (specify)	1	6.7%	1	6.7%
Unknown	0	0.0%		
Total number of refused services	15	100%	15	100%

Site Reason for Refusing Services (n = 19)				
	# Total	% of All Refusals	# Valid	% of Valid Refusals
(Does not need services - staff decision)	0	0.0%	0	0.0%
Caseload full	15	78.9%	15	78.9%
Scores exceeded enrollment criteria	4	21.1%	4	21.1%
Assigned to control group	0	0.0%	0	0.0%
Other (specify)	0	0.0%	0	0.0%
Unknown	0	0.0%		
Total number of refused services	19	100%	19	100%

In the above example, 52 positive assessments were offered home visiting services, and 15 refused for the reasons shown above. To identify the families who refused for “other” reasons, run **PIMS03A: Assessment Information by Disposition**, as shown below.

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Positive, offered services, participant refused (n = 15)

Name	Service Type	Date	Age	Reason	FAW ID	Relationship
Becker, Roxanne	Pre-natal: First trimester	12/30/02	30	Not ready to commit	104	Father
Cobb, Bernadette	Pre-natal: Second trimester	7/19/02	25	Not ready to commit	103	Father
Doyle, Paulette	Post-natal: More than two weeks after birth	10/17/02	30	Unable to locate/contact after assessment	102	Father
Guerrero, Muriel	Post-natal: More than two weeks after birth	8/8/02	30	Unable to locate/contact after assessment	103	Father
Higgins, Karla	Pre-natal: Second trimester	9/19/02	25	No time available to participate	102	Father
Hodges, Johnnie	Post-natal: More than two weeks after birth	2/20/03	25	No time available to participate	104	Father
Lee, Kimberly	Pre-natal: Third trimester	1/14/03	25	Moving	104	
Manning, Candice	Post-natal: More than two weeks after birth	11/14/02	30	(Does not need services - client decision)	102	Father
Mccarthy, Ernestine	Pre-natal: Third trimester	7/19/02	30	Not ready to commit	103	Father
Thomas, Nancy	Pre-natal: First trimester	9/30/03	40	Unable to locate/contact after assessment	104	Father
Thompson, Donna	Pre-natal: First trimester	11/24/03	35	Not Interested	104	Father
Vega, Beulah	Pre-natal: Third trimester	11/8/02	30	No time available to participate	102	Father
Walker, Deborah	Pre-natal: Third trimester	1/8/03	30	(Does not need services - client decision)	104	Father
Webster, Rosalie	Post-natal: More than two weeks after birth	1/14/03	30	(Does not need services - client decision)	104	Father
Wilson, Susan	Pre-natal: Second trimester	10/31/03	35	Other (specify)	104	Father

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Looking further into Susan Wilson's records, she had a miscarriage.

In addition to reasons for refusals, the site will want to see if there are any trends based on demographics. In running **PIMS07**, we learn that mothers who accept and mothers who refuse home visiting services look very similar in terms of age, race, ethnicity, education, and other areas. However, there is a difference in acceptance rates among the Family Assessment Workers:

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FAW	Overall		Accept Rate	Accepting Services		Refusing Services	
	#	%		#	%	#	%
102	15	29%	73%	11	30%	4	27%
103	14	27%	79%	11	30%	3	20%
104	22	42%	64%	14	38%	8	53%
888	1	2%	100%	1	3%	0	0%
Total Participants	52			37		15	

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FAW 104 has an acceptance rate of 64%, and accounts for over half the refusals in the time period. The supervisor would want to look into this further, perhaps by shadowing the FAW's assessments or by other quality assurance methods to determine how to address increasing the worker's acceptance rate.

Standard 1-3.B

(from Best Practices Standards 2014-2016 effective through 12/31/16)

1-3.B (formerly 1-1.F practice) The site's practices ensure that, for families who accept services, the first home visit occurs prenatally or within the first three months after the birth of the baby. **Please Note:** When infants begin life with an extended hospital stay in the NICU, it may not be possible to begin home visits until after 3 months. These situations should be documented clearly and will be exempted from the requirements of this standard.

1-3.B	RATING INDICATORS
3	- Ninety-five percent (95%) through one hundred percent (100%) of first home visits occur prenatally or within the first three months after the birth of the baby.
2	-Eighty percent (80%) through ninety-four percent (94%) of first home visits occur prenatally or within the first three months after the birth of the baby.
1	-Less than eighty percent (80%) of first home visits occur prenatally or within the first three months after the birth of the baby.

☺ Tip: Sites are encouraged to begin providing services as early as possible, ideally during the prenatal period.

Using PIMS to Provide Evidence of Compliance

The reports **PIMS08C: First Home Visit by Individual** and **PIMS08A: First Home Visit Summary** address this standard. Remember that as with most accreditation standards, you may need to support the quantitative data from PIMS reports with a narrative interpretation.

PIMS08A provides a breakdown of the number of first home visits received according to the timeframes listed above. Pending first home visits are counted separately. Typically, this is the report that would be submitted with the self-study to show compliance with the standard. If the report shows there are more than 20% of families who were enrolled more than three months after the birth of the baby, the site will need to provide a narrative explaining the difference. Use the next report to help with the analysis.

PIMS08C lists all participants who received a first home visit for the date range specified, the target child's date of birth, the date of the first home visit, the child's age in days at enrollment, and the timeframe of the first home visit (i.e., prenatal, within three months of birth, or after three months of birth). If the first home visit occurred prenatally, the child's age will be shown as a negative number.

Tips for Monitoring PIMS Data Related to Standard

Sites will want to monitor enrollments regularly. **PIMS08A** will identify the number of clients who have an Intake Record indicating that they have accepted services but have not yet received a first home visit. This could mean either that the FSW and family have

not yet been able to complete the first home visit, or that the first home visit has been completed but not recorded in PIMS. Supervisors will want to review pending enrollments monthly for progress in engagement, and make sure that families that have engaged in services have a first home visit record entered in PIMS.

Note: *PIMS08A always counts the first home visit from PIMS home visit records.*

How to Run this Report

22. From the **Reports** screen, select **Standard Reports**.
23. Select **Category** "Contact/Home Visit" and **Report** "First Home Visit by Individual" or "First Home Visit Summary."
24. Choose a date range and a cut-off date that is at least three months later than the end of the date range. This should allow for the pending enrollments in that range to have completed an outreach period and have first home visit records entered for them. For the purposes of accreditation evidence, select a range of one year. Consult with your HFA or state support staff for details on what one-year period is needed for your site.
25. If the report indicates any clients have not received a first home visit, run the **Custom Query** shown below. Enter Home Visit or Monthly Contact Log records as necessary, and rerun **PIMS08C** and **PIMS08A**.

Example 1 – First Home Visit by Individual

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Healthy Families (1L000) Best Practice Standard 1-3C

PIMS08C: First Home Visit by Individual

Includes participants starting services between 1/1/2002 and 12/31/2006
Group filter not applied

Participant Name	Target Birth Date	First Home Visit Date	Child Age at Enroll (days)	First Home Visit Category
Aaron, Anne	01/20/03	12/02/02	-49	Prenatally
Aguilar, Verna	04/09/03	11/21/02	-139	Prenatally
Bailey, Mildred	08/07/03	04/17/03	-112	Prenatally
Barker, Harriet	07/15/02	07/12/02	-3	Prenatally
Barnett, Carole	07/24/05	06/21/05	-33	Prenatally
Blake, Kendra	05/26/02	07/03/02	38	Within the first three months of birth of baby
Carter, Amanda	11/28/03	10/23/03	-36	Prenatally
Chase, Latasha	08/14/02	08/15/02	1	Within the first three months of birth of baby
Clark, Michelle	06/16/03	02/27/03	-109	Prenatally
Conner, Francis	05/04/03	02/21/03	-72	Prenatally
Cook, Gloria	08/09/03	07/28/03	-12	Prenatally
Copeland, Cecelia	09/18/04	04/12/04	-159	Prenatally
Danson (FKA May), Janice	04/20/02	06/15/02	56	Within the first three months of birth of baby
Dennis, Kristy	01/06/03	11/08/02	-59	Prenatally
Duncan, Samantha	10/10/05	05/27/05	-136	Prenatally
Gill, Angel	04/23/03	10/29/02	-176	Prenatally
Glover, Antoinette	12/20/01	10/03/02	287	After the first three months of birth of baby
Hood, Patrice	05/13/04	03/23/04	-51	Prenatally
Howard, Rose	02/10/03	04/09/03	58	Within the first three months of birth of baby

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Example 2 – First Home Visit Summary

Healthy Families (1L000)

PIMS08A: First Home Visit Summary HFA Credentialing Standard 1-1-D

Includes participants accepting services between 1/1/2002 and 12/31/2006
Home visits in this report are always counted from the Home Visit Log

Time of First Home Visit	Number	% of All First Home Visits
Prenatally	41	73.2%
Within the first three months of birth of baby	11	19.6%
After the first three months of birth of baby	4	7.1%
Total number of first home visits	56	100.0%

First home visit not yet received 8

Given the specified latest service acceptance date of 12/31/2006 and the data cutoff date of 3/31/2007, this allows for a window of at least 90 days after service acceptance before a visit is categorized as 'First home visit not yet received.' Valid first home visits recorded after the Cutoff Date are counted as received.

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Ready

In the above example, there were a total of 56 first home visits received by enrolled clients, 52 of which were completed either prenatally or within the first three months of the birth of the baby (93%). Four of the 56 (7%) were received more than three months after the birth of the baby. According to the standard, no more than 20% of first home visits can be received after three months. In this example, the site meets the standard.

There are also eight families who are pending a first home visit. To identify these families, run a **Custom Query** as follows:

Custom Queries

Step 1) Define Your Query **Clear All Output**

Query Type: participant data (5 columns)

			Query Category	Query Field
↓	x	1	Participant Current Info	Full name
↑	↓	x	Intake	Service level assigned date
↑	↓	x	Participant Key Stats	First home visit date (from HV log)
↑	↓	x	Participant Key Stats	First MCL with home visit
↑	x	5	Participant Current Info	LEAVE FIELD BLANK

Step 2) Select Criteria (optional)

Intake ID is not blank
 AND (First home visit date (from HV log) is blank
 OR First MCL with home visit is less than 1)

Clear All Criteria

Step 3) Process Qu

The resulting report below shows that there are 12 participants who are missing a first home visit record, including four who have an Intake record but have neither a first home visit nor Monthly Contact Log entered.

Custom02: Participant Data (n = 12)

Query Criteria:

Intake ID is not blank
 AND (First home visit date (from HV log) is blank
 OR First MCL with home visit is less than 1)

	Full name	Service level assigned date	First home visit date (from HV log)	First MCL with home visit
1	Abbott, Sophie	1/20/2007		
2	Acosta, Shelby	1/10/2007		
3	Adkins, Adrienne	2/10/2008		
4	Allen, Shirley	7/15/2003		
5	Barker, Harriet	7/5/2005		9/1/20
6	Black, Valerie	5/13/2005		5/1/20
7	Chandler, Sandy	9/7/2005		11/1/20
8	Hart, Dana	6/24/2005		9/1/20
9	Lane, Renee	6/17/2005		7/1/20
10	Larson, Heidi	7/1/2005		8/1/20
11	Snyder, Marion	5/6/2005		10/1/20
12	Weber, Rosie	9/9/2005		11/1/20

Standard 1-4

(from Best Practice Standards 2014-2016 effective through 12/31/16)

1-4. (formerly 1-2) The site measures, analyzes, and addresses how it might increase the acceptance rate of families into the site on a regular basis and in a consistent manner.

1-4.A The site measures the acceptance rate of families using HFA methodology (based on receipt of first home visit). **Please see measuring acceptance rates on page 12 of standards.**

Intent: Calculating the rate of families accepting services is a critical quality improvement measure. Sites are to look at the number of families accepting site services compared to the number of families offered services. To ensure uniformity in measurement, HFA requires sites to track the acceptance rate of families based on acceptance of the first home visit, regardless of how a site may define its enrollment date. Sites can measure rates at additional intervals if desired.

1-4.A RATING INDICATORS

~~3 ————— The site measures its acceptance rate of families (based on receipt of a first home visit) into services and evidence indicates acceptance rates are being measured more than once a year.~~

~~2 ————— The site measures its acceptance rate of families (based on receipt of a first home visit) into services and evidence indicates acceptance rates are being measured at least annually.~~

~~1 ————— The site is not measuring its acceptance rate at least annually.~~

1-4.B The site comprehensively analyzes at least once every two years (e.g., both formally, through data collection, and informally through discussions with staff and others involved in the screening and assessment process), families that refused services among those determined to be eligible for services and the reasons why. **Please see common terms associated with analyses beginning on page 13 of standards.**

Intent: Sites are to measure site acceptance data at least annually (as indicated in standard 1-4.A) and conduct a thorough analysis, at a minimum, once every two years to determine patterns or trends; the analysis compares families

who accept site services with those who refuse site services, and identifies potential improvement strategies to increase site acceptance, based on the analysis. Sites may choose to analyze data more often if patterns or volume suggest this need.

1-4.B RATING INDICATORS

~~3 ————— The site uses both formal and informal methods to analyze, at least once every two years, families that refused services and why. This analysis is comprehensive, addressing all significant programmatic, demographic, and social factors, and includes a comparison of those who accept and those who decline; or at least ninety percent (90%) of families offered services over the 2-year timeframe accepted services by receiving a first home visit, in which case an analysis is not required.~~

~~2 ————— The site uses both formal and informal methods to analyze, at least once every two years, families that refused the services and why. This analysis addresses some factors within each category of programmatic, demographic, and social factors and includes a comparison of those who accept and those who decline, but has omitted at least one significant factor.~~

~~1 ————— Any one of the following: The site does not have an analysis of who refused services and why; the analysis does not include both formal and informal methodology; the analysis does not include any programmatic, demographic, and/or social factors; the analysis does not include a comparison of those who accept and those who decline; or the analysis is not conducted at least once every two years.~~

~~NA ————— The site did not accept any new families in the last two years.~~

- ☺ Tip: The HFA 1-4 Acceptance Analysis Grid provides guidance on various programmatic, demographic and social factors to consider when conducting a comprehensive analysis.
- ☺ Tip: For those whose acceptance rate has remained 90% or more over a 2 year period (3 rating) the site is still encouraged to informally look at

programmatic, social, and demographic factors, along with reasons why a group might not be accepting program.

1-4.C The site addresses how it might increase its acceptance rate based on its analysis of those refusing the site in comparison to those accepting services.

1-4.C RATING INDICATORS

3 ~~Based on the analysis, the site has implemented a plan for increasing its acceptance rate among the individuals who are not currently choosing to participate in services. The plan addresses programmatic, demographic, and/or social factors identified within the analysis; or at least ninety percent (90%) of individuals offered services over the two-year timeframe accepted services, in which case an analysis and plan is not required.~~

2 ~~Based on the analysis, the site has a plan for increasing its acceptance rate among the individuals who are not currently choosing to participate in services. The plan addresses any programmatic, demographic, and/or social factors identified within the analysis; however, the plan has not yet been implemented.~~

1 ~~Any of the following: the site does not have a plan; the plan is not based on the analysis; does not address programmatic, demographic, and social factors identified within the analysis; and/or does not address how it might increase its acceptance rate.~~

NA _____

_____ The site did not accept any new families in the past two years.

Using PIMS to Provide Evidence of Compliance

There are two PIMS reports and one PIMS site definition that address this standard. Remember that as with most accreditation standards, you may need to support the quantitative data from PIMS reports with a narrative interpretation.

Standard 1-4 requires sites to do three things related to service acceptance rates:

- *Define the acceptance rate, and measure it at least every two years.* In order to comply with HFA standards, sites must define the family's acceptance of services as the completion of the first home visit (1-4.A).
- *Analyze the acceptance rate* (1-4.B).
- *Address how the site plans to increase its acceptance rate* based on the analysis (1-4.C).

To ensure that the site's data complies with HFA standards, set your site's enrollment definition to "date of first home visit".

- From the **PIMS Start Menu**, select the button **Site Definitions**.
- On the **PIMS Site Definitions Menu**, select the button **Enrollment Definition**.
- On the **Enrollment Definition Form**, select from the drop-down menu "Date of first home visit". You will see a message that PIMS is updating base calculations. When PIMS has completed the update, click "OK".

To calculate and analyze your acceptance rate, use the following reports:

- **PIMS07: Service Acceptance Analysis** provides calculations of acceptance rate, refusal rate, and passive refusal rate, followed by a detailed analysis of families accepting vs. refusing services by demographic characteristics, assessment worker, assessment scores, and referral source. Information from this report can be used to support the narrative in the Best Practice Standards, as well as the improvement plan described in the site's annual Cultural Sensitivity Review.
- **PIMS07A: Service Acceptance Analysis – Passive Refusals** provides a list of families who have assessed positive and accepted services, but who have not yet enrolled (i.e., have not received a first home visit). Programs may or may not want to include passive refusals in their analysis of refusal trends for credentialing. Note: If, after the designated outreach period, the program has been unable to engage families in services, the assessment disposition should be changed from "Positive, accepted services" to "Positive, refused services".

To address how you will increase your acceptance rate, use your analysis based on **PIMS07** and in the following report:

- **PIMS04: Assessment Information Summary**. The section of the report, "Reason for Refusing Services", will provide a breakdown of refusal reasons for the date range specified.

Tips for Monitoring PIMS Data Related to Standard

Sites will want to monitor the acceptance rate regularly. Typically, the analysis of the acceptance rate and the plan for improvement are included in the annual Cultural Sensitivity Review. For the reports to yield useful data:

- Make sure that PIMS Home Forms include all demographic information. Each section of the reports will indicate the number of records missing the data (e.g., age, race, ethnicity, etc.).
- Make sure that all assessments have a Baseline form completed and that all demographics have been entered: marital status, education level, and income level.
- Make sure that all assessments pending enrollment have a final disposition entered in PIMS after the designated outreach period, usually 30-45 days.
- PIMS defines (calculates) the site's acceptance rate as follows:
 - The number of families identified on the assessment record as "positive, accepted services", divided by the number of positive assessments offered services. Assessments

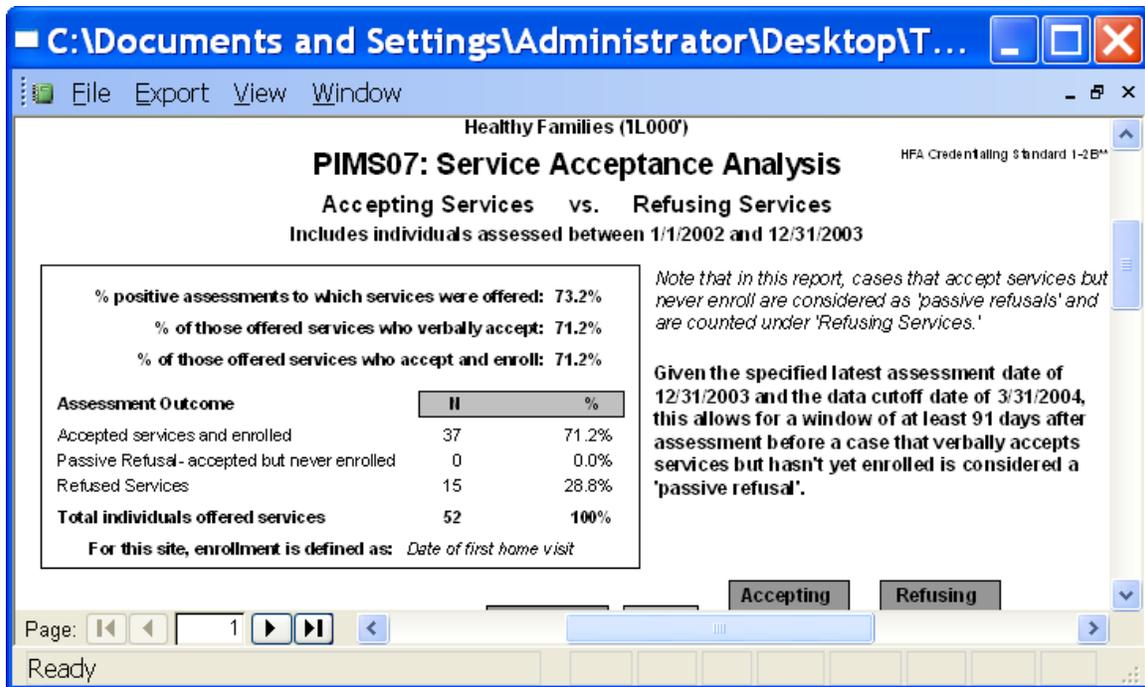
offered services are defined as “positive, accepted services” plus “positive, refused services”.

- The site may need to adjust the “offered services” calculation further if there are positive assessments that were not offered home visiting services due to other reasons, such as refusal reasons “Does not need services, staff decision” and “Participating in another program”; and “other” refusal reasons such as deceased target child, miscarriage, adoption, target child too old, etc.

How to Run these Reports

26. From the **Reports** screen, select **Standard Reports**.
27. Select **Category** “Assessment” and **Report** “Service Acceptance Analysis: Accepting vs. Refusing Services” or “Assessment Information Summary”
28. Choose a date range and a cut-off date that is at least three months later than the end of the date range. This should allow for the assessments in that range to have completed an outreach period and have a final disposition entered for them. For the purposes of accreditation evidence, select a range of one to two years. Consult with your HFA or state support staff for details on what date range is needed for your site.
29. If **PIMS07** indicates missing data, run the following **Custom Query QAMP** reports:
 - **QAMP Home**
 - Missing static demographics
 - **QAMP Assessment**
 - Missing assessment data – Misc. (FAW ID, assessment method, assessment timeframe)
 - Missing FSC #1-5
 - Missing FSC #6-10
 - **QAMP Baseline**
 - Missing demographics
30. Enter the missing data, and rerun **PIMS07**.
31. If **PIMS04** has a mismatch between the total number of assessments and the totals under Time of Assessment and Post Assessment Disposition, run the following **Custom Query QAMP Assessment** reports:
 - Missing disposition
 - Missing refusal information
 - Positive and refused, missing information
 - Refusal information entered without refusal
 - Service acceptance inconsistency
32. Enter the missing data, and rerun **PIMS04**.

Example



In the above example, the site has an acceptance rate of 71% (% of those offered services who accept and enroll). All clients who were offered services and verbally accepted also enrolled, so there were no passive refusals for this period.

Looking further in the report, **PIMS07** displays detailed acceptance rates in each demographic category; for example, acceptance rates by age range.

	Overall		Accept Rate	Accepting Services		Refusing Services	
	n	%		n	%	n	%
Age							
Missing Data	1	2%	0%	0	0%	1	7%
Under 18	7	13%	86%	6	16%	1	7%
18 to 19	12	23%	75%	9	24%	3	20%
20 to 30	28	54%	68%	19	51%	9	60%
Above 30	4	8%	75%	3	8%	1	7%
Total Participants	52			37		15	
Race/Ethnicity							
Black	9	17%	89%	8	22%	1	7%
White	28	54%	66%	19	51%	9	60%
(Hispanic)	7	13%	57%	4	11%	3	20%
American Indian, Eskimo or Aleut	2	4%	100%	2	5%	0	0%
Asian/Pacific Islander	2	4%	50%	1	3%	1	7%
Multi-racial	4	8%	75%	3	8%	1	7%
Total Participants	52			37		15	

We can build the following Custom Query to identify the participant with missing date of birth:

Custom Queries

Step 1) Define Your Query Clear All Output

Query Type: participant data (5 columns)

		Query Category		Query Field			
↓	x	1	Participant Current Info	Full name	↓		
↑	x	2	Participant Key Stats	Age at assessment	↓		
↑	x	3	Assessment	Assessment date	↓		
↑	x	4	Assessment	Post-assessment disposition	↓		
↑	x	5	Assessment	Refused services- Reason	↓		

Step 2) Select Criteria (optional)

Assessment ID is not blank
 AND Mother birth date is blank
 AND (Post-assessment disposition is Positive, offered services, participant refused
 OR Post-assessment disposition is Positive, offered services, participant accepted)
 AND Assessment date BETWEEN 01/01/2002 AND 12/31/2003

Clear All Criteria

Step 3) Process

Preview Query Results

Export Spreadsheet

Custom02: Participant Data

(n = 1)

Query Criteria:

AND Assessment ID is not blank
 AND Mother birth date is blank
 AND (Post-assessment disposition is Positive, offered services, participant refused
 OR Post-assessment disposition is Positive, offered services, participant accepted)
 AND Assessment date BETWEEN 01/01/2002 AND 12/31/2003

	Full name	Age at assessment	Assessment date	Post-assessment disposition
1	Manning, Candice		11/14/2002	Positive, offered services, participant refused