

# Healthy Birth Outcomes Evaluation Plan

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RECOMMENDATIONS FOR INFORMING PROGRAM  
IMPROVEMENT AND DOCUMENTING IMPACT

Cardea Services, February 2016  
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## Introduction

### HBO Program Brief description

The YWCA Healthy Birth Outcomes program (HBO) seeks to advance health equity by working with pregnant and parenting women to improve birth outcomes. HBO's mission is to address the needs of pregnant and parenting women by providing intensive client-centered services from pregnancy through the child's first birthday. Intensive services include home visits, case management, healthcare navigation, and health education.

### Purpose of this evaluation plan and attached materials

Cardea Services was contracted to develop this evaluation plan and attached materials to improve HBO's ability to document program successes in alignment with national metrics for home visiting programs, and to identify areas for improvement.

## HBO Theory of Change

With input from HBO staff, Cardea developed the HBO Theory of Change to better characterize how HBO program activities are expected to lead to the program goals. The Theory of Change was grounded in Life Course Theory and the Health Resources and Services Administration Maternal Child Health Bureau Strategic Plan.<sup>1</sup> A brief overview of Life Course Theory and the MCH Pyramid are included in **Appendix A**. The HBO Theory of Change provided a framework for revisions to data collection instruments to ensure that data represent steps along the continuum from activities to outcomes for both the mother and baby.

The HBO Theory of Change is included as **Appendix A**. In summary, it illustrates that through ongoing client needs assessment and provision of instrumental, informational, emotional, and affiliational support activities as directed by the client, HBO advocates seek to improve client's engagement in health and social services; knowledge and skills; and resilience and sense of community. In turn, these improvements in maternal outcomes improve outcomes for the baby including birth outcomes and healthcare access and services during the first 12 months after birth. Overtime, the HBO program hopes that these individual outcomes for mothers and children will improve health equity in the local community. Additionally, it acknowledges that contextual factors including program resources as well as client culture, experiences, community, and environment impact health outcomes as well as the success of the program.

## Selected Measures and Rationale

To identify potential measures that could be useful for program evaluation, Cardea reviewed documents provided by HBO to staff. The reviewed documents included the HBO handbook, intake, and exit forms, Cardea also met with YWCA Client Data Information Services to review forms in the ClientTrack data system and reviewed sets of client characteristics, services, and outcome measures that HBO reports to

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<sup>1</sup> Rethinking MCH: The Life Course Model as an Organizing Framework. HRSA Concept Paper 2010; HRSA MCH pyramid <http://mchb.hrsa.gov/programs/>

the HOPE Network, or will report to the HOPE network going forward. Cardea also investigated other sources for potential measures; descriptions for these sources appear below.

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### **Centers for Medicare and Medicaid Services (CMS): 2014 Core Set of Maternity Measures for Medicaid and CHIP<sup>2</sup>, Core Set of Adult Health Care Quality Measures<sup>3</sup>, and Core Set of Children’s Health Care Quality Measures<sup>4</sup>**

The Secretary of Health and Human Services publishes these health care quality measures for Medicaid-enrolled adults and children as well as the Children’s Health Insurance Program. Many of the measures in these sets come from the National Center for Quality Assurance (NCQA) which sets standardized quality measurements that over 90% of health plans report through Healthcare Effectiveness Data and Information Set (HEDIS).<sup>5</sup>

### **Title V Maternal and Child Health Services Block Grant Program National Outcome Measures and National Performance Measures<sup>6</sup>**

The Title V Maternal and Child Health Block Grant Program primarily funds state health departments. The Health Resources and Services Administration (HRSA) recently released a new performance measure system, which includes standardized outcome and performance measures metrics. As the new performance metrics were still under development at the time of this report, we also reviewed past reports on the HRSA website, which used earlier versions of the performance metrics.

### **Strong Start Mother and Infant Home Visiting Program<sup>7</sup>**

The Strong Start for Mothers and Newborns initiative is a joint effort between CMS, HRSA, and the Administration on Children and Families (ACF), which aims to reduce preterm births and improve outcomes for newborns and pregnant women. Under this initiative, the Mother Infant Home Visiting Program Evaluation (MIHVPE) is rigorously studying evidence-based home visiting models including Health Families America and Nurse-Family Partnership. We reviewed the MIHVPE evaluation plan to identify additional metrics potentially relevant to the HBO program.

### **Revised reporting measures for the Healthy Outcomes, Prevention and Education (HOPE) Network**

The HBO program participates in the HOPE Network, a partnership funded by Public Health Seattle & King County (PHSKC). At the time of this project, PHSKC was in the process of generating a revised set of reporting requirements for grantees to include a number of intake, service, and outcome metrics. We

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<sup>2</sup> <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/maternity-core-set.pdf>

<sup>3</sup> <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/adult-health-care-quality-measures.html>

<sup>4</sup> <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/CHIPRA-Initial-Core-Set-of-Childrens-Health-Care-Quality-Measures.html>

<sup>5</sup> <http://www.ncqa.org/HEDISQualityMeasurement/WhatIsHEDIS.aspx>

<sup>6</sup> <http://mchb.hrsa.gov/programs/titlevgrants/>

<sup>7</sup> <http://www.mdrc.org/project/mother-and-infant-home-visiting-program-evaluation-mihope-strong-start#overview>

reviewed the latest draft of metrics as of January 2016 and integrated metrics into the instruments to the extent feasible and opted to exclude certain items under guidance from HBO program staff.

### **The Maternal and Child Health Federal-State Partnership<sup>8</sup>**

Washington State reports on a number of maternal child health measures, including smoking during the last three months of pregnancy and others that do not appear in HRSA's federal reporting requirements. We reviewed a list of MCH goals and metrics for additional measures to consider.

### **WA First Steps Prenatal Screening Guide<sup>9</sup>**

First Steps is a program that helps low-income pregnant women get the health and social services they may need and covers a variety of services for pregnant women and their infants. First Steps is available as soon as a woman knows that she is pregnant and is covered by Washington Apple Health (Medicaid).

Under the First Steps program, women in Washington state receive medical services including prenatal care, delivery, post-pregnancy follow-up and one year of family planning services, as well as a year of medical care for newborns. Women are also eligible for Maternity Support Services, including home visiting services. We reviewed the Prenatal Screening Guide used for this program.

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Cardea prepared an initial list of measures as recommendations, which HBO program leadership reviewed. In conversations with HBO leadership, Cardea then produced a more targeted set of measures, prioritized based on importance and feasibility. A table of these measures is included in **Appendix B**. This table provides a description and source(s) for each measure, as well as notes about differences in metrics across sources when warranted. Key outcome measures include service outcomes such as timeliness and frequency of prenatal care, as well as birth outcomes such as birthweight and gestational age. Additional outcome focus on maternal health measures and achievement of needs/goals at exit. Contextual measures include client demographic and health characteristics, and stated needs/goals at intake.

### **Screening inventories**

Cardea reviewed a number of sources to identify brief health screening inventories that would be practical for HBO advocates to use during program intake. Where possible, we selected inventories that had been validated for pregnant women, though some modifications were made through discussion with HBO program staff. The table on the next page presents a summary of the screening inventories and their source.

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<sup>8</sup> <https://mchdata.hrsa.gov/tvisreports/Snapshot/snapshot.aspx?statecode=WA>

<sup>9</sup> <http://www.hca.wa.gov/medicaid/firststeps/pages/provider.aspx>



**Table of selected inventories**

Health issue	Inventory selected
<b>Food insecurity</b>	CDC NHANES <sup>10</sup>
<b>Depression</b>	PHQ-2 <sup>11</sup>
<b>Anxiety</b>	GAD-7 <sup>12</sup>
<b>Drug Use</b>	WA First Steps (no strong validated instruments)
<b>Tobacco Use</b>	WA DOH Substance Abuse During Pregnancy: Guidelines for Screening <sup>13</sup>
<b>Intimate Partner Violence</b>	HITS <sup>14</sup>
<b>Alcohol Use during Pregnancy</b>	T-ACE <sup>15</sup>

## Recommendations for ongoing data collection and quality assurance

Client responses to survey questions should be collected at intake (or within about the first 30 days of enrollment as indicated), post birth, and program exit. The Service Tracker packet should be completed on an ongoing basis throughout service, starting with the initial conversation to assess needs/challenges and goals.

A folder containing the intake, service tracker, post birth, and exit survey packets should be prepared in advance and brought to the initial meeting with a client. Peers are to complete the appropriate survey pages in the packet (Refer to Roadmap for Data Collection) during each visit. Service records can be updated once the meeting has concluded. Consistent with YWCA policy, Cardea recommends that all data be entered into ClientTrack within two weeks of collection.

Cardea suggests that the YWCA program manager conduct monthly quality assurance checks to ensure advocates are completing and entering the forms in a timely manner and that data fields are complete. During the first several months of implementation and as new advocates are brought on board, we also recommend weekly check-ins with each advocate to ensure that they feel comfortable administering the forms. Discussing experiences and seeking feedback about elements on the forms that may require clarification or modification is important, especially as a pilot period was not feasible during this project.

**Appendix C** includes the intake, service tracker, post birth, and exit packets. Materials developed and used to train advocates in data collection are included in **Appendix D**.

<sup>10</sup> For NHANES overview see: [http://www.cdc.gov/nchs/nhanes/nhanes2013-2014/questionnaires13\\_14.htm](http://www.cdc.gov/nchs/nhanes/nhanes2013-2014/questionnaires13_14.htm)

For details on the inventory, see: [http://www.cdc.gov/nchs/data/nhanes/nhanes\\_13\\_14/FSQ\\_Family\\_H.pdf](http://www.cdc.gov/nchs/data/nhanes/nhanes_13_14/FSQ_Family_H.pdf)

<sup>11</sup> For background, see: <http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/patient-health.aspx>.

For instrument, see: [http://www.commonwealthfund.org/usr\\_doc/PHQ2.pdf](http://www.commonwealthfund.org/usr_doc/PHQ2.pdf)

<sup>12</sup> <http://www.integration.samhsa.gov/clinical-practice/GAD708.19.08Cartwright.pdf>

<sup>13</sup> [http://aia.berkeley.edu/media/pdf/WA\\_15\\_PregSubs\\_E12L.pdf](http://aia.berkeley.edu/media/pdf/WA_15_PregSubs_E12L.pdf)

<sup>14</sup> See overview document: [http://aia.berkeley.edu/media/pdf/WA\\_15\\_PregSubs\\_E12L.pdf](http://aia.berkeley.edu/media/pdf/WA_15_PregSubs_E12L.pdf) and page 42 for instrument, response scale, and scoring

<sup>15</sup> <https://www.acog.org/-/media/Departments/Tobacco-Alcohol-and-Substance-Abuse/Pocket-card-draft.pdf?la=en>

## Documenting program impacts and identifying areas for program improvement

### Potential sources of comparison data

The data collected through this program can be used alone to describe the demographic and health characteristics of women participating in the program, to describe service provision, and to assess how services offered/provided align with client needs and challenges. Much of the information collected during intake, e.g. mental health issues and substance use during pregnancy, are known to be associated with poor birth outcomes. Sample size permitting, these factors can be put into multivariate models along with trimester at intake to estimate the impact of the HBO program itself.

Comparison data is important to evaluate the efficacy of the program. There are several potential options for external comparisons outlined below.

- *Washington State Department of Health* reports on a number of maternal child health metrics including: fetal death, infant mortality, alcohol use and smoking during pregnancy, breastfeeding, family violence, food insecurity, immunizations, preterm delivery, low birthweight, and timeliness of prenatal care. Some data are available broken down by county, age, and race/ethnicity. Summary reports can be found at: <http://www.doh.wa.gov/DataandStatisticalReports/MaternalandChildHealth/MaternalandChildHealthDataReports>
- *King County* also reports on relevant metrics including breastfeeding initiation, early and adequate prenatal care, infant mortality, birthweight, preterm birth, low-risk cesarean delivery, and smoking during pregnancy. Some data are available broken down by region, age, race/ethnicity, and neighborhood poverty. Summary reports can be found at: <http://www.kingcounty.gov/healthservices/health/data/indicators.aspx>
- County-level data from the *Washington State First Steps* program, which also serves low income women (<http://www.hca.wa.gov/medicaid/firststeps/Pages/data.aspx>),
- Local and national data available through rigorously evaluated programs such as the *Nurse Family Partnership* (<http://www.nursefamilypartnership.org/proven-results>), and the *Mother and Infant Home Visiting Program-Strong Start* evaluation as these data become available (<http://www.mdrc.org/project/mother-and-infant-home-visiting-program-evaluation-mihope-strong-start#design-site-data-sources>).

Describing the HBO client population in the context of maternal and child health indicators reported throughout King County can be a valuable way to illustrate that HBO serves very high-needs clients. *However, aggregate state, county, or city level data is not a preferred comparison group for HBO clients, as we expect that HBO clients are likely at higher risk for poor birth outcomes than the average woman in any of these geographic regions.* When available, we would recommend using data from higher poverty neighborhoods or using other factors to better match the demographic characteristics of HBO's client base.

### Internal comparisons

The goal of this project was to develop a robust set of instruments that would enable the HBO program to report on metrics for maternal and child health that align with national HEDIS and HRSA data standards, as well as those collected by other home visiting programs. These tools were designed to allow for a robust impact evaluation that controls for maternal characteristics, experiences, and circumstances at enrollment that may affect birth outcomes.

In order to utilize these robust tools to their full capacity, comparisons between/among groups of HBO clients are needed. As client enrollment continues, Cardea hopes there will eventually be a large enough dataset to conduct comparisons among clients based on how far along in their pregnancy/post-partum experience they were at enrollment. Clients enrolled later in the program (e.g. during the third trimester and/or post-partum) could serve as a natural comparison group for examining the HBO program's impact on birth outcomes. While it may be several years before the total number of enrolled clients is sufficient to stratify and compare outcomes, there is great potential to examine overall differences in the two groups or even to create matched pairs according to the demographic and health information collected during intake.

Another internal comparison option would be to explore a dose-response relationship between the number of interactions the client has with their HBO advocate or the number of types of services they receive and their maternal or infant health outcomes. In this analysis, we would recommend stratifying or controlling for trimester at program entry.

When defining comparison groups, HBO leadership should consider some general guidelines. While it is not possible to make precise sample size recommendations without specific analyses in mind, we recommend a minimum of 30 clients per analytical group in order to report and compare percentages. If HBO is examining factors within groups (e.g. stratifying by whether clients screened positive for substance use) or planning a multivariate analysis that includes several covariates within the same model, then a larger sample would be required.

### Recommended analyses

Based on communication with HBO program leadership, we understand that current capacity for data analysis is limited and varies depending on time of year and availability of staff and volunteers.

In general, we would recommend three types and levels of data reports:

- 1) A routine dashboard to monitor the quantity of clients and service provision over time and easily reportable program outcomes. Ideally, program staff would update/review this dashboard on a monthly or quarterly basis as capacity permits, and it would primarily function as an aid in programmatic decision-making.
- 2) An annual report documenting client characteristics and program outcomes. This would be a longer report to share with outside stakeholders and use for programmatic decision-making.
- 3) An impact evaluation to be conducted a few years down the road once the number of clients is sufficient to allow for comparisons among groups of clients. This could be useful for stakeholders interested in a more rigorous evaluation to demonstrate program efficacy. This

may be important for future funding as other home visiting programs have developed a strong evidence base from rigorous evaluation designs.

**Appendix E** includes a table of potential metrics that may be appropriate for each of these reports. The HBO program may need to determine priority metrics and reports based on capacity for data extraction and analysis. This appendix also includes a table which maps the new HOPE Network measures to where they can be found in the revised instruments, as well as a data dictionary for a few key maternal health outcome measures that can be particularly complicated to calculate.

**Appendix F** includes examples of a few interactive run charts and tables that might be included in a dashboard to assist with monitoring program enrollment and outcomes over time. Similar charts or tables could be created to track other key services or outcomes.

**Appendix G** provides a sample program advocacy tool based on the Theory of Change. The overarching idea behind this tool is to populate each step in the Theory of Change with a piece of compelling evidence regarding the services the program provides and the health outcomes of its clients. The metrics displayed are only suggestions to spark creativity for the person/people who might one day conduct impact analyses.

## Suggestions for adapting evaluation instruments in the future

Cardea recognizes that:

1. Priorities for funders, organizations, and regional networks change based on new research or frameworks that come into standard adoption.
2. Implementation of instruments with real clients highlights unforeseen challenges with the way instruments have been drafted.

As such, we understand that over the course of several years the instruments as they were drafted by Cardea will likely shift. **Appendix H** contains some guidance on modifying the drafted instruments using a Green Light, Yellow Light, Red Light framework, borrowed from much of our work with education curricula. The items in Appendix H include a table with examples of Green, Yellow, and Red Light Adaptations as well as copies of the drafted instruments with general guidance on which items will typically be green, yellow, or red.

*Green Light Adaptations* are relatively harmless changes, that are often encouraged, to an instrument or data collection protocol to better fit clients or to align with changing best practices and priorities in the field of maternal and child health. *Yellow Light Adaptations* are changes that should be made with caution and typically result in issues of comparability of data across time. Before making changes to these items, it would be wise to consult someone within the field of data and information science. *Red Light Adaptations* could seriously detract from HBO's ability to document impact or align with HEDIS and other nationally recognized measures. These adaptations should be avoided if at all possible, or an expert on data and evaluation design should be contacted to discuss the potential shift.

Cardea emphasizes that any modifications to HBO's instruments once they are in the implementation should be carefully documented—including the exact date when advocates started implementing

updated forms. All advocates should also begin using updated forms at exactly the same time. Further, the extent to which HBO can minimize the number of updates the forms receive over time will be beneficial to data analysis. Cardea suggests that HBO *implement the forms for at least one quarter (3 months)* before updating the forms. At the end of that quarter, we recommend that HBO staff and leadership sit down with the guidance on adaptations and considering adaptations to address any issues of immediate concern. After any initial changes to instruments, we suggest updates be as infrequent as possible or about once every 12 months; this is more critical for yellow and red light adaptations.

Before implementing updated forms with clients, YWCA should consult the appropriate internal staff to update ClientTrack or YWCA's current database to reflect any changes to the forms. Fields with updated terminology should become entirely new fields in the database on the backend—a statistician can merge these separate fields (the old and updated fields) if warranted later. To ensure data quality during the analysis phase, avoid data entry for updated forms using database forms structured for old forms that are no longer used. As recommended earlier, Cardea suggests that data entry occur within two weeks of completing a form with a client, with this aforementioned exception.

## Appendix A –HBO Theory of Change

### Overview of Life Course Theory and MCH Pyramid of Services

The Theory of Change was grounded in Life Course Theory and the Health Resource and Service Administration Maternal Child Health Bureau Strategic Plan<sup>1</sup>. MCHB is currently working toward developing a framework and action plan that integrates Life Course Theory in order to promote optimal health and healthy development across the lifespan, as well as across generations, and that promotes equity in health across communities and populations<sup>2</sup>.

Life Course Theory identifies four key components that impact health: timeline (i.e., past experiences and exposures impact current health), timing (i.e., certain critical or sensitive periods in life have greater impact on health trajectories), environment (i.e., individual's health is strongly impacted by the broader biologic, physical, and social environment), and equity (i.e., health inequities cannot be wholly attributed to genetics and personal choice). The MCH Pyramid of Services categorizes HRSA services into four key areas: Infrastructure-building services (e.g., evaluation, policy development, information systems, etc.), population-based services (i.e., health services and education that should be universally available to all mothers and children such as newborn screening, immunizations, oral health), enabling services (i.e., services to assist women in accessing the health and social service system), and direct health care services (gap-filling, direct clinical care for clients without access to needed services)

HBO takes a life course perspective by recognizing that infant health is impacted by maternal health (timeline), that intervention is particularly critical during the prenatal and perinatal periods (timing), that women's health is impacted by availability and access to resources within their community (environment), and that low income and women of color should be prioritized (equity). HBO's model of providing instrumental, informational, emotional, and affiliations support to expectant and new mothers fits within the enabling services level of the MCH Pyramid of Services.

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<sup>1</sup> Rethinking MCH: The Life Course Model as an Organizing Framework. HRSA Concept Paper 2010; HRSA MCH pyramid <http://mchb.hrsa.gov/programs/>

<sup>2</sup> Rethinking MCH: The Life Course Model as an Organizing Framework. HRSA Concept Paper 2010; HRSA MCH pyramid <http://mchb.hrsa.gov/programs/>

# Maternal and Child Health Pyramid of Health Services

<http://ftp.hrsa.gov/mchb/titletoday/UnderstandingTitleV.pdf>



Source: <http://mchb.hrsa.gov/programs/>



# healthy birth outcomes program theory of change

**Guiding Philosophy:** Healthy moms lead to healthy babies. Flexible, client-directed support during pregnancy through one year post-partum helps low-income and women of color meet self-identified needs/goals.

## Resources & Context

- ✓ Trained staff
- ✓ Funding
- ✓ Referral networks
- ✓ Clients intent

Client culture & experiences

Physical, social, & economic context (racism, poverty, etc.)

## Program Activities & Outputs

Ongoing, monthly client needs assessment

### Instrumental support

- ✓ provide resources & supplies
- ✓ link to services
- ✓ advocate & navigate

### Informational support

*educate, plan, set goals*

### Emotional support

*listen, reassure*

### Affiliational support

*identify, strengthen client's social networks*

Ongoing data collection & quality improvement

## Outcomes for Mother

### ↑ engagement in services:

- ✓ Prenatal & postpartum care
- ✓ primary & other healthcare
- ✓ ancillary services

### ↑ maternal & child health knowledge & skills

e.g. body changes, birth and childcare planning, child safety, etc.

### ↑ resilience & sense of community

↑ self-efficacy, confidence, motivation  
↓ stress, isolation

## Outcomes for Baby

### Improved birth outcomes, e.g.

↓ infant mortality  
↓ preterm birth  
↓ low birthweight

### Improved health care & outcomes, e.g.

↑ # pediatric visits  
↑ # infant vaccinations  
↓ infant mortality

## Community Impact

Improved health equity



## Appendix B. Rationale for evidence-based measures included in revised instruments

	HOPE requires	Construct	Brief Description	HBO data source	References for indicators	References' descriptions of Indicators	Additional Comments/Notes	Relevant column in TOC
maternal characteristics & challenges	insurance	demographics	maternal and paternal age, race, ethnicity, education, marital status, nativity, health insurance, urban-rural residence, WIC participation	Intake survey	MIHVP Eval—Strong Start; references Birth Certificate; HRSA NOM 2015	MIHVP birth certificate measures: maternal and paternal age, race, ethnicity, education; HRSA NOM 2015 available stratifies: maternal age, educational attainment, marital status, nativity (born in/out US), plurality (single/multiple birth), race/eth, urban-rural residence, WIC participation, health insurance (private, Medicaid, other public, uninsured)		intake characteristics
	financial issues	low income	household income/family size	Intake survey	MIHVP Eval—Strong Start; references Supporting Healthy Marriage (SHM) 12 mo follow-up surveys and HIE-EHS	BASELINE low income is strongly associated with poor birth outcomes; baseline survey to collect earned & household income, household composition		intake characteristics
		estimated due date	estimated due date	Intake survey			Useful for calculating other measures based on	intake characteristics
		Depression	mother screened positive for depression	Intake survey	MIHVP Eval—Strong Start; references CES-D	Screen using CES-D or PHQ-2	PHQ-2 is shorter but CES-D is what the MIHVP initiative is using	intake characteristics/outcomes
		postpartum depressive symptoms	mother screens positive for postpartum depression	Post birth survey	HRSA Child Health USA 2013, references CDC Pregnancy Risk Assessment Monitoring System; ACOG recommends screening	Postpartum Depressive Symptoms* Among Mothers with a Recent Live Birth, by Maternal Education & by race/eth* *Defined as a sum of 10 or higher in response to 3 questions of how often the mother reported feeling down, depressed, or sad; hopeless; or slowed down since the birth of the baby, where 1=never, 2=rarely, 3=sometimes, 4=often, 5=always.†		outcomes
		intimate partner violence	mother screened positive for intimate partner violence	Intake survey	MIHVP Eval—Strong Start; references others	IPV - conflict tactics scale (straus et al 1996) and women's experience with battering-short form (smith 1999)	important maternal health indicator for HEDISL. Used HITS inventory, which has 4 items	intake characteristics
		smoking during pregnancy number cigarettes	number of cigarettes mother smoked during pregnancy (categorized)	Intake survey	MIHVP Eval—Strong Start; references Birth Certificate	total # of cigarettes smoked during pregnancy	smoking highly associated with poor birth outcomes.	intake characteristics
		smoking during pregnancy (any)	mother smoked cigarettes during pregnancy (yes/no)	Intake survey	HRSA NOM 2015	HRSA NPM 2015: A) Number of women who report smoking during pregnancy Denominator: A) Number of live births	smoking highly associated with poor birth outcomes.	intake characteristics
	x	food insecurity	mother screens positive for food insecurity (NHANES short form)	Intake survey	MIHVP Eval—Strong Start; references NHANES short form	BASELINE food insecurity (associated with weight gain during pregnancy which can lead to complications)		intake characteristics/outcomes
		maternal health	mother experienced miscarriage, fetal death, or infant mortality in the year prior to becoming pregnant	Intake survey	MIHVP Eval—Strong Start; references Birth Certificate	BASELINE maternal health - miscarriages, fetal death, or infant mortality in the year prior to becoming pregnant		intake characteristics
		anxiety	mother screened positive for anxiety	Intake and post birth survey	MIHVP Eval—Strong Start; references GAD-7	BASELINE anxiety		intake characteristics/outcomes
		maternal morbidity	mother had diabetes, gestational diabetes, hypertension, or gestational hypertension (or other serious health conditions) during pregnancy	Intake survey	MIHVP Eval—Strong Start; references Birth Certificate; HRSA NOM 2015	BASELINE?? MIHVP: illnesses and health conditions during current pregnancy -e.g. diabetes, gestational diabetes, gestational hypertension, other high-risk factors; HRSA Child Health USA 2013 reports chronic diabetes, gestational diabetes, chronic hypertension, pregnancy-associated hypertension;  HRSA NOM 2015: "Severe Maternal Morbidity" Numerator: Number of deliveries hospitalizations with an indication of severe morbidity from ICD-10 diagnosis or procedure codes (e.g. heart or kidney failure, stroke, embolism, hemorrhage). Denominator: Number of delivery hospitalizations		intake characteristics/outcomes
maternal outcomes	x	Timeliness of Prenatal Care	Date of first prenatal visit	Service record/wallet card or medical record	HRSA NOM 2015; NCOA/HEDIS child and maternal core sets; MIHVP Eval—Strong Start; references APNCU 2-M index and Birth Certificate	HRSA NOM 2015: Percent of pregnant women who receive prenatal care beginning in the first trimester Numerator: Number of live births with reported first prenatal visit during the first trimester (before 13 weeks' gestation) in the calendar year Denominator: Number of live births  HEDIS: Percentage of Medicaid/CHIP deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that had a prenatal care visit in the first trimester or within 42 days of enrollment in Medicaid/CHIP Visits can be to a PCP but must include: A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height (a standardized prenatal flow sheet may be used). Ultrasound and lab results alone should not be considered a visit; they must be linked to an office visit with an appropriate practitioner in order to count for this measure.		Outcomes

	HOPE requires	Construct	Brief Description	HBO data source	References for indicators	References' descriptions of Indicators	Additional Comments/Notes	Relevant column in TOC
	x	Frequency of Ongoing Prenatal Care	Mother attended at least 80% of ACOG-recommended prenatal visits	Service record/wallet card or medical record	NCQA/HEDIS child and maternal core sets;  MIHVP Eval—Strong Start; references APNCU 2-M index and Birth Certificate	ACOG recommended visit schedule: o Advise office visit at 8-10 weeks of pregnancy (or earlier if the patient is at risk for ectopic pregnancy) o Every 4 weeks for first 28 weeks. o Every 2 – 3 weeks until 36 weeks gestation. o Every week after 36 weeks gestation  MIHVP is using the APNCU-2 M index: *No care *Inadequate care (initiate late OR report fewer than 80% of recommended visits *Adequate care (begin care in months 1-4 of pregnancy and receive 80 to 109% of recommended visits *Adequate plus (ratio of actual to expected # of visits exceeds 1.1 and difference between actual # of visits exceeds the expected # of visits by 2 or more)  HEDIS: Percentage of Medicaid/CHIP deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that had the following number of expected prenatal visits: * < 21 percent of expected visits * 21 percent – 40 percent of expected visits * 41 percent – 60 percent of expected visits * 61 percent – 80 percent of expected visits * ≥ 81 percent of expected visits		outcomes
	x	Postpartum Care Rate	Mother had postpartum visit between 21 days and 56 days after delivery	Service record/wallet card or medical record	NCQA/HEDIS adult and maternal core sets	Percentage of deliveries of live births between November 6 of the year prior to the measurement year and November 5 of the measurement year that had a postpartum visit on or between 21 and 56 days after delivery.		outcomes
		maternal mortality	date of mother death due to pregnancy-related cause	reported to YWCA/medical records	HRSA NOM 2015; HRSA Child Health USA 2013, references CDC Pregnancy Mortality Surveillance System	HRSA NOM 2015: Numerator: Number of deaths related to or aggravated by pregnancy and occurring within 42 days of the end of a pregnancy Denominator: Number of live births  A pregnancy-related death is defined as a death which occurs during or within one year of the end of a pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes such as injury. <sup>1</sup> Cardiovascular Disease 14.6 Infection/Sepsis 14.0 Non-Cardiovascular Diseases 11.9 Cardiomyopathy (Heart Muscle Diseases) 11.8 Hemorrhage (Uncontrolled Bleeding) 11.0 Hypertensive Disorders of Pregnancy 9.9 Thrombotic Pulmonary Embolism (Blood Clot in Lung) 9.4 Cerebrovascular Accidents (Stroke) 6.1 Amniotic Fluid Embolism 5.4 Anesthesia Complications 0.6  *The cause of death was unknown for 5.3% of all pregnancy-related deaths. <sup>†</sup>	HRSA 2013 reported on an expanded definition of maternal mortality thorough 1 year postpartum.	outcomes
		maternal hospitalization	mother visited ED or was admitted to hospital during pregnancy	survey/medical records	MIHVP Eval—Strong Start	health care use beyond prenatal care: ED visits and hospital admissions during pregnancy		Outcomes
HBO services		HBO service dosage - duration	client duration of enrollment (enrollment and exit date)	service records	MIHVP Eval—Strong Start	duration of enrollment	can be used with estimated conception date to	services
		HBO service dosage - reasons for disenrollment	client reasons for disenrollment	service records	MIHVP Eval—Strong Start	reasons for disenrollment		services
		HBO service dosage - number and type of encounters	advocate number of visits/interaction with client by type of visit/interaction	service records	MIHVP Eval—Strong Start	number of encounters	differentiate by type of interaction (face to face, phone, etc.)	services
		HBO service dosage - spacing and time of encounters	dates and length of each visit/interaction	service records	MIHVP Eval—Strong Start	date, length of each visits/interaction;  use to compute % of intended monthly interactions for each client; % of clients that had at least 1 interaction per month with advocate (Fidelity of dosage can be measured in a straightforward way as the proportion of the intended dosage that was actually received by an individual or, in aggregate, provided by a local program or national model to its enrollees.)	would add format (phone, ftf, etc.)	services
	x	Maternity Care – Behavioral Health Risk Assessment	Advocate screened mother for depression, alcohol use, tobacco use, drug use, AND intimate partner violence	service records	NCQA/HEDIS child and maternal core sets - references AMA-PCPI	Percentage of women, regardless of age, who gave birth during a 12-month period seen at least once for prenatal care who received a behavioral health screening risk assessment that includes the following screenings at the first prenatal visit: depression screening, alcohol use screening, tobacco use screening, drug use screening (illicit and prescription, over the counter), and intimate partner violence screening	HBO advocates should screen for these areas - WA first steps screening, or various other instruments PHQ-2, GAD-8, CAGE AID or AUDIT-C, HITS, etc.	services
		Screening for Clinical Depression and Follow-Up Plan	Advocate screened mother for depression	service records	NCQA/HEDIS adult and behavioral health core sets references CMS qipa.org; MIHVP Eval—Strong Start; references CES-D	Percentage of Medicaid enrollees age 18 and older screened for clinical depression on the date of the encounter using an age-appropriate standardized depression screening tool, and if positive, a follow-up plan is documented on the date of the positive screen	could include screening items for depression (PHQ-2 has only 2 items). could also track referrals, and if initiated treatment;  important maternal health indicator for HEDIS	services
	x	service content	Advocate referred client to services for depression, substance use, intimate partner violence, smoking, and/or inadequate prenatal care, as indicated by	service records	MIHVP Eval—Strong Start	referrals to other services and supports during each visit, specifically referrals for: depression, substance use, intimate partner violence, smoking, and inadequate prenatal care		services
		significant life changes - modify to track specifics	client experienced significant life change (found housing, got a job, got into treatment, started counseling, etc.)	Exit survey				outcomes
	x	Hope service measures	TBD	service records				services
child outcomes	x	child's birth date	child's birth date	post birth survey			Useful for calculating other measures based on	intake characteristics/outcomes

	HOPE requires	Construct	Brief Description	HBO data source	References for indicators	References' descriptions of Indicators	Additional Comments/Notes	Relevant column in TOC
	x	Birth weight	child's birth weight in grams	post birth survey	MIHVP Eval—Strong Start; references Birth Certificate; HRSA Child Health USA 2013; HRSA NOM 2015; NCQA/HEDIS child and maternal core sets - reference CDC	Birth weight in grams  HRSA NOM 2015 categorizes as follows: <b>Moderately low birthweight</b> =Numerator: Number of live births weighing between 1,500-2,499 grams Denominator: Number of live births  <b>Low birth weight</b> - Binary indicator of birth weight <2,500 g; HRSA NOM 2015: Numerator: Number of live births weighing less than 2,500 grams Denominator: Number of live births  MIHVP eval defines <b>Small-for-gestational age</b> - Binary indicator of birth weight below the 10th percentile for gestational age	studies that assess the impact of interventions on birth outcomes typically focus on the likelihood of women giving birth to low or very low birth weight or preterm infants (Table 5.2). In addition, babies born small-for-gestational-age, which reflects restricted fetal growth, are at higher risk of health complications <sup>7</sup> .	outcomes
	x	Gestation weeks	weeks gestation at birth	post birth survey	MIHVP Eval—Strong Start; references Birth Certificate; HRSA Child Health USA 2013; HRSA NOM 2015	weeks gestation at birth  HRSA categorizes this in 2 different ways: NOM 2015 categorizes as follows: <b>"Preterm birth</b> - Binary indicator of gestation <37 weeks; Numerator: Number of live births before 34 weeks of completed gestation. Denominator: Number of live births""Preterm birth - Binary indicator of gestation <37 weeks; <b>Preterm birth - &lt;34 weeks gestation;</b> Numerator: Number of live births before 37 weeks of complete gestation Denominator: Number of live births <b>Preterm birth - 34-36 weeks gestation;</b> Numerator: Number of live births between 34 and 36 weeks of completed gestation Denominator: Number of live births <b>Early term birth - 37-38 weeks gestation;</b> HRSA NOM 2015:Numerator: Number of live births born at 37,38 weeks of completed gestation Denominator: Number of live births  <b>HRSA has also reported by the following categories: 34-36 weeks; 32-33 weeks, less than 32 weeks</b>		outcomes
	x	Cesarean Section for Nulliparous Singleton Vertex	mother had cessarean section when not medically required	post birth survey	NCQA/HEDIS child and maternal core sets - reference Joint Commission; HRSA Child Health USA 2013; HRSA NPM 2015; MIHVP Eval—Strong Start	Percentage of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section (NCQA); Healthy People 2020 has set national objectives to reduce the cesarean delivery rate by ten percent among low-risk women giving birth for the first time and among low-risk women with a prior cesarean section. <sup>5</sup> Low-risk is defined as non-breech, singleton deliveries at 37 weeks or more gestation (HRSA Child Health USA 2013);  HRSA NPM 2015: Numerator: Number of cesarean delivery among term (37+ weeks), singleton, vertex births to nulliparous women Denominator: Number of term (37+ weeks), singleton, vertex births to nulliparous women	MIHVP considers this an 'exporatory' outcome, but this is required for HEDIS	outcomes
	x	fetal mortality	Miscarriage/stillbirth	post birth survey	HRSA Child Health USA 2013	Fetal mortality is defined as the death of a fetus prior to birth, regardless of gestational age. Based on survey data, more than a million fetal losses are estimated to occur annually in the United States, most of which are early fetal losses, also called miscarriages. <sup>1</sup> Only fetal deaths at 20 or more weeks' gestation—often called stillbirths— are generally reported by states in the National Vital Statistics System.	reported overall and by weeks gestation (20-27 weeks, 28 weeks or more), also by maternal race/eth	Outcomes
	x	infant mortality date	infant death, days post-birth	post birth survey	Washington State MCH measures, references Title V - Maternal Child Health National OUTCOME Measures; HRSA NOM 2015; HRSA Child Health USA 2013 references National Vital Statistics Reports	HRSA NOM 2015: Numerator: Number of deaths to infants from birth through 364 days of age Denominator: Number of live births  HRSA Child Health USA 2013: Currently, about two-thirds of infant deaths in the United States occur before 28 days (neonatal mortality: 4.04 per 1,000 live births), with the remaining third occurring in the postneonatal period between 28 days and under 1 year (2.01 per 1,000 live births).  The perinatal mortality rate per 1,000 live births plus fetal deaths.;NRSA HRSA NOM 2015: Numerator: Number of fetal deaths 28 weeks or more gestation plus early neonatal deaths occurring under 7 days Denominator: Number of live births plus fetal deaths.  Neonatal mortality is generally related to short gestation and low birth weight and other perinatal conditions related to prematurity as well as congenital malformations, while postneonatal mortality is mostly related to Sudden Infant Death Syndrome (SIDS), congenital malformations, and unintentional injuries.	reports by age at death (infant - under 1 year, neonatal - under 28 days, postneonatal- between 28 days and 1 year) & race/eth; Washington state tracks black to white infant mortality ratio % has goal to decrease infant mortality among native population	Outcomes

	HOPE requires	Construct	Brief Description	HBO data source	References for indicators	References' descriptions of Indicators	Additional Comments/Notes	Relevant column in TOC
		infant mortality causes	infant cause of death: SUID, pre-term related mortality, motor vehical crashes, other reasons?	post birth survey	HRSA Child Health USA 2013 references Healthy People 2020 and American Academy of Pediatrics; HRSA NOM 2015; WA State MCH measures -motor vehicals	SUID includes sudden infant death syndrome (SIDS) and other sleep-related infant deaths due to unknown cause and accidental suffocation and strangulation in bed; overall and by cause (SUID, unknown cause, or accidental suffocation and strangulation in bed) HRSA NOM 2015: Numerator: Number of sleep-related SUID deaths to infants Denominator: Number of live births  HRSA NOM 2015: Numerator: Number of deaths due to preterm-related causes. Causes are defined as preterm-related if 75% or more of infants whose deaths were attributed to that cause were born at at less than 37 weeks of gestation, and the cause of death was a direct consequence of preterm birth based on a clinical evaluation and review of the literature. This includes low birth weight, several maternal complications, respiratory distress, bacterial sepsis, etc. To be included as a preterm-related death, the infant must have been born preterm (<37 completed weeks of gestation) with the underlying cause of death assigned to one of the following ICD-10 categories: K550, P000, P010, P011, P015, P020, P021, P027, P070-P073, P102, P220-229, P250-279, P280, P281, P360-369, P520-523, and P77. Denominator: Number of live births		Outcomes
	x	Well-Child Visits	Number of well-child visits during child's first 60 days and first year postpartum	Service record/wallet card or medical record	NCQA/HEDIS child and maternal core sets - reference CDC	*# of well infant office visits in first 60 days postpartum (may increase the likelihood of receipt of adequate immunizations.) / % of children with at least 1 *# of well infant office visits in first year postpartum (may increase the likelihood of receipt of adequate immunizations.) / % of children with at least 1 *Somewhat different NCQA/HEDIS measure: Percentage of children who turned 15 months old during the measurement year and had zero, one, two, three, four, five, or six or more well-child visits with a PCP during their first 15 months of life. Denominator: Number of live births	Need to operationalize in a way that's easy for mother's to report - maybe just dates of visits?  NCQA states that visits with physician assistants, nurse practitioners, and midwives are considered valid	outcomes
		childhood vaccinations	proportion of recommended childhood vaccinations child received?	Service record/wallet card or medical record	MIHVP Eval	receipt of childhood immunizations	exit interview/survey - not clear how this is operationalized. Infant vax recommendations from CDC include Hep B, RV, Dtap, Hib, PCV, IPV exit interview	Outcomes
		child influenza vaccination	child received flu shot	Service record/wallet card or medical record	HRSA NOM 2015	HRSA NOM 2015: Numerator: Number of children 6 months through 17 years who are vaccinated annually against seasonal influenza Denominator: Number of children ages 6 months through 17 years		Outcomes
	x	breastfed 6 months	child breastfed ever, child breastfed exclusively through 6 months of age	Exit survey	Washington State MCH measures, references Title V - Maternal Child Health National Performance Measures; HRSA NPM 2015	HRSA NPM 2015: Numerator: A) Number of infants who were ever breastfed B) Number of infants breastfed exclusively through 6 months Denominator: A) Number of infants born in a calendar year B) Number of infants born in a calendar year		Outcomes
		child in good or excellent health	mother reports child is in good or excellent health	Exit survey	HRSA NOM 2015 references National Survey of Children's Health (NSCH)	HRSA NOM 2015: Numerator: Number of children ages 0 through 17 reported by their parents to be in excellent or very good health Denominator: Number of children ages 0 through 17		outcomes
	x	child without insurance	child has health insurance	Exit survey	Washington State MCH measures, references Title V - Maternal Child Health National PERFORMANCE Measures; HRSA NOM 2015; HRSA NPM 2015	Percent of children without health insurance.  HRSA NOM 2015: Numerator: Number of children ages 0 through 17 who are not covered by any private or public health insurance (including Medicaid or risk pools) at some time during the reporting year Denominator: Number of children ages 0 through 17 under 18 (estimated by Census Bureau);  HRSA NPM 2015: Numerator: Number of children, ages 0 through 17, who were reported to be adequately insured, based on 3 criteria: whether their children's insurance covers needed services and providers, and reasonably covers costs. If a parent answered "always" or "usually" to all three dimensions of adequacy, then the child was considered to have adequate insurance coverage. (No out-of-pocket costs were considered to be "always" reasonable.) Denominator: Number of children, ages 0 through 17		outcomes
	x	abortion	abortion	post birth survey				outcomes
	x	multiple births	multiple births	post birth survey				outcomes
	x	healthy birth	HBO measure - not defined	post birth survey				outcomes
	x	NICU admission	child admitted to NICU after birth	post birth survey	MIHVP Eval—Strong Start; references Birth Certificate; HRSA Child Health USA 2013	NICU use: Although there is limited evidence that home visiting may reduce NICU use after birth, it is considered a key outcome because it is an important consequence of improved birth outcomes and a potential source of savings for the Medicaid system	some studies have shown impact on this, though the mechanism is unclear. HRSA also references this and cites CDC Pregnancy Risk Assessment Monitoring System	Outcomes
		length of hospital stay	days in hospital after delivery	post birth survey	MIHVP Eval—Strong Start; HRSA Child Health USA 2013	additional exploratory outcomes: length of hospital stay after delivery		Outcomes
		birth defects	child has congenital abnormalities	post birth survey	HRSA Child Health USA 2013	Although the causes of most birth defects are unknown, birth defects are thought to be caused by a combination of genetic, behavioral, and environmental factors. Congenital heart defects are the most common type of birth defect in the United States, affecting nearly 1% of—or about 40,000—births per year.6 Trisomy 21, or Down syndrome, is a common birth defect with an estimated 6,000 cases identified annually.7 Orofacial clefts, including cleft lip and cleft palate, are another common type of birth defect with approximately 7,000 cases identified annually.8	HRSA references data from National Birth Defects Prevention Network. Not all states report this. Categorized by birth defect category (chromosomal aHRSA NOM 2015)olies, neural tube defects, orofacial defects) - **Chromosomal aHRSA NOM 2015alies estimates were adjusted for maternal age, and neural tube defects estimates were adjusted for maternal	Outcomes
	x	sleep on back	infant sleeps on back	post birth survey	HRSA NPM 2015	HRSA NPM 2015: Numerator: Number of mothers reporting that they most often place their baby to sleep on their back only Denominator: Number of live births		outcomes

	HOPE requires	Construct	Brief Description	HBO data source	References for indicators	References' descriptions of Indicators	Additional Comments/Notes	Relevant column in TOC
		child medical home	child has established a primary care provider	Exit survey	HRSA NPM 2015	HRSA NPM 2015: Numerator: Number of children with and without special health care needs, ages 0 through 17, who meet the criteria for having a medical home Denominator: Number of children and adolescents, ages 0 through 17		outcomes
		PC-01: Elective Delivery	mother elected to induce pregnancy during weeks 37 or 38	post birth survey	NCQA/HEDIS adult and maternal core sets - reference Joint Commission; HRSA NOM 2015	Percentage of Medicaid and CHIP enrolled women with elective vaginal deliveries or elective cesarean sections at ≥37 and <39 weeks of gestation completed;  HRSA NOM 2015: Numerator: Number of inductions or cesareans without labor or spontaneous rupture of membranes among deliveries at 37, 38 weeks' gestation without conditions possibly justifying elective delivery <39 weeks according to The Joint Commission Denominator: Number of deliveries at 37, 38 weeks' gestation without conditions possibly justifying elective delivery <39 weeks according to The Joint Commission		outcomes
<b>Measures that HBO leadership decided to leave out but hold for future consideration:</b>								
<b>program</b>		service availability, accessibility, and coordination	Coverage of community services and strenght of referral networks	qualitative interview with program staff & document review	MIHVP Eval—Strong Start	Availability of relevant community services will be measured by surveying home visiting program staff about their experiences with services including: prenatal care, maternal preventive care, family planning services, mental health care and substance use treatment, services to address family violence, and pediatric primary care. Specifically, for various types of family service needs, program managers and home visitors are being asked whether there is at least one organization in the community that they can refer families to, whether they think it is easy or hard for families to get services from that organization, whether they perceive the organization to be effective in meeting their families' needs, and how well they are able to share information about referred families with this organization. In addition, program managers are being asked whether organizations place families on waitlists, whether families experience difficulty accessing services, and to identify various reasons for those difficulties. This information will be used to create a measure of service availability for each outcome, as well as measures of service accessibility and coordination with the home visiting program.	compare/contrast Seattle to south KC	program characteristics and areas for improvement
		clarity of program focus	Clarity of program focus	qualitative interview with program staff & document review	MIHVP Eval—Strong Start	surveying program managers about which outcomes are highest priority, how explicitly the program communicates this priority to staff through its policies about home visitors' roles and responsibilities with respect to birth outcomes, and how much structure and discretion staff are given in working with families.		program characteristics and areas for improvement
		service content	theory of change specifies activities for each relevant outcomes domain	document review	MIHVP Eval—Strong Start	content/activities specified in theories of change for each relevant outcome domain		program characteristics and areas for improvement
		staff training	advocates receive training around prenatal health, mental health, substance abuse, and smoking	qualitative interview with program staff & document review	MIHVP Eval—Strong Start	educational credentials & training around prenatal health, mental health, substance abuse, and smoking	would recommend adding description of any training staff undergo to program description	program characteristics and areas for improvement
<b>maternal characteristics &amp; challenges</b>	x	mother's ACES score	mother's score on the Adverse Childhood Experiences scale	intake survey	Washington State MCH measures, references STATE performance measures	Percent of households with children (0-18yrs) in which the reporting adult has an Adverse Childhood Experience (ACE) score of 3 or more.	baseline context	intake characteristics

## **Healthy Birth Outcomes (HBO)**

YWCA Seattle | King | Snohomish

These forms to be completed during or soon after enrollment:

- ☐ INTAKE PACKET – complete at enrollment
  - YWCA CLIENTTRACK INTAKE FORM
  - Intake form addendum
  - Pregnancy and health related information
  
- ☐ INITIAL SCREENING – complete within 30 days of enrollment (or before expected due date if client is more than 8 months pregnant at enrollment)
  - Initial screening form
  - Needs/challenges section of Needs and Goals Tracker

# INTAKE PACKET

## CLIENTRACK INTAKE FORM



First Name: _____ Last Name: _____ Social Security Number: XXX-XXXX- _____ Date of Birth: _____	<b>To be completed by YWCA STAFF:</b> Program Name: _____ Case Manager: _____ Intake Date: _____
<b>1. Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender (Male to Female) <input type="checkbox"/> Transgender (Female to Male) <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<b>6. Limited English</b> <input type="checkbox"/> No – Fluent <input type="checkbox"/> Don't Know <input type="checkbox"/> Yes – Interpreter Needed <input type="checkbox"/> Refused <input type="checkbox"/> Yes – No Interpreter Needed
<b>2. Household Composition</b> a. Household with Minors Under 18 <input type="checkbox"/> Single parent female <input type="checkbox"/> Single parent male <input type="checkbox"/> Two parents <input type="checkbox"/> Other related household b. Single Person Household <input type="checkbox"/> Female adult <input type="checkbox"/> Male adult <input type="checkbox"/> Single minor c. Shared Adult Household <input type="checkbox"/> Partnered/Married <input type="checkbox"/> Other related adults  <input type="checkbox"/> Household Composition Unknown	<b>7. Immigrant Status</b> <input type="checkbox"/> Not an Immigrant/Refugee <input type="checkbox"/> Don't Know <input type="checkbox"/> Immigrant/Refugee <input type="checkbox"/> Refused
	<b>8. Is client homeless?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
	<b>9. Has client ever served on active duty in the U.S. Military?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
	<b>10. Does client have a disabling condition?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<b>3. Relationship to Head of Household</b> <input type="checkbox"/> H of H <input type="checkbox"/> Guardian <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Other Family Member <input type="checkbox"/> Daughter <input type="checkbox"/> Other Non-Family Member <input type="checkbox"/> Dependent Child <input type="checkbox"/> Member <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Caretaker	<b>11. What ZIP CODE does the client live in?</b> _____
<b>4. Ethnicity</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Don't Know <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Refused	<b>12. What CITY does the client live in?</b> _____ *If client is homeless provide the zip code and city where they previously lived.
<b>5. Race (check all that apply)</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hawaiian Native/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Other Race <input type="checkbox"/> Unknown	<b>13. Has the client experienced domestic violence?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
	<b>14. How many people live in the household?</b> _____
	<b>15. Household's yearly gross income?</b> _____

**16. Income Category - Circle the household's category based on: # in household and yearly income.**

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Category A - Very Low	Up to \$18,550	Up to \$21,200	Up to \$23,850	Up to \$26,450	Up to \$28,600	Up to \$30,700	Up to \$32,800	Up to \$34,950
Category B - Low	\$18,551 to \$30,900	\$21,201 to \$35,300	\$23,851 to \$39,700	\$26,451 to \$44,100	\$28,601 to \$47,650	\$30,701 to \$51,200	\$32,801 to \$54,700	\$34,951 to \$58,250
Category C - Moderate	\$30,901 to \$44,750	\$35,301 to \$51,150	\$39,701 to \$57,550	\$44,101 to \$63,900	\$47,651 to \$69,050	\$51,201 to \$74,150	\$54,701 to \$79,250	\$58,251 to \$84,350
Category D - Above Moderate	\$44,751 or More	\$51,151 or More	\$57,551 or More	\$63,901 or More	\$69,051 or More	\$74,151 or More	\$79,251 or More	\$84,351 or More

**17. Region where client is receiving services**

☐ East King County   ☐ Seattle   ☐ Snohomish County   ☐ South King County   ☐ State-wide



## INTAKE FORM ADDENDUM

Client Name: \_\_\_\_\_ Advocate Name: \_\_\_\_\_ Intake Date: \_\_\_\_\_  
MM / DD / YYYY

### **DEMOGRAPHICS (in addition to YWCA form)**

**Where was client born?** (circle one)     U.S. / Outside the U.S. / Don't know

#### **Client's highest level of education completed?**

- |   |  |
|---|--|
| <input type="checkbox"/> Did not complete high school   | <input type="checkbox"/> 2 year college degree           |
| <input type="checkbox"/> High school graduate/GED       | <input type="checkbox"/> 4 year college degree           |
| <input type="checkbox"/> Some college/vocational school | <input type="checkbox"/> More than 4 year college degree |
| <input type="checkbox"/> Don't know                     | <input type="checkbox"/> Refused                         |

#### **Client's medical insurance type?**

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Private                               | <input type="checkbox"/> Uninsured  |
| <input type="checkbox"/> Medicaid                              | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Other public (e.g. Medicare, Tricare) | <input type="checkbox"/> Refused    |

#### **If Medicaid, which Managed Care Organization?**

- |  |  |
|--|--|
| <input type="checkbox"/> Amerigroup                  | <input type="checkbox"/> Molina                          |
| <input type="checkbox"/> Community Health Plan of WA | <input type="checkbox"/> UnitedHealthcare Community Plan |
| <input type="checkbox"/> Coordinated Care            | <input type="checkbox"/> Other: _____                    |
| <input type="checkbox"/> Don't know                  |  |

**Client currently enrolled in WIC?**     ☐ Yes    ☐ No    ☐ Don't know    ☐ Refused

#### **Which of the following best describes the client's housing status?**

- ☐ Stably housed
- ☐ Unstably housed and at risk of losing housing
- ☐ Imminently losing housing within 14 days and no feasible alternatives identified
- ☐ Literally homeless (e.g. streets, abandoned building, shelter, hospital, experiencing domestic violence, graduating or timing out of a transitional living program)
- ☐ Don't know
- ☐ Refused

## PREGNANCY AND HEALTH-RELATED INFORMATION

THE FOLLOWING QUESTIONS ARE ABOUT THE CLIENT'S CURRENT PREGNANCY. IF THE CLIENT ENROLLS POSTPARTUM, PLEASE ANSWER THE QUESTIONS FOR THE MOST RECENT PREGNANCY.

### What trimester of your pregnancy are you currently in?

- ☐ (1) 1st trimester
- ☐ (2) 2nd trimester
- ☐ (3) 3rd trimester
- ☐ (P) Postpartum
- ☐ Don't know

Do you know the estimated due date of your baby? \_\_/\_\_/\_\_ ☐ Don't Know

(enter birth date of the baby if enrolling postpartum)

Are you pregnant with a single baby, twins, triplets, etc.? ☐ Single ☐ Twins ☐ Triplets ☐ Don't know

### What type of parenting support do you have in place? (check all that apply)

- ☐ Parenting alone
- ☐ Co-parenting with:
  - ☐ Biological co-parent
  - ☐ Other co-parent
- ☐ Parenting without co-parent but with support from:
  - ☐ Family
  - ☐ Friends
- ☐ No parenting plan established
- ☐ Don't know
- ☐ Refused

Have you had any prenatal care visits for this pregnancy? ☐ Yes ☐ No ☐ Don't know

IF yes, do you remember the approximate date of your first prenatal care visit?

(prompt: how far along in your pregnancy were you?)

Approximate date: \_\_/\_\_/\_\_ OR Approximate # of weeks gestation: \_\_\_\_ weeks

IF date/weeks not known:

- ☐ 1st trimester
- ☐ 2nd trimester
- ☐ 3rd trimester
- ☐ Client never received prenatal care (postpartum enrollments only)

Where are you going for prenatal care? (If client hasn't gone to the doctor yet: where do you plan to go for prenatal care?)

Name of hospital/clinic: \_\_\_\_\_ ☐ Don't know ☐ Refused

Who is your prenatal care doctor? \_\_\_\_\_ ☐ Don't know ☐ Refused

Have you established a primary care provider? ☐ Yes ☐ No ☐ Don't know ☐ Refused

**Have you been/were you hospitalized at any point during this pregnancy (excluding labor/birthing)?**

☐ Yes ☐ No ☐ Don't know ☐ Refused

If yes, how many days were you in the hospital? \_\_\_\_

**Have you had/did you have any of the following health issues during this pregnancy? (Check all that apply)**

<i>Diabetes</i>	<i>Hypertension</i>	<i>Pregnancy resulted from infertility treatment</i>
<input type="checkbox"/> Yes, please specify:	<input type="checkbox"/> Yes, please specify:	<input type="checkbox"/> Yes, please specify:
<input type="checkbox"/> Pre-pregnancy (Diagnosis prior to this pregnancy)	<input type="checkbox"/> Pre-pregnancy (Chronic)	<input type="checkbox"/> Fertility-enhancing drugs; artificial insemination; or intrauterine insemination
<input type="checkbox"/> Gestational (diagnosis in this pregnancy)	<input type="checkbox"/> Gestational (PIH, preeclampsia)	<input type="checkbox"/> Assisted reproductive technology (IVF; gamete intrafallopian transfer (GIFT))
	<input type="checkbox"/> Eclampsia	
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Don't know/haven't been to the doctor	<input type="checkbox"/> Don't know/haven't been to the doctor	<input type="checkbox"/> Don't know
<input type="checkbox"/> Refused	<input type="checkbox"/> Refused	<input type="checkbox"/> Refused

☐ Other serious health condition, please specify: \_\_\_\_\_

THE FOLLOWING QUESTIONS ARE ABOUT PRIOR PREGNANCIES/BIRTHS, NOT THE CURRENT PREGNANCY. IF THE CLIENT IS ENROLLED IN HBO POST-PARTUM, HER MOST RECENT PREGNANCY SHOULD BE CONSIDERED "CURRENT" PREGNANCY.

**Prior to the current pregnancy, had you EVER been pregnant?**

☐ Yes ☐ No ☐ Don't know ☐ Refused

**If yes, did you experience any of the following?**

- |  |  |
|--|--|
| <input type="checkbox"/> Preterm birth                 | <input type="checkbox"/> Small-for-gestational age/intrauterine growth restricted birth) |
| <input type="checkbox"/> Miscarriage                   | <input type="checkbox"/> Previous cesarean delivery                                      |
| <input type="checkbox"/> Abortion/termination          | If yes, how many _____   |
| <input type="checkbox"/> Perinatal death               |  |
| <input type="checkbox"/> Previous vaginal delivery     |  |
| <input type="checkbox"/> Multiple births (twins, etc.) | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Don't Know                    | <input type="checkbox"/> Refused   |

**Did you have any other pregnancies in the 12 MONTHS before your current pregnancy?**

☐ Yes ☐ No ☐ Don't know ☐ Refused

**If yes, what was the outcome of that pregnancy/birth?**

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Healthy birth/baby       | <input type="checkbox"/> Miscarriage          | <input type="checkbox"/> Don't know   |
| <input type="checkbox"/> Baby had health problems | <input type="checkbox"/> Abortion/termination | <input type="checkbox"/> Refused      |
| <input type="checkbox"/> Still birth              | <input type="checkbox"/> Infant death         | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Don't know               | <input type="checkbox"/> Refused              |                                       |

I AM GOING TO GIVE YOU A CARD TO KEEP IN YOUR WALLET TO HELP YOU KEEP TRACK OF YOUR PRENATAL CARE VISITS. EACH TIME YOU VISIT THE DOCTOR, PLEASE ASK THEM TO FILL OUT THE CARD. WHEN WE MEET, WE CAN GO OVER IT TOGETHER. IF YOU LOSE THE CARD, JUST LET ME KNOW AND I CAN GIVE YOU ANOTHER ONE.

## INITIAL SCREENING

NOTE: PLEASE COMPLETE WITHIN 30 DAYS AFTER YOUR INITIAL MEETING WITH THE CLIENT. IF THE CLIENT IS MORE THAN 8 MONTHS PREGNANT, PLEASE COMPLETE BEFORE HER EXPECTED DUE DATE. TEXT ENCLOSED IN A BOX IS FOR THE ADVOCATE'S USE AND DO NOT INCLUDE TEXT OR QUESTIONS FOR CLIENTS.

**Date initial screening completed:** \_\_/\_\_/\_\_

***I am going to ask you some questions about your health in general. These are standard questions that we ask all of our clients so we can provide each client with the best possible care and so we can improve the array of services and referrals available through our program. Your responses will not impact your ability to participate in the program. If at any time you want to skip any of the questions, just tell me.***

Please circle the number under the client's response to each question

**1. Over the past 2 weeks, how often have you been bothered by...(READ a-b). Would you say: "not at all," "several days," "more than half the days," or "nearly every day?"**

	Not at all (0 pts)	Several days (1 pts)	More than half the days (2 pts)	Nearly every day (3 pts)	Refused
a. Little interest or pleasure in doing things	0	1	2	3	R
b. Feeling down, depressed or hopeless	0	1	2	3	R
	___	+ ___	+ ___	+ ___	= Total Score: ___

If total score on Q1 is 2 or higher, consider referring for mental health services

**2. Over the last 2 weeks, how often have you been bothered by...(READ a-g). Would you say: "not at all," "several days," "more than half the days," or "nearly every day?"**

	Not at all (0 pts)	Several days (1 pts)	More than half the days (2 pts)	Nearly every day (3 pts)	Refused
a. Feeling nervous, anxious or on edge	0	1	2	3	R
b. Not being able to stop or control worrying	0	1	2	3	R
c. Worrying too much about different things	0	1	2	3	R
d. Trouble relaxing	0	1	2	3	R
e. Being so restless that it is hard to sit still	0	1	2	3	R
f. Becoming easily annoyed or irritable	0	1	2	3	R
g. Feeling afraid as if something awful might happen	0	1	2	3	R
	___	+ ___	+ ___	+ ___	= Total Score: ___

If total score on Q2 is 10 or higher, consider referring for mental health services

**3. Do you have a partner (boyfriend, husband, or other romantic and/or sexual partner)?**

☐ Yes   ☐ No   ☐ Don't know   ☐ Refused

BOX 1. DOES CLIENT HAVE A PARTNER? (SEE Q3)

YES (ASK Q4)

ANY OTHER RESPONSE (SKIP TO Q5)

**4. Now, I'm going to ask you some questions about your relationship with your partner. How often does your partner...(READ a-d). Would you say, "never," "rarely," "sometimes," "fairly often," or "frequently."**

	Never (1 pts)	Rarely (2 pts)	Sometimes (3 pts)	Fairly often (4 pts)	Frequently (5 pts)	Refused
a. Physically hurt you	0	1	2	3	4	R
b. Insult or talk down to you	0	1	2	3	4	R
c. Threaten you with harm	0	1	2	3	4	R
d. Scream or curse at you	0	1	2	3	4	R
	___	+___	+___	+___	+___	=Total Score: ___

If total score on Q4 is 10 or higher, consider referring for domestic violence services

**5. Do you ever drink alcohol?**

☐ Yes   ☐ No   ☐ Don't know   ☐ Refused

BOX 2. DOES CLIENT DRINK ALCOHOL? (SEE Q5)

YES (ASK Q6)

ANY OTHER RESPONSE (SKIP TO Q8)

**6. I'm going to ask you a series of questions about drinking alcohol (READ a-d).**

- |  |  |  |                                  |
|--|--|--|----------------------------------|
| a. How many drinks does it take to make you feel high?   | <input type="checkbox"/> 2 drinks or less<br>(0 pts) | <input type="checkbox"/> More than 2 drinks<br>(2 pts) | <input type="checkbox"/> Refused |
| b. Have people annoyed you by criticizing your drinking?   | <input type="checkbox"/> No (0 pts)                  | <input type="checkbox"/> Yes (1 pt)                    | <input type="checkbox"/> Refused |
| c. Have you felt you ought to cut down on your drinking?   | <input type="checkbox"/> No (0 pts)                  | <input type="checkbox"/> Yes (1 pt)                    | <input type="checkbox"/> Refused |
| d. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover? | <input type="checkbox"/> No (0 pts)                  | <input type="checkbox"/> Yes (1 pt)                    | <input type="checkbox"/> Refused |
|  | _____  | + _____  | = Total _____                    |

If total score on Q6 is 2 or higher, consider referring for alcohol counseling or treatment.

BOX 3. IS CLIENT POST-PARTUM?  
YES (ASK Q7)  
ANY OTHER RESPONSE (SKIP TO Q8)

**7. On average, how many drinks would you say you consumed per week during your pregnancy?**

- ☐ \_\_\_\_\_ ☐ None ☐ Don't know ☐ Refused

**8. Have you ever smoked tobacco products, including e-cigarettes/vape?**

- ☐ Yes ☐ No ☐ Don't know ☐ Refused

BOX 4. DOES CLIENT SMOKE TOBACCO? (SEE Q8)  
YES (ASK Q9)  
ANY OTHER RESPONSE (SKIP TO BOX 5)

**9. (Are you continuing/did you continue) to smoke during your pregnancy?**

*(ADVOCATE: choose the statement that best reflects their answer; probing might be necessary):*

- a. ☐ I have NEVER smoked or have smoked LESS THAN 100 cigarettes in my lifetime.
- b. ☐ I stopped smoking BEFORE I found out I was pregnant, and I am not smoking now.
- c. ☐ I stopped smoking AFTER I found out I was pregnant, and I am not smoking now.
- d. ☐ I smoke some now, but I have cut down on the number of cigarettes I smoke SINCE I found out I was pregnant.
- e. ☐ I smoke regularly now, about the same as BEFORE I found out I was pregnant.
- f. ☐ Refused

There is no official scoring for this question. If client reports current smoking, consider referring to tobacco cessation

BOX 5. IS CLIENT POST-PARTUM?

YES (ASK Q10)

ANY OTHER RESPONSE (SKIP TO Q12)

**10. During your pregnancy, did you use marijuana in any form (smoking, edibles, etc.)**

☐ Yes ☐ No ☐ Don't know ☐ Refused

There is no official scoring for this question. Refer client to social services as appropriate.

**11. During your pregnancy, did you use any drugs besides alcohol and marijuana, like methamphetamines, cocaine, etc.?** *(We are only talking about street, illegal drugs, prescription medicines obtained on the street or used other than as prescribed by your doctor)*

☐ Yes ☐ No ☐ Don't know ☐ Refused

*If yes,*

**11a. Are you continuing to use drugs?** ☐ Yes ☐ No ☐ Don't know ☐ Refused

*If yes,*

**11b. Are you trying to stop?** ☐ Yes ☐ No ☐ Don't know ☐ Refused

**11c. Are you interested in getting help to stop?** ☐ Yes ☐ No ☐ Don't know ☐ Refused

If yes, consider referring for substance use treatment

BOX 6. IS CLIENT POST-PARTUM?

YES (SKIP TO Q14)

ANY OTHER RESPONSE (ASK Q12)

**12. Since you learned you were pregnant, have you used marijuana in any form (smoking, edibles, etc.)**

☐ Yes ☐ No ☐ Don't know ☐ Refused

*If yes,*

**12a. Are you continuing to use marijuana?** ☐ Yes ☐ No ☐ Don't know ☐ Refused

If yes, consider referring for substance use treatment

**13. Since you learned you were pregnant, have you used any drugs besides alcohol and marijuana, like methamphetamines, cocaine, etc.?** *(We are only talking about street, illegal drugs, prescription medicines obtained on the street or used other than as prescribed by your doctor)*

☐ Yes ☐ No ☐ Don't know

*If yes,*

**13a. Are you continuing to use drugs?** ☐ Yes ☐ No ☐ Don't know ☐ Refused

*If yes,*

**13b. Are you trying to stop?** ☐ Yes ☐ No ☐ Don't know ☐ Refused

**13c. Are you interested in getting help to stop?** ☐ Yes ☐ No ☐ Don't know ☐ Refused

If yes, consider referring for substance use treatment

**13. I am going to read you several statements that people have made about their food situation. In the last 12 months did you find that...(READ a-c). Would you say that in the last 12 months that was "often true," "sometimes true," or "never true?"**

In the last 12 months...	Often true	Sometimes true	Never true	Refused	Don't know
a. You worried whether your food would run out before you got money to buy more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The food that you bought just didn't last, and you didn't have enough money to get more food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You couldn't afford to eat healthy meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

There is no official scoring for this question. Refer client to social services as appropriate.

\*\*\*\*\*PLEASE COMPLETE THE INTAKE SECTION OF THE NEEDS AND GOALS TRACKER\*\*\*\*\*

\*\*\*\*\*IF CLIENT WAS ENROLLED POST-PARTUM, PLEASE ALSO COMPLETE THE POSTPARTUM SURVEY AND MATERNAL HEALTH OUTCOMES TRACKER \*\*\*\*\*



## **Healthy Birth Outcomes (HBO)**

YWCA Seattle | King | Snohomish

These forms to be reviewed and updated during/after every client interaction:

- ☐ NEEDS/CHALLENGES, GOALS, SERVICES, AND OUTCOMES TRACKER
- ☐ CLIENT INTERACTION LOG
- ☐ CLIENT COMPETENCIES AND HEALTH EDUCATION MESSAGES
- ☐ MEDICAL VISITS AND IMMUNIZATIONS

## Needs/Challenges, Goals, Services, and Outcomes Tracker

Needs/Challenges		Services					Exit Survey					
<i>Please update as needs/challenges arise or are shared throughout service</i>		<i>Update after each interaction with client. Include services when client was not present</i>					<i>Complete only if challenge/need was marked</i>					
Mark any needs/challenges client mentions on her own. Probe about any of the main categories that she did not bring up (e.g. "Are you experiencing any challenges related to finances, education, or employment?")	Would you like to work together on this? (mark if yes)	Counsel	Educate/ give written resource	Provide materials	Refer (active link to services)	Advocate/ interface w/other providers	How would you say your situation has changed compared to when you enrolled in the program?					
							Much better	Somewhat better	Stayed the same	Somewhat worse	Much worse	DK
<input type="checkbox"/> Basic needs/housing challenges												
<input type="checkbox"/> Crisis assistance (any acute life challenge): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Homelessness or unstable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Home safety (e.g. lead paint, mold, baby-proofing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other child safety (e.g. car safety, CPR, accidental injury, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lack access to transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lack access to clothing and baby supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lack access to food/nutritious food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lack access to health and hygiene products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Financial/educational challenges												
<input type="checkbox"/> Un/under-employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Partner un/under-employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Need public benefits (TANF, SSI, SSDI, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Financial literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Debt issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Need adult education/GED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Healthcare related needs												
<input type="checkbox"/> Adequate health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Access to healthcare or healthy living for yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Access to pediatric care for child/children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Access to a family planning provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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[illegible]

## Client Interaction Log

Please update as you continue to meet with client. Please only record extended meetings (interactions longer than 10-15 minutes, i.e. not appointment reminders, etc).

Date of interaction	Approx. duration of interaction	Type of interaction	Topics discussed/services provided	Notes about interaction (optional)
____ / ____ / ____ (MM / DD / YYYY)	____ (hours) ____ (minutes)	<input type="checkbox"/> One-on-one meeting <input type="checkbox"/> Phone call <input type="checkbox"/> E-mail/text message conversation <input type="checkbox"/> Accompanying client to services <input type="checkbox"/> Concluding HBO services <input type="checkbox"/> Other: _____	<input type="checkbox"/> Basic needs/housing challenges <input type="checkbox"/> Financial/educational challenges <input type="checkbox"/> Healthcare related needs <input type="checkbox"/> Emotional/behavioral health concerns <input type="checkbox"/> Prenatal/parenting needs <input type="checkbox"/> Legal Concerns <input type="checkbox"/> Other	
____ / ____ / ____ (MM / DD / YYYY)	____ (hours) ____ (minutes)	<input type="checkbox"/> One-on-one meeting <input type="checkbox"/> Phone call <input type="checkbox"/> E-mail/text message conversation <input type="checkbox"/> Accompanying client to services <input type="checkbox"/> Concluding HBO services <input type="checkbox"/> Other: _____	<input type="checkbox"/> Basic needs/housing challenges <input type="checkbox"/> Financial/educational challenges <input type="checkbox"/> Healthcare related needs <input type="checkbox"/> Emotional/behavioral health concerns <input type="checkbox"/> Prenatal/parenting needs <input type="checkbox"/> Legal Concerns <input type="checkbox"/> Other	
____ / ____ / ____ (MM / DD / YYYY)	____ (hours) ____ (minutes)	<input type="checkbox"/> One-on-one meeting <input type="checkbox"/> Phone call <input type="checkbox"/> E-mail/text message conversation <input type="checkbox"/> Accompanying client to services <input type="checkbox"/> Concluding HBO services <input type="checkbox"/> Other: _____	<input type="checkbox"/> Basic needs/housing challenges <input type="checkbox"/> Financial/educational challenges <input type="checkbox"/> Healthcare related needs <input type="checkbox"/> Emotional/behavioral health concerns <input type="checkbox"/> Prenatal/parenting needs <input type="checkbox"/> Legal Concerns <input type="checkbox"/> Other	
____ / ____ / ____ (MM / DD / YYYY)	____ (hours) ____ (minutes)	<input type="checkbox"/> One-on-one meeting <input type="checkbox"/> Phone call <input type="checkbox"/> E-mail/text message conversation <input type="checkbox"/> Accompanying client to services <input type="checkbox"/> Concluding HBO services <input type="checkbox"/> Other: _____	<input type="checkbox"/> Basic needs/housing challenges <input type="checkbox"/> Financial/educational challenges <input type="checkbox"/> Healthcare related needs <input type="checkbox"/> Emotional/behavioral health concerns <input type="checkbox"/> Prenatal/parenting needs <input type="checkbox"/> Legal Concerns <input type="checkbox"/> Other	

*Continued on next page*

____ / ____ / ____ (MM / DD / YYYY)	____ (hours) ____ (minutes)	<input type="checkbox"/> One-on-one meeting <input type="checkbox"/> Phone call <input type="checkbox"/> E-mail/text message conversation <input type="checkbox"/> Accompanying client to services <input type="checkbox"/> Concluding HBO services <input type="checkbox"/> Other: _____	<input type="checkbox"/> Basic needs/housing challenges <input type="checkbox"/> Financial/educational challenges <input type="checkbox"/> Healthcare related needs <input type="checkbox"/> Emotional/behavioral health concerns <input type="checkbox"/> Prenatal/parenting needs <input type="checkbox"/> Legal Concerns <input type="checkbox"/> Other	
____ / ____ / ____ (MM / DD / YYYY)	____ (hours) ____ (minutes)	<input type="checkbox"/> One-on-one meeting <input type="checkbox"/> Phone call <input type="checkbox"/> E-mail/text message conversation <input type="checkbox"/> Accompanying client to services <input type="checkbox"/> Concluding HBO services <input type="checkbox"/> Other: _____	<input type="checkbox"/> Basic needs/housing challenges <input type="checkbox"/> Financial/educational challenges <input type="checkbox"/> Healthcare related needs <input type="checkbox"/> Emotional/behavioral health concerns <input type="checkbox"/> Prenatal/parenting needs <input type="checkbox"/> Legal Concerns <input type="checkbox"/> Other	
____ / ____ / ____ (MM / DD / YYYY)	____ (hours) ____ (minutes)	<input type="checkbox"/> One-on-one meeting <input type="checkbox"/> Phone call <input type="checkbox"/> E-mail/text message conversation <input type="checkbox"/> Accompanying client to services <input type="checkbox"/> Concluding HBO services <input type="checkbox"/> Other: _____	<input type="checkbox"/> Basic needs/housing challenges <input type="checkbox"/> Financial/educational challenges <input type="checkbox"/> Healthcare related needs <input type="checkbox"/> Emotional/behavioral health concerns <input type="checkbox"/> Prenatal/parenting needs <input type="checkbox"/> Legal Concerns <input type="checkbox"/> Other	
____ / ____ / ____ (MM / DD / YYYY)	____ (hours) ____ (minutes)	<input type="checkbox"/> One-on-one meeting <input type="checkbox"/> Phone call <input type="checkbox"/> E-mail/text message conversation <input type="checkbox"/> Accompanying client to services <input type="checkbox"/> Concluding HBO services <input type="checkbox"/> Other: _____	<input type="checkbox"/> Basic needs/housing challenges <input type="checkbox"/> Financial/educational challenges <input type="checkbox"/> Healthcare related needs <input type="checkbox"/> Emotional/behavioral health concerns <input type="checkbox"/> Prenatal/parenting needs <input type="checkbox"/> Legal Concerns <input type="checkbox"/> Other	
____ / ____ / ____ (MM / DD / YYYY)	____ (hours) ____ (minutes)	<input type="checkbox"/> One-on-one meeting <input type="checkbox"/> Phone call <input type="checkbox"/> E-mail/text message conversation <input type="checkbox"/> Accompanying client to services <input type="checkbox"/> Concluding HBO services <input type="checkbox"/> Other: _____	<input type="checkbox"/> Basic needs/housing challenges <input type="checkbox"/> Financial/educational challenges <input type="checkbox"/> Healthcare related needs <input type="checkbox"/> Emotional/behavioral health concerns <input type="checkbox"/> Prenatal/parenting needs <input type="checkbox"/> Legal Concerns <input type="checkbox"/> Other	

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## Client Competencies and Health Education Messages

Throughout your service, ensure clients are competent in all of the following areas, and indicate health education messages that were provided as needed

Topic Area	Mark ONE box per topic area:	
	Provided education	Education not needed/client declined
<b>Pregnancy</b>		
Prenatal visits	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal vitamins and nutrition during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Morning sickness	<input type="checkbox"/>	<input type="checkbox"/>
Smoking, alcohol, and drug use	<input type="checkbox"/>	<input type="checkbox"/>
Secondhand smoke	<input type="checkbox"/>	<input type="checkbox"/>
Birth planning	<input type="checkbox"/>	<input type="checkbox"/>
<b>Parenting/maternal health</b>		
Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
Postpartum depression	<input type="checkbox"/>	<input type="checkbox"/>
Keeping relationships strong	<input type="checkbox"/>	<input type="checkbox"/>
Finding child care	<input type="checkbox"/>	<input type="checkbox"/>
Confident parenting	<input type="checkbox"/>	<input type="checkbox"/>
Birth control	<input type="checkbox"/>	<input type="checkbox"/>
<b>Infant safety</b>		
Seat belts	<input type="checkbox"/>	<input type="checkbox"/>
Safe sleeping	<input type="checkbox"/>	<input type="checkbox"/>
Baby safety checklist	<input type="checkbox"/>	<input type="checkbox"/>
Car seat safety	<input type="checkbox"/>	<input type="checkbox"/>
Preventing poisoning and choking	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding lead exposure	<input type="checkbox"/>	<input type="checkbox"/>

Topic Area	Mark ONE box per topic area:	
	Provided education	Education not needed/client declined
<b>Infant health</b>		
Well child visits	<input type="checkbox"/>	<input type="checkbox"/>
Infant feeding and weight gain	<input type="checkbox"/>	<input type="checkbox"/>
Vaccines for infants	<input type="checkbox"/>	<input type="checkbox"/>
Dental health for infants	<input type="checkbox"/>	<input type="checkbox"/>
Flu shots	<input type="checkbox"/>	<input type="checkbox"/>
When babies get colds	<input type="checkbox"/>	<input type="checkbox"/>
<b>Infant development</b>		
Introducing solid foods	<input type="checkbox"/>	<input type="checkbox"/>
Teething	<input type="checkbox"/>	<input type="checkbox"/>
Language development	<input type="checkbox"/>	<input type="checkbox"/>
Bedtime routines	<input type="checkbox"/>	<input type="checkbox"/>
Infant development milestones	<input type="checkbox"/>	<input type="checkbox"/>
Soothing a crying baby	<input type="checkbox"/>	<input type="checkbox"/>

*Continued on next page*

## Medical visits and immunizations

*At each visit, please review wallet card and record dates and immunizations (or extract from Electronic Health Record, if available)*

[illegible]

**Post-partum check-up:**

☐ Yes ☐ No

Dt: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Well-child\* visits**

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

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\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Visit(s) occurred but dates unknown

☐ No well-child visits

Infant immunizations				
Vaccine	Doses Received			
HepB	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
RV	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
DTaP	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Hib	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
PCV	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
IPV	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
Influenza	<input type="checkbox"/> 0	<input type="checkbox"/> 1		
<input type="checkbox"/> Immunizations received but types/doses unknown				

\*well-child visits are visits to a pediatrician or primary care doctor to assess the infant's growth and development. This does not include visits for illness, accidents, or medical conditions.

## **Healthy Birth Outcomes (HBO)**

YWCA Seattle | King | Snohomish

These forms to be completed at distinct time periods post-birth:

- ☐ POSTPARTUM SURVEY and MATERNAL HEALTH OUTCOMES TRACKER – complete as soon as possible after the client gives birth or within 30 days post-partum
- ☐ EXIT SURVEY – complete at program exit (12 months postpartum, or sooner if client chooses to dis-enroll)



## POSTPARTUM SURVEY

This form to be completed as soon as possible after the client gives birth or within 30 days postpartum. Any items missed or unknown may be completed during any subsequent follow-up visit.

If twins/triplets, etc. please complete one form per child.

If the advocate is not able to contact the client, or if the client is not willing to complete the survey, the advocate should still complete the form to the best of their ability.

**Today's date:**   /  /  

☐ **Check this box if the advocate completed this form without client input**

### Loss of the pregnancy/infant

Advocates: these next few questions may be sensitive if the client experienced the loss of the pregnancy/infant. Please complete this section as you learn information, but do not ask these questions directly. Then, skip ahead to the Maternal Health Outcomes Tracker and ask questions only as relevant/feasible.

#### What was the outcome of the pregnancy?

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Live birth  | <input type="checkbox"/> Abortion/termination     |
| <input type="checkbox"/> Still birth | <input type="checkbox"/> Client refused to report |
| <input type="checkbox"/> Miscarriage | <input type="checkbox"/> Information not obtained |

Other: \_\_\_\_\_

**\*if not a live birth, skip ahead to maternal Health Outcomes Tracker and answer remaining questions only as relevant/feasible**

#### At any point while enrolled, did client experience death of the infant?\*

- ☐ Yes  
☐ No  
☐ Client did not know  
☐ Client refused to report  
☐ Information not obtained

**If yes, date of death:**   /  /  

#### Cause of death:

- ☐ Sudden Unexpected Infant Death<sup>1</sup>  
☐ Pre-term related mortality (related to premature birth)  
☐ Motor vehicle crashes  
☐ Other: \_\_\_\_\_  
☐ Client did not know  
☐ Client refused to report

Information not obtained

**Infant's birth date:**   /  /  

<sup>1</sup> **\*\*Sudden Unexpected Infant Death include SIDS (Sudden Infant Death Syndrome), accidental deaths (such as suffocation and strangulation), sudden natural deaths (such as those caused from infections, cardiac or metabolic disorders, and neurological conditions)**

**Plurality of this pregnancy:** ☐Single ☐Twins ☐Triplets ☐Don't know

**How many weeks gestation was your baby at birth?** \_\_\_\_\_ weeks ☐Don't know

**What was the baby's birthweight?** \_\_\_\_\_ lbs \_\_\_\_\_ oz

If exact weight is unknown, please specify:

- ☐ (V) Very low -- less than 3lbs, 4oz
- ☐ (L) Low -- less than 5lbs, 8oz
- ☐ (H) Healthy -- 5lbs, 8oz or more
- ☐ Client did not know
- ☐ Client refused to report
- ☐ Information not obtained

**Was your baby in the NICU (neonatal intensive care unit) after birth?**

- ☐ (Y) Yes
- ☐ (N) No
- ☐ Client did not know
- ☐ Client refused to report
- ☐ Information not obtained

**If Yes, for how many days?** \_\_\_\_\_ days

**Did your baby have any of the following health problems at birth? (check all that apply)**

- ☐ fetal alcohol exposure (developmental, cognitive, and behavioral problems due to fetal alcohol exposure)
- ☐ neonatal abstinence syndrome (infant born addicted to drugs)
- ☐ birth defects/congenital abnormalities
- ☐ special healthcare needs, please specify: \_\_\_\_\_
- ☐ Client did not know
- ☐ Client refused to report
- ☐ Information not obtained

*The following questions are about some of your and your baby's activities.*

**Which of the following best describes how you currently feed your baby?**

- ☐ Always or almost always breastfeed
- ☐ I sometimes breastfeed and sometimes use formula
- ☐ Always or almost always use formula

**[If the baby is always or almost always fed formula] Have you ever breastfed this baby?**

- ☐ Yes
- ☐ No
- ☐ Client did not know
- ☐ Client refused to report
- ☐ Information not obtained

**Which of the following best describes how your baby sleeps in bed?**

- ☐ My baby always sleeps on its tummy
- ☐ My baby always sleeps on its back
- ☐ My baby sometimes sleeps in different positions

## MATERNAL HEALTH OUTCOMES TRACKER

This form to be completed as soon as possible after the client gives birth or within 30 days post-partum. Any items missed or unknown may be completed during any subsequent follow-up visit.

If the advocate is not able to contact the client, or if the client is not willing to complete the survey, the advocate should still complete the form to the best of their ability.

**Today's date:**    /    /   

☐ **Check this box if the advocate completed this form without client input**

*The following questions are about your visits to healthcare providers while you were pregnant.*

**Were you hospitalized or in the ER at any point during this pregnancy (EXCLUDING labor/birthing)?**

☐ Yes    ☐ No    ☐ Don't know

**If yes, for how many days?**    days

**When you gave birth, did you experience any of the following?**

	Yes	No	Client did not know	Client refused	Information not obtained
Medically-required C-Section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-medically required (elective) C-section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elective delivery (Mother elected to induce labor during weeks 37-38)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*I am going to ask you some questions about your health since you gave birth. These are standard questions that we ask all of our clients so we can provide each client with the best possible care and so we can improve the array of services and referrals available through our program. Your responses will not impact your ability to participate in the program. If at any time you want to skip any of the questions, just tell me.*

Please circle the number under the client's response to each question.

If client is post-partum, skip the following two questions on depression and anxiety.

**Since you gave birth, how often have you been bothered by...(READ a-b). Would you say: "not at all," "several days," "more than half the days," or "nearly every day?"**

	Not at all (0 pts)	Several days (1 pts)	More than half the days (2 pts)	Nearly every day (3 pts)	Refused
a. Little interest or pleasure in doing things	0	1	2	3	R
b. Feeling down, depressed or hopeless	0	1	2	3	R
	___	+ ___	+ ___	+ ___	= Total Score: ___

If total score is 2 or higher, consider referring for mental health services

**Since you gave birth, how often have you been bothered by...(READ a-g). Would you say: "not at all," "several days," "more than half the days," or "nearly every day?"**

	Not at all (0 pts)	Several days (1 pts)	More than half the days (2 pts)	Nearly every day (3 pts)	Refused
a. Feeling nervous, anxious or on edge	0	1	2	3	R
b. Not being able to stop or control worrying	0	1	2	3	R
c. Worrying too much about different things	0	1	2	3	R
d. Trouble relaxing	0	1	2	3	R
e. Being so restless that it is hard to sit still	0	1	2	3	R
f. Becoming easily annoyed or irritable	0	1	2	3	R
g. Feeling afraid as if something awful might happen	0	1	2	3	R
	___	+ ___	+ ___	+ ___	= Total Score: ___

If total score is 10 or higher, consider referring for mental health services

## EXIT SURVEY

To be completed at 12 months postpartum, or **AT PROGRAM EXIT IF SOONER THAN 12 MONTHS**

**Today's date:**   /  /  

### **Reason for exit:**

- ☐ Client declined to continue HBO program, reason provided: \_\_\_\_\_
- ☐ Child reached 12 months of age
- ☐ Advocate could not reach client, specify number of contact attempts: \_\_\_\_\_
- ☐ Other, please specify: \_\_\_\_\_
- ☐ Moved out of program service area (King County)

### **Have you established a primary care provider for yourself?**

- ☐ Yes
- ☐ No
- ☐ Client did not know
- ☐ Client refused to report
- ☐ Information not obtained

### **Have you established a pediatrician for your infant?**

- ☐ Yes
- ☐ No
- ☐ Client did not know
- ☐ Client refused to report
- ☐ Information not obtained

### **Please respond "true" or "false" to each of the following statements about your child:**

- |  |                               |                                |                                  |
|--|-------------------------------|--------------------------------|----------------------------------|
| My child seems to be less healthy than other children I know                               | <input type="checkbox"/> True | <input type="checkbox"/> False | <input type="checkbox"/> Refused |
| My child has never been seriously ill  | <input type="checkbox"/> True | <input type="checkbox"/> False | <input type="checkbox"/> Refused |
| When there is something going around my child usually catches it                           | <input type="checkbox"/> True | <input type="checkbox"/> False | <input type="checkbox"/> Refused |
| I expect my child will have a very healthy life  | <input type="checkbox"/> True | <input type="checkbox"/> False | <input type="checkbox"/> Refused |
| I worry about my child's health more than other people worry about their children's health | <input type="checkbox"/> True | <input type="checkbox"/> False | <input type="checkbox"/> Refused |

**Since enrolling in HBO program, did you experience any of the following significant life changes?**

- ☐ Applied for housing
- ☐ Secured housing
- ☐ Actively searched for employment
- ☐ Secured employment
- ☐ Received job training
- ☐ Received any new financial assistance (DSHS, TANF, food stamps, SSI, SSA, SSDI, Child support, etc.)
- ☐ Received legal advice
- ☐ Initiated treatment for alcohol, drug, or tobacco cessation
- ☐ Reduced substance use (alcohol, drugs, or tobacco)
- ☐ Initiated mental health counseling or therapy
- ☐ Accessed domestic violence resources
- ☐ Exited unsafe relationship
- ☐ Increased support network
- ☐ Other, please specify: \_\_\_\_\_
- ☐ Client did not know
- ☐ Client refused to report
- ☐ Information not obtained

\*\*\*\*\*Please complete Exit section of Needs and Goals tracker\*\*\*\*\*

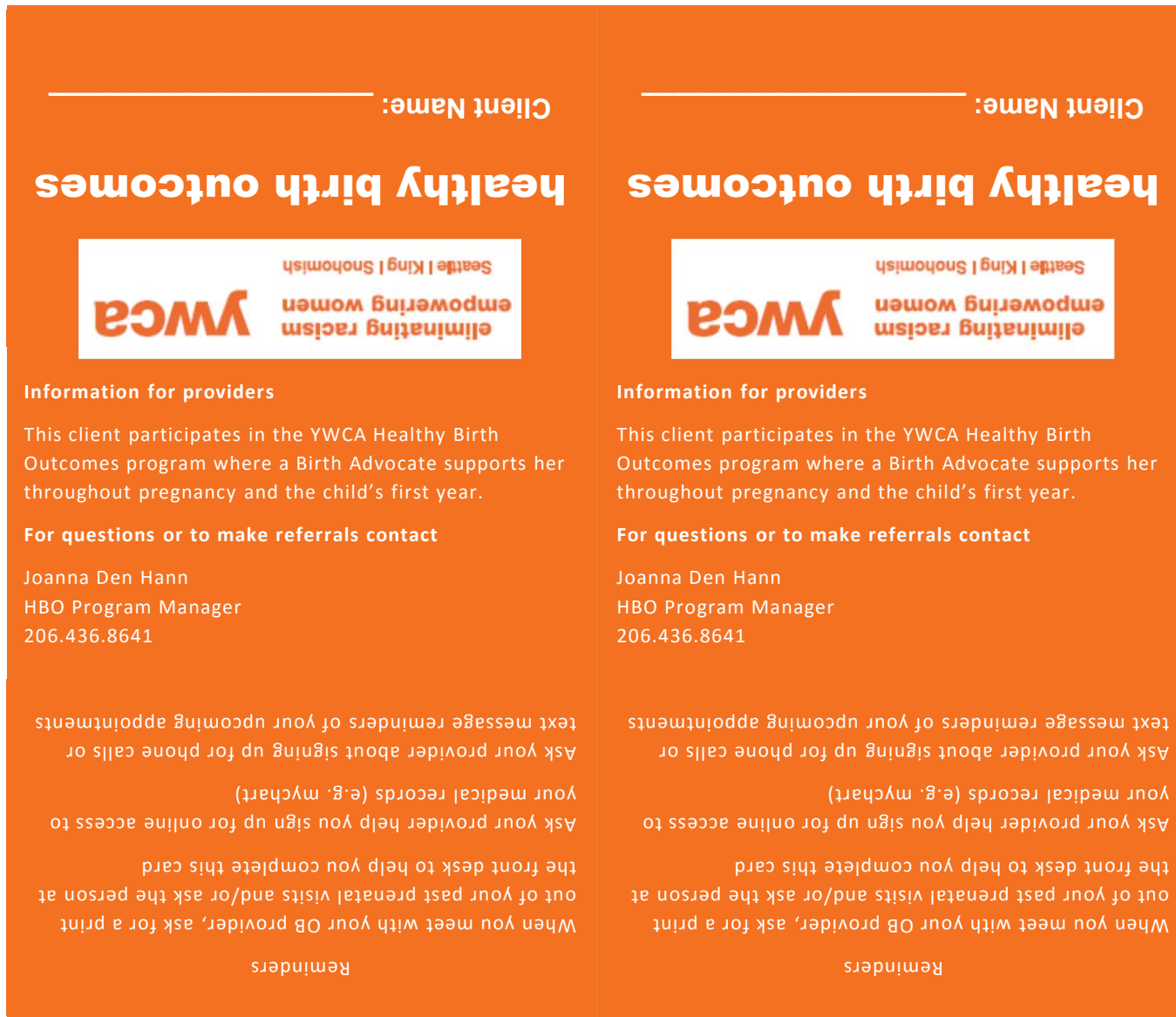
*Advocates please complete this section:*

**AFTER enrolling in HBO program, did client report any NEW challenges or barriers that may have adversely affected their outcomes?**

- ☐ Yes
- ☐ No
- ☐ Don't know

If yes, please describe:

Additional case notes (optional):



HBO Wallet Card mock-up  
(Print double-sided, cut and tri-fold)

Track your healthcare visits  
Please record dates of all visits you attended

Prenatal visit dates:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Postpartum check-up: \_\_\_\_\_

Infant immunizations

	Vaccine	Doses	Received	
HepB		01	02	03
RV		01	02	03
DTaP		01	02	03
Hib		01	02	03
PCV		01	02	03
IPV		01	02	
Influenza				<input type="checkbox"/>

Well-child visits:

_____
_____
_____
_____
_____

Track your healthcare visits  
Please record dates of all visits you attended

Prenatal visit dates:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Postpartum check-up: \_\_\_\_\_

Infant immunizations

	Vaccine	Doses	Received	
HepB		01	02	03
RV		01	02	03
DTaP		01	02	03
Hib		01	02	03
PCV		01	02	03
IPV		01	02	
Influenza				<input type="checkbox"/>

Well-child visits:

_____
_____
_____
_____
_____



## Items that could potentially be extracted from EHR

### PREGNANCY AND HEALTH-RELATED INFORMATION

**Estimated due date of the baby:** \_\_/\_\_/\_\_ (enter birth date of the baby if enrolling postpartum)

**Plurality of this pregnancy:** ☐Single ☐Twins ☐Triplets ☐Don't know

**When did client have her first prenatal care visit?**

**Approximate date:** \_\_/\_\_/\_\_ **OR Approximate # of weeks gestation:** \_\_\_\_ weeks

**Has the client established a primary care provider?** ☐ Yes ☐ No ☐ Don't know

**Who is client's primary care provider?**

**Dates of all prenatal care visits or number/spacing of prenatal care visits**

**Has client been hospitalized at any point during this pregnancy (excluding labor/birthing)?**

☐ Yes ☐ No ☐ Don't know

**Number of days:** \_\_\_\_

**Has/did client had any of the following health issues during this pregnancy? (Check all that apply)**

<i>Diabetes</i>	<i>Hypertension</i>	<i>Pregnancy resulted from infertility treatment</i>
<input type="checkbox"/> Yes, please specify:	<input type="checkbox"/> Yes, please specify:	<input type="checkbox"/> Yes, please specify:
<input type="checkbox"/> Pre-pregnancy (Diagnosis prior to this pregnancy)	<input type="checkbox"/> Pre-pregnancy (Chronic)	<input type="checkbox"/> Fertility-enhancing drugs; artificial insemination; or intrauterine insemination
<input type="checkbox"/> Gestational (diagnosis in this pregnancy)	<input type="checkbox"/> Gestational (PIH, preeclampsia)	<input type="checkbox"/> Assisted reproductive technology (IVF; gamete intrafallopian transfer (GIFT))
	<input type="checkbox"/> Eclampsia	
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Don't know/haven't been to the doctor	<input type="checkbox"/> Don't know/haven't been to the doctor	<input type="checkbox"/> Don't know
<input type="checkbox"/> Refused	<input type="checkbox"/> Refused	<input type="checkbox"/> Refused

☐ Other serious health condition, specify: \_\_\_\_\_

*The following questions are about PRIOR pregnancies/births, NOT the current pregnancy. If the client is enrolled in HBO post-partum, her most recent pregnancy should not be considered.*

**Prior to the current pregnancy, had the client EVER been pregnant?** ☐ Yes ☐ No ☐ Don't know

**If yes, did she experience any of the following?**

- |  |  |
|--|--|
| <input type="checkbox"/> Preterm birth                 | <input type="checkbox"/> Small-for-gestational age/intrauterine growth restricted birth) |
| <input type="checkbox"/> Perinatal death               | <input type="checkbox"/> Previous cesarean delivery                                      |
| <input type="checkbox"/> Previous vaginal delivery     | If yes, how many _____   |
| <input type="checkbox"/> Multiple births (twins, etc.) | <input type="checkbox"/> Other: _____  |

## Items that could potentially be extracted from EHR

**In the 12 MONTHS preceding the current pregnancy, had the client been pregnant or given birth?**

☐ Yes ☐ No ☐ Don't know

**If yes, what was the outcome of that pregnancy/birth?**

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Healthy birth/baby       | <input type="checkbox"/> Miscarriage          | <input type="checkbox"/> Don't know   |
| <input type="checkbox"/> Baby had health problems | <input type="checkbox"/> Abortion/termination | <input type="checkbox"/> Refused      |
| <input type="checkbox"/> Still birth              | <input type="checkbox"/> Infant death         | <input type="checkbox"/> Other: _____ |

### Birth/Infant Information

**Infant's birth date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**How many weeks gestation was baby at birth?** \_\_\_\_ weeks

**What was the outcome of the pregnancy?**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Live birth   | <input type="checkbox"/> Abortion/termination     |
| <input type="checkbox"/> Still birth  | <input type="checkbox"/> Client refused to report |
| <input type="checkbox"/> Miscarriage  | Information not obtained                          |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/>                          |

**What was the baby's birthweight?** \_\_\_\_ lbs \_\_\_\_ oz

**After birth, did client experience death of the infant?**

**If yes, date of death:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Cause of death:**

- ☐ SUID/SIDS  
☐ Pre-term related mortality  
☐ Motor vehical crashes  
☐ Other: \_\_\_\_\_  
☐ Unknown/Information not obtained

**Was the baby in the NICU (neonatal intensive care unit) after birth?**

- ☐ (Y) Yes  
☐ (N) No  
☐ Unknown/Information not obtained

**If Yes, for how many days?** \_\_\_\_ days

**Did the infant have any of the following health problems at birth? (check all that apply)**

- ☐ fetal alcohol exposure  
☐ neonatal abstinence syndrome  
☐ birth defects/congenital abnormalities  
☐ special healthcare needs, please specify: \_\_\_\_\_  
☐ Client did not know  
☐ Client refused to report  
☐ Information not obtained

## Items that could potentially be extracted from EHR

### How is baby fed?

- ☐ Always or almost always breastfeed
- ☐ I sometimes breastfeed and sometimes use formula
- ☐ Always or almost always use formula

### If baby is always or almost always fed formula, has client ever breastfed her infant?

- ☐ (Y) Yes
- ☐ (N) No
- ☐ Client did not know
- ☐ Client refused to report
- ☐ Information not obtained

### Which of the following best describes how the baby sleeps in bed?

- ☐ My baby always sleeps on its tummy
- ☐ My baby always sleeps on its back
- ☐ My baby sometimes sleeps in different positions

### Did the mother experience any of the following?

	Yes	No	Client did not know	Client refused	Information not obtained
Medically-required C-Section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-medically required (elective) C-section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elective delivery (Mother elected to induce labor during weeks 37-38)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did mother have a post-partum care visit within 21-56 days after giving birth? (ie. a visit focused on the mother's health and involving a pelvic exam) ☐ Yes ☐ No ☐ Don't know

### Did the infant have at least one well-child visit *within the first 60 days* post-partum?

- ☐ (Y) Yes
- ☐ (N) No
- ☐ Client did not know
- ☐ Client refused to report
- ☐ Information not obtained

### How many well-child visits did the child have during first 12 months post-partum?

## Items that could potentially be extracted from EHR

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5+
- ☐ Client did not know
- ☐ Client refused to report
- ☐ Information not obtained

### By 12 months of age, did the infant receive the following vaccines?

	Yes	No	Client did not know	Client refused	Information not obtained
HepB (3 doses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RV (3 doses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DTaP (3 doses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hib (3 doses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCV (3 doses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IPV (2 doses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Has the client established a primary care provider for herself?

- ☐ Yes
- ☐ No
- ☐ Client did not know
- ☐ Client refused to report
- ☐ Information not obtained

### Has the client established a pediatrician for her infant?

- ☐ Yes
- ☐ No
- ☐ Client did not know
- ☐ Client refused to report
- ☐ Information not obtained

## Appendix D Training Materials

### YWCA Healthy Birth Outcomes

#### Data Collection

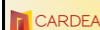
Sarah G. Salomon, MPH  
Amanda Winters, MPH, MPA



### Cardea

Training – Organizational Development –  
Research and Evaluation

Improve organizations' abilities to deliver accessible,  
high quality, culturally proficient, and compassionate  
services to their clients



### Agenda

What	When
Why collect information?	9-9:20
Client-centered information gathering	9:20-9:30
Timeline for information gathering	9:30-9:45
Form overview	9:45-10:30
Break	10:30-10:40
Role play and debrief	10:40-close



### WHY COLLECT INFORMATION



### Let's try to think about performance measurement on three levels

- Individual staff person or administrator
- Health center
- Regional health system



### Why would you want to gather and analyze data about your services?

Brief activity (5-10 minutes)—

Group brainstorm

Together, come up with at least 2-3 reasons...

1. You as an individual might want to gather data
2. YWCA might want to gather data
3. A regional network (HOPE) or funder want to gather data



## Performance measurement—benefits for you!

Data-informed way to:

- Monitor what you are doing well—improve morale
- Identify opportunities for professional development
- Focus your perspective on client-centered outcomes, rather than program-centered outputs
- Adjust your thinking to the systems level by connecting what you're doing to the agency and community

## Performance measurement—benefits for YWCA/HBO

- Demonstrate excellence
- Improve service quality
  - What does YWCA or HBO excel at?
  - Where are adjustments needed?
  - Are you achieving your goals?
- Make evidence-informed decisions
- Motivate staff
- Increase transparency & accountability
  - Clients, funders, and advocates want to know about the provided care so they can make informed choices.
- Compete for funds

## Performance measurement—benefits for the HOPE network

- Improve community well-being
- Improve service quality regionwide
  - What are service providers doing well?
  - What PD opportunities are needed?
  - Are we reaching our regional goals?
- Increase transparency & accountability
  - Patients, funders, and advocates want to know about the provided care so they can make informed choices.
- Compete for funds

## CLIENT-CENTERED INFORMATION GATHERING

## The Four C's

- **C**onsent
- **C**onfidentiality
- **C**lient safety and well-being
- **A**void **C**oercion

## Asking for Consent

- Use standard HBO program consent procedures and forms for program participation
- Get verbal consent for data collection

*I would like to ask you some questions about your pregnancy as well as your general health. These are standard questions that we ask all of our clients so we can provide each client with the best possible care and so we can improve the array of services and referrals available through our program. Your responses will be kept confidential and will not impact your ability to participate in the program. If at any time you want to skip any of the questions, just let me know. This will take about 15 minutes. Is it OK if I ask you these questions?*



## Confidentiality

- Always maintain client confidentiality
- Ask for permission before speaking to other service providers on a client's behalf
- Refer to HBO and YWCA policies



## Ensuring Client Safety and Well-Being

- Some questions may be highly sensitive
  - Domestic violence
  - Loss of a pregnancy/child
  - Mental health issues such as post-traumatic stress



## Ensuring Client Safety and Well-Being

- Safety First!
- Always ensure you are in a safe and confidential space before you ask the questions.
- If you are communicating by phone, always ask them if she is in a safe place to talk
- If you are concerned about violence or threat of violence, refer to YWCA procedures



## Ensuring Client Safety and Well-Being

- Use your judgment
- We want you to ask all screening questions, but not if you believe it could harm your client
- What are some examples of situations where it might not be appropriate to ask certain questions of a client?



## Ensuring Client Safety and Well-Being

*☒ Check this box if the advocate completed this form without client input*



## Avoiding Coercion

- This one can be tricky!
- Do ask screening questions – don't make your discomfort their discomfort
- However, it is perfectly OK for clients to decline to answer some or all of your questions. Don't try to talk them into it
- Don't worry about whether they are being "honest"

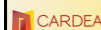


## Silent reflection

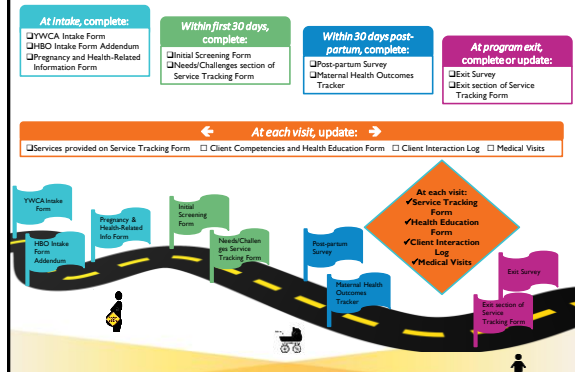
How comfortable are you asking clients personal questions about...

	Very uncomfortable	Somewhat uncomfortable	Not sure	Somewhat comfortable	Very Comfortable
Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miscarriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abortion or termination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

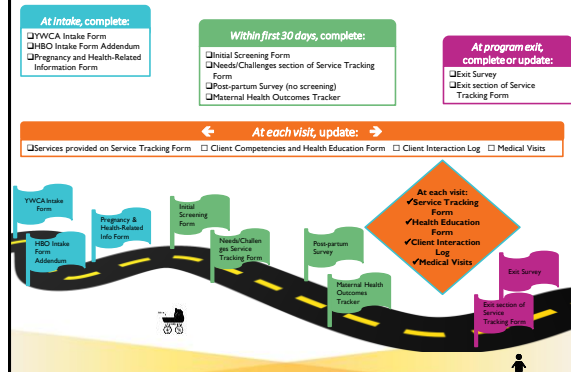
What suggestions do you have to address and be mindful of areas where you feel less comfortable?



## Guide to Evaluation for clients enrolled while pregnant



## Guide to Evaluation for clients enrolled post-partum



## At intake...

Healthy Birth Outcomes (HBO)  
YWCA Seattle | King | Snohomish

These forms to be completed during or soon after enrollment:

- ☐ INTAKE PACKET – complete at enrollment
  - ☐ YWCA CLIENTTRACK INTAKE FORM
  - ☐ Intake form addendum
  - ☐ Pregnancy and health related information
- ☐ INITIAL SCREENING – complete within 30 days of enrollment (or before expected due date if client is more than 8 months pregnant at enrollment)
  - ☐ Initial screening form
  - ☐ Needs/challenges section of Needs and Goals Tracker

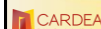


## At each visit...

Healthy Birth Outcomes (HBO)  
YWCA Seattle | King | Snohomish

These forms to be reviewed and updated during/after every client interaction:

- ☐ CHALLENGES/NEEDS, GOALS, SERVICES, AND OUTCOMES TRACKER
- ☐ CLIENT INTERACTION LOG
- ☐ CLIENT COMPETENCIES AND HEALTH EDUCATION MESSAGES
- ☐ MEDICAL VISITS AND IMMUNIZATIONS





### Suggested definitions for service provision

- **Counsel** – active listening, social/emotional support, sharing personal advice or experiences, sympathizing, empathizing, encouragement, reassurance
- **Educate/give written resource** – training or teaching, providing handouts, brochures, pamphlets, showing client/printing information from a website (e.g. diagram or manual for car seat), name, card, or brochure for an agency or specific service provider

### Suggested definitions for service provision

- **Provide materials** – diapers or other baby supplies, food, formula, breast pump, bus tickets, transportation vouchers, etc.
- **Refer (active link to services)** – arranging transportation, accompanying client to enroll in social services or helping them fill out enrollment paperwork, scheduling an appointment on a client's behalf

### Suggested definitions for service provision

- **Advocate/interface w/other providers** – accompanying client to an appointment, CPS hearing, talk with case managers or other providers at other organizations

### Post birth/ at program exit...

Healthy Birth Outcomes (HBO)  
YWCA Seattle | King | Snohomish

These forms to be completed at distinct time periods post-birth:

- ☐ POSTPARTUM SURVEY and MATERNAL HEALTH OUTCOMES TRACKER – complete as soon as possible after the client gives birth or within 30 days post-partum
- ☐ EXIT SURVEY – complete at program exit (12 months postpartum, or sooner if client chooses to dis-enroll)

### Role Play!

- Practice intake
- Prioritize Pregnancy and Health-Related Information Form, Initial Screening Form, and Needs/Challenges

### Before we begin...

- Do I have to ask the question exactly as stated on the form?
  - If you already know the answer (ie., client or a provider shared the information with you), you don't need to ask. But don't guess or assume!
  - Questions on the initial screening form should be worded as closely as possible to what is written

## Role Play Debrief

- What did you observe? Challenges, feelings, reactions?
- Suggestions for improvements to forms or how to ask questions?
- What can you do to help yourself prepare to use these forms with real clients?



## Contact Information

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# Guide to Evaluation for clients enrolled while pregnant

## At intake, complete:

- ☐ YWCA Intake Form
- ☐ HBO Intake Form Addendum
- ☐ Pregnancy and Health-Related Information Form

## Within first 30 days, complete:

- ☐ Initial Screening Form
- ☐ Needs/Challenges section of Service Tracking Form

## Within 30 days post-partum, complete:

- ☐ Post-partum Survey
- ☐ Maternal Health Outcomes Tracker

## At program exit, complete or update:

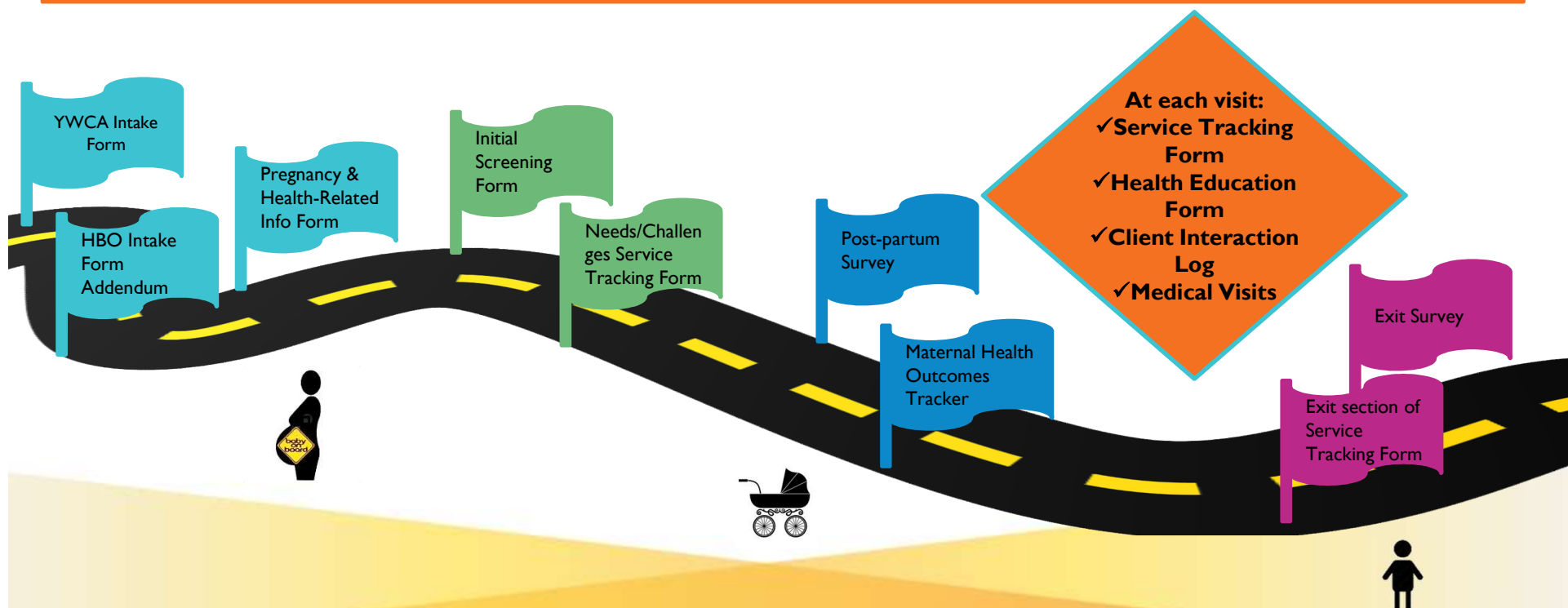
- ☐ Exit Survey
- ☐ Exit section of Service Tracking Form



## At each visit, update:



- ☐ Services provided on Service Tracking Form
- ☐ Client Competencies and Health Education Form
- ☐ Client Interaction Log
- ☐ Medical Visits



# Guide to Evaluation for clients enrolled post-partum

## At intake, complete:

- ☐ YWCA Intake Form
- ☐ HBO Intake Form Addendum
- ☐ Pregnancy and Health-Related Information Form

## Within first 30 days, complete:

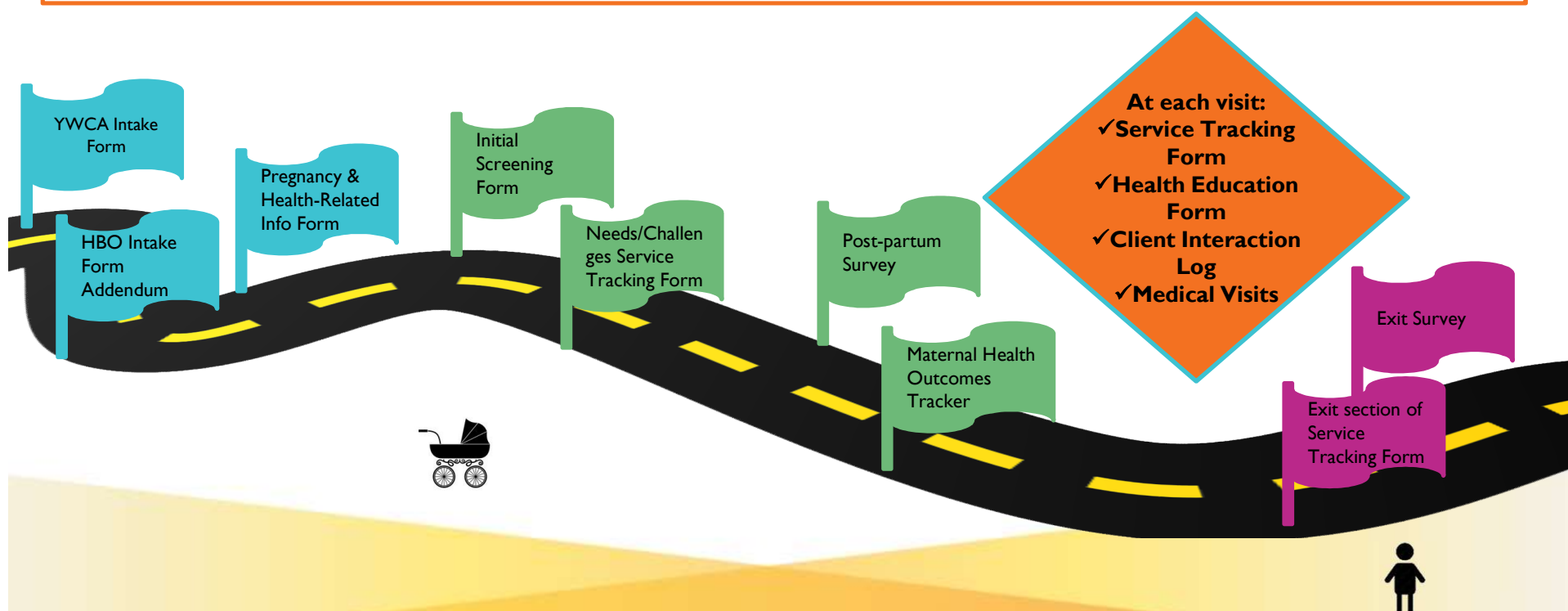
- ☐ Initial Screening Form
- ☐ Needs/Challenges section of Service Tracking Form
- ☐ Post-partum Survey (no screening)
- ☐ Maternal Health Outcomes Tracker

## At program exit, complete or update:

- ☐ Exit Survey
- ☐ Exit section of Service Tracking Form

## ← At each visit, update: →

- ☐ Services provided on Service Tracking Form
- ☐ Client Competencies and Health Education Form
- ☐ Client Interaction Log
- ☐ Medical Visits



## Screening Questions Example

*It is OK to introduce the screening question conversationally, and to make referrals on the spot when appropriate. However, please do ask all screening questions as-written. For example, a dialogue with a potential client might go something like this:*

**ADVOCATE:** I'd like to ask you some questions about your health in general. These are standard questions that we ask all of our clients so we can provide each client with the best possible care and so we can improve the array of services and referrals available through our program. Your responses will not impact your ability to participate in the program. If at any time you want to skip any of the questions, just tell me. Ok?

**CLIENT:** Ok...

**ADVOCATE:** How has your mood been lately?

**CLIENT:** Well I've been pretty stressed...

**ADVOCATE:** Yes, that's a very common experience among pregnant women. I hear that from a lot of the women I talk to. Over the past 2 weeks, how often have you been bothered by little interest or pleasure in doing things? Would you say: "not at all," "several days," "more than half the days," or "nearly every day?"

**CLIENT:** Well it has been a lot lately... almost every day.

**ADVOCATE:** [marks form for item a – "nearly every day".] And over the past 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless? Would you say: "not at all," "several days," "more than half the days," or "nearly every day?"

**CLIENT:** I've been feeling hopeless a lot.

**ADVOCATE:** I'm really sorry to hear that. How often have you been feeling that way? Would you say it's nearly every day?

**CLIENT:** Yeah, from the minute I wake up in the morning until I go to bed at night.

**ADVOCATE:** [Marks form for item b – "nearly every day". Tallies score of "6"]. I'm really sorry to hear that. If you would like, I could connect you to someone who may be able to help. We work with some really great therapists in the area. Would that be of interest?

**CLIENT:** Yes, I think I would like that.

**ADVOCATE:** Great, I will be sure to connect you with them before I leave today. Before we work on that, I've got a few more questions to help me get a better picture of what other support I might be able to connect you with. OK?

**CLIENT:** OK.

**ADVOCATE:** Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge. Would you say: "not at all," "several days," "more than half the days," or "nearly every day?"

Etc...

## Definitions for categories of service provision

**Counsel** – active listening; social/emotional support; sharing personal advice or experiences; sympathizing; empathizing; encouraging; reassuring

**Educate/give written resource** – training or teaching; providing handouts, brochures, or pamphlets; showing client/printing information from a website (e.g. diagram or manual for car seat); providing the name, card, or brochure for an agency or specific service provider

**Provide materials** – providing diapers or other baby supplies, food, formula, breast pump, bus tickets, transportation vouchers, etc.

**Refer (active link to services)** – arranging transportation; accompanying client to enroll in social services or helping them fill out enrollment paperwork; scheduling an appointment on a client's behalf

**Advocate/interface w/other providers** – accompanying client to a healthcare appointment, social service appointment, or legal hearing; talking with case managers or other providers at other organizations

## Scenarios for Training

### Scenario:

- Name: Michelle
- Age: 22
- Situation: Michelle is 6 months pregnant and was referred to HBO by her OB's office. Michelle is a long-time smoker of tobacco and has been feeling anxious about parenting. Michelle is in a long-term relationship with the father of the baby. Michelle lives in an apartment in South Seattle with a sister.
- All other details are up to you! Be creative!

### Scenario:

- Name: Jen
- Age: 25
- Situation: Jen gave birth to a healthy baby 5 days ago, and she heard about the program from an employment case manager. Jen's husband, the baby's father, has become controlling and sometimes violent since the pregnancy. They both have been struggling to find steady jobs over the last two years and sometimes it's hard to make ends meet. Jen isn't working right now, but knows she needs to find a new job soon and is nervous about childcare when she goes back to working.
- All other details are up to you! Be creative!

## Appendix E. Potential metrics for reports

Indicators	Dashboard	Semi-annual/ annual report	Impact evaluation
<b><u>Client Descriptors</u></b>			
Trimester at enrollment	x	x	x
demographics: Age, race, ethnicity, parity, income, insurance		x	x
% of clients reporting the following needs/challenges: basic needs/housing, financial/educational challenges, healthcare related needs, emotional/behavioral health concerns, prenatal/parenting needs, legal concerns	x	x	x
% of clients screening positive for depression or anxiety	x	x	x
% of clients screening positive for alcohol or substance use	x	x	x
<b><u>Service description and quality:</u></b>			
# of active clients	x	x	x
Average length of enrollment	x	x	x
current trimester		x	x
Program retention rate: % of client retained through 12 months post-partum (denominator - all clients) (may want to create additional cut points)	x	x	x
average intensity of service: # of interactions per month		x	x
% of clients receiving support for each of the following issues: basic needs/housing, financial/educational challenges, healthcare related needs, emotional/behavioral health concerns, prenatal/parenting needs, legal concerns		x	x
% of clients receiving at least one referral or advocacy		x	x
% of identified goals on which advocate provided service by program exit			x
% of identified goals on which client reports improvement at exit			x
<b><u>Maternal outcomes: improved engagement in services</u></b>			
% of exited clients that attended a post-partum care visit	x	x	x
% of exited clients with established primary care provider at exit	x	x	x
% of enrolled clients referred to at least 1 health-related or ancillary care service	x	x	x
% of exited clients reporting improvement on 1 or more needs/goals	x	x	x
% of clients attending post-partum care visit		x	x
% initiated prenatal care by trimester of enrollment	x	x	x
% of clients who had not initiated prenatal care at time of enrollment who initiated within 1st trimester after program enrollment		x	x
% attending 80% of recommended prenatal care visits by trimester of enrollment		x	x
<b>improved</b> timeliness, frequency, and adequacy of prenatal care for clients enrolled in 1st trimester compared to other clients			x
<b>improved</b> frequency of prenatal care for clients enrolled prenatal compared to clients enrolled post-partum			x
days hospitalization prior to birth	x	x	x
<b><u>Birth Outcomes</u></b>			
% low/very low birth weight	x	x	x
gestational age (% pre/early/full term, etc.)	x	x	x
NICU stay			
% healthy birth weight by gestational age at enrollment	x	x	x
% full term by gestational age at enrollment	x	x	x



Birth weight, gestational age, and other birth outcomes by gestational age at enrollment, controlling for potential confounders: substance use during pregnancy, health conditions, hospitalization, history of adverse pregnancy outcomes, referral source (Note: If you find that gestational age at enrollment remains significant when controlling for other factors, that would suggest that the program is impacting infant health outcomes)			x
<b><u>Infant outcomes</u></b>			
% of infants that received all infant vaccinations by program exit (compare to county average)	x		
% of children with established primary care provider at exit	x		
% of clients reporting infant is in good health* (see scale)	x		
infant mortality	x		
% of infants that attended a well-child visit within first 2 months	x		
% of infants that attended a well-child visit within first 12 months	x		
<b><u>**Additional Considerations**</u></b>			
Due to differences in population served, recommend presenting key outcomes separately for each location (Seattle vs. South King County) or referral source (Valley Medical/other medical providers vs. community referrals)		x	x
Due to small sample sizes, it may be best to use different sample sizes to report on different measures depending on whether they are prenatal, post-birth, or at exit. Because of this, n's should be displayed for each table and adjusted to include only clients who have been enrolled long enough to report on the given measure.	x	x	x
All reports should include the period of time and number of active clients included in the report	x	x	x

## Map of HOPE network measures to revised HBO instruments

Item #	Data Element	Data Definition		Reference in HBO instruments (Packet: Question/item)
<b>AREAS OF CONCERN - CLIENT CHALLENGES (AOC)</b>				
<b>AOC-1.0</b>	<b>Basic Needs/Housing Concerns</b>			
AOC-1.1	Housing issues	Client is homelessness; has unstable or transitional housing (e.g. shelter, couch-surfing); facing risk of eviction or has been evicted; in unsafe housing; experiencing landlord problems	Needs/Challenges, Goals, Services, and Outcomes Tracker	Needs/Challenges: Basic needs/housing challenges - Homelessness or unstable housing
AOC-1.2	Home safety concerns	Unsafe home features observed or disclosed by client; e.g. lead paint; mold; hoarding, not "baby proof", unsafe people present, unsecured furniture, other (e.g. exposed electrical & heater)	Needs/Challenges, Goals, Services, and Outcomes Tracker	Needs/Challenges: Basic needs/housing challenges - Home safety
AOC-1.3	Inadequate access clothing/baby supplies	N/A	Needs/Challenges, Goals, Services, and Outcomes Tracker	Needs/Challenges: Basic needs/housing challenges - Lack access to clothing and baby supplies
AOC-1.4	Inadequate transportation access	Lack of access to bus lines, need to leverage funding program (e.g. taxi voucher, ORCA)	Needs/Challenges, Goals, Services, and Outcomes Tracker	Needs/Challenges: Lack access to transportation
AOC-1.5	Inadequate access to food/nutrition	N/A	Needs/Challenges, Goals, Services, and Outcomes Tracker	Needs/Challenges: Basic needs/housing challenges - Lack access to food/nutritious food
AOC-1.6	Inadequate access to health & hygiene products	N/A	Needs/Challenges, Goals, Services, and Outcomes Tracker	Needs/Challenges: Basic needs/housing challenges - Lack access to health and hygiene products
<b>AOC-2.0</b>	<b>Health/Family Concerns</b>			
AOC-2.1	No access to medical coverage	Inadequate insurance; uninsured; undocumented and so w/o access to insurance	Needs/Challenges, Goals, Services, and Outcomes Tracker	Needs/Challenges: Healthcare-related needs - Adequate health insurance
AOC-2.2	No access to health care	Does not have necessary health care providers; undocumented	Needs/Challenges, Goals, Services, and Outcomes Tracker	Needs/Challenges: Healthcare-related needs - Access to healthcare or healthy living for yourself
AOC-2.3	Lack of access to pediatric care	Does not have a primary care provider for their children	Needs/Challenges, Goals, Services, and Outcomes Tracker	Needs/Challenges: Healthcare-related needs - Access to pediatric care
AOC-2.4	Lack of access to family planning services	N/A	Needs/Challenges, Goals, Services, and Outcomes Tracker	Needs/Challenges: Healthcare-related needs - Access to a family planning provider
<b>AOC-3.0</b>	<b>Employment/Financial Concerns</b>			
AOC-3.1	Employment issues	Unemployed or underemployed; lack of job availability (undocumented)	Needs/Challenges, Goals, Services, and Outcomes Tracker	Needs/Challenges: Financial/educational challenges- Un/under-employed
AOC-3.2	Financial issues	Inadequate financial situation; problems with benefits	Needs/Challenges, Goals, Services, and Outcomes Tracker	Needs/Challenges: Financial/educational challenges (any)
<b>AOC-4.0</b>	<b>Emotional/Behavioral Health Concerns</b>			
AOC-4.1	Anger Management issues	Need for anger management classes, etc.	Needs/Challenges, Goals, Services, and Outcomes Tracker	Needs/Challenges: Emotional/behavioral health concerns - Anger management issues
AOC-4.2	Substance/chemical dependency issue(s)	Alcohol and other drugs	Needs/Challenges, Goals, Services, and Outcomes Tracker	Needs/Challenges: Emotional/behavioral health concerns - substance use/chemical dependency issues
AOC-4.3	Mental health issues	MH diagnosis; suicidal; post-partum issues; unstable MH symptoms	Needs/Challenges, Goals, Services, and Outcomes Tracker	Needs/Challenges: Mental health issues
AOC-4.4	Domestic violence issues	Is currently or had recently experience(d) domestic violence; has or in need of restraining order	Needs/Challenges, Goals, Services, and Outcomes Tracker	Needs/Challenges: Emotional/behavioral health concerns - Domestic violence (or healthy relationships)
AOC-4.5	Lack of emotional/social support	Does not have sufficient family/friend/system support; withdrawn from community	Needs/Challenges, Goals, Services, and Outcomes Tracker	Needs/Challenges: Emotional/behavioral health concerns - Feel isolated or lack emotional/social support
AOC-4.6	Language/cultural barrier	Does not speak English; limited English ability	Needs/Challenges, Goals, Services, and Outcomes Tracker	Needs/Challenges: Emotional/behavioral health concerns - No/limited English ability (language services)
<b>AOC-5.0</b>	<b>Legal</b>			

Item #	Data Element	Data Definition		Reference in HBO instruments (Packet: Question/item)
AOC-5.1	CPS issues	Currently has an open CPS case; upcoming CPS hearing; CPS-related issues	Needs/Challenges, Goals, Services, and Outcomes Tracker	Needs/Challenges: Legal Concerns CPS-related
AOC-5.2	Legal issues	Has criminal history or current charges; has legal challenges with housing, drug court, taxes, court fees, divorce or DV, restraining orders, etc	Needs/Challenges, Goals, Services, and Outcomes Tracker	Needs/Challenges: Legal Concerns Other
AOC-5.3	Family reunification	In the process of trying to reunify with children		*Not collected
AOC-5.4	Foster care	Children are currently in foster care		*Not collected
AOC-5.5	Immigration issues	Has an unresolved immigration issue, including incomplete documentation or visas in process; undocumented; at risk of deportation		*Not collected
<b>AOC-6.0</b>	<b>Perinatal/Parenting</b>			
AOC-6.1	In need of doula, labor support	N/A	Needs/Challenges, Goals, Services, and Outcomes Tracker	Needs/Challenges: Prenatal/parenting - Doula/Labor support
AOC-6.2	Lack of access to perinatal care	Has not initiated or is inadequate care	Needs/Challenges, Goals, Services, and Outcomes Tracker	Needs/Challenges: Prenatal/parenting - Prenatal Care
AOC-6.3	Concerns around parenting skills	Needs support with parenting skills and would like to attend a class	Needs/Challenges, Goals, Services, and Outcomes Tracker	Needs/Challenges: Prenatal/parenting - Improve parenting skills
AOC-6.4	Lack of breastfeeding support	Has not initiated or is having challenges and does not currently have support	Needs/Challenges, Goals, Services, and Outcomes Tracker	Needs/Challenges: Prenatal/parenting - Breastfeeding assistance
AOC-6.5	Lack of appropriate childcare	Does not have childcare when needed for work or appointments or for respite and/or is leaving children with potentially unsafe individuals or alone	Needs/Challenges, Goals, Services, and Outcomes Tracker	Needs/Challenges: Prenatal/parenting - Childcare
AOC-6.6	Safe sleep concerns	General concerns related to child's safe sleep; client needs information/education about safe sleep and/or a crib or pack 'n play to allow for safe sleep	Needs/Challenges, Goals, Services, and Outcomes Tracker	Needs/Challenges: Prenatal/parenting - Concerns about safe baby sleep
<b>AOC-7.0</b>	<b>Education/Goals</b>			
AOC-7.1	Adult Education	Would like to go back to school; in need of GED; needs job training; ESL as barrier to job search	Needs/Challenges, Goals, Services, and Outcomes Tracker	Needs/Challenges: Financial/educational challenges - Need adult education/GED
AOC-7.2	Goal setting and attainment	Has trouble but would like support setting goals		*Not collected as this is a standard service all HBO clients receive
<b>SERVICES (SER)</b>				
<b>SER-1.0</b>	<b>Referral(s)</b>			
SER-1.1	Childcare assistance	Referrals to childcare assistance agencies like DSHS or Child Care Resources; child care search assistance	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Refer (active link to services) is checked for: Prenatal/parenting needs -childcare
SER-1.2	Chemical Dependency Treatment	Referral to CD inpatient or outpatient treatment program; referral to detox	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Refer (active link to services) is checked for: Emotional/behavioral health concerns - Substance use/chemical dependency issues
SER-1.3	Domestic Violence Services	Referral to domestic violence advocate/program	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Refer (active link to services) is checked for: Emotional/behavioral health concerns - Domestic Violence (or healthy relationships)
SER-1.4	Doula/labor support	Referral to doula	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Refer (active link to services) is checked for: Prenatal/parenting needs - Doula/labor support
SER-1.5	Employment support services	Referral to job search programs	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Refer (active link to services) is checked for: Financial/educational challenges - Un/under-employed
SER-1.6	Family planning/options counseling	Referral to and education about family planning and options counseling	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Refer (active link to services) is checked for: Healthcare related needs - Access to a family planning provider
SER-1.7	Financial services	e.g. TANF; assistance with applications and systems navigation; referral to SSA or DSHS	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Refer (active link to services) is checked for: Financial/educational challenges - Need public benefits (TANF, SSI, SSDI, etc.)
SER-1.8	Food/nutrition/WIC services	Referrals to WIC, DSHS and food banks	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Refer (active link to services) is checked for: Basic needs/housing challenges - Lack access to food/nutritious food

Item #	Data Element	Data Definition		Reference in HBO instruments (Packet: Question/item)
SER-1.9	Interpreter services	Referral to interpreter services	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Refer (active link to services) is checked for: Emotional/behavioral health concerns - No/limited English ability (language services)
SER-1.10	Healthcare	Referral to medical care and education about healthy pregnancy and healthy babies; dental	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Refer (active link to services) is checked for: Healthcare related needs - Access to healthcare or healthy living for yourself
SER-1.11	Housing/Housing assistance	e.g. direct referral to housing, Rent/Utility Assistance	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Refer (active link to services) is checked for: Basic needs/housing challenges - Homelessness or unstable housing
SER-1.12	Lactation consultant	Referral to a lactation consultant	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Refer (active link to services) is checked for: Prenatal/parenting needs - Breastfeeding support
SER-1.13	Legal services	Referral to legal services, such as free legal clinics and tenants' rights union	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Refer (active link to services) is checked for: Legal Concerns -any
SER-1.14	Mental health	Referral to mental health counseling	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Refer (active link to services) is checked for: Emotional/behavioral health concerns - Mental health issues
SER-1.15	Transportation assistance	e.g. HopeLink referral, ORCA card/bus ticket provision	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - <b>Provide materials OR Refer</b> (active link to services) is checked for: Basic needs/housing challenges - Lack access to transportation
<b>SER-2.0</b>	<b>Education Provided (Topics)</b>			
<b>SER-2.1</b>	<b>Behavioral Health</b>			
SER-2.1.1	Adverse Childhood Experiences (ACES)	Assessing and discussing impact of ACES; education about or related to ACES (general)		*Not collected - HBO was concerned that this could re-traumatize clients without adequate systems in place to support clients around issues that may arise
SER-2.1.2	Harm reduction	Helping clients reduce harm one step at a time by reducing drug use	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Educate/given written resource is checked for: Emotional/behavioral health concerns - Substance use/chemical dependency issues
SER-2.1.3	General Domestic Violence Education	Provide basic DV education and discuss power/control, safety planning and other options and things to look for	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Educate/given written resource is checked for: Emotional/behavioral health concerns - Domestic Violence (or healthy relationships)
SER-2.1.4	General mental health education	e.g. Stress reduction; self-esteem; post-partum depression	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Educate/given written resource is checked for: Emotional/behavioral health concerns - Mental health issues
SER-2.1.5	Healthy relationships	Education about what a healthy relationship looks and feels like; comparison of health vs. non-health relationships	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Educate/given written resource is checked for: Emotional/behavioral health concerns - Domestic Violence (or healthy relationships) **Note: This will be the same SER-2.1.3
SER-2.1.6	Alcohol, drug, smoke-free environments	General chemical dependency education; smoking cessation; effects of 2nd- hand and 3rd-hand smoke (smoking cessation)	Needs/Challenges, Goals, Services, and Outcomes Tracker AND Client competencies	Services - Educate/given written resource is checked for: Smoking cessation OR substance use/chemical dependency <b>OR</b> Smoking, alcohol, and drug use, or Secondhand smoke is checked in Client Competencies and Health Education Messages
<b>SER-2.2</b>	<b>Nutrition</b>			
SER-2.2.1	Breastfeeding information & resources	Provision of informational hand-outs; education about importance and effects of breastfeeding; available resources	Needs/Challenges, Goals, Services, and Outcomes Tracker AND Client competencies	Services - Educate/given written resource is checked for: Prenatal.parenting needs - Breastfeeding assistance <b>OR</b> Parenting/maternal health - Breastfeeding is checked in Client Competencies and Health Education Messages
SER-2.2.2	General nutrition education	Balanced caloric intake; effects of fiber; etc.	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Educate/given written resource is checked for: Basic needs/housing challenges - Lack access to food/nutritious food
SER-2.2.3	Healthy eating and cooking habits	How to set up a plate; healthy cooking methods (e.g. when to use different cooking oils); food/ingredient recommendations	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Educate/given written resource is checked for: Basic needs/housing challenges - Lack access to food/nutritious food **Note same as SER-2.2.2
<b>SER-2.3</b>	<b>Family Planning</b>			
SER-2.3.1	General family planning education	Reproductive life-planning; birth control education or provision (e.g. condoms)	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Educate/given written resource is checked for: Healthcare related needs - Access to a family planning provider
<b>SER-2.4</b>	<b>Parenting</b>			
SER-2.4.1	General parenting education	Shaken-baby syndrome; development stages and associated parenting methods	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Educate/given written resource is checked for: Prenatal.parenting needs - Improve parenting skills

Item #	Data Element	Data Definition		Reference in HBO instruments (Packet: Question/item)
SER-2.4.2	Positive Parenting	Positive discipline; how to discipline	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Educate/given written resource is checked for: Prenatal.parenting needs - Improve parenting skills **Same as SER-2.4.1
SER-2.4.3	PURPLE Crying	How to parent/cope with intense crying (Peak of crying, Unexpected, Resists soothing, Pain-like face, long-lasting, Evening)		*Not collected - HBO determined this was too specific to document explicitly
<b>SER-2.5</b>	<b>Social Services</b>			
SER-2.5.1	Employment resources	Resume building; job search instructions; online applications; interviewing skills	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Refer is checked for: Financial/educational challengesUn/under-employed
SER-2.5.2	Financial services	Budgeting; education about financial resources/programs (e.g. TANF, food stamps)	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Educate is checked for: Financial/educational challenges: Need public benefits (TANF, SSI, SSDI, etc.), Financial literacy, OR Debt issues
SER-2.5.3	Linking to community resources	Clothing bank access/education; library access and utilization methods; how to access household items; access to pregnancy resources	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services-Refer is checked for: any basic needs/housing challenges, Financial/educational challenges, Healthcare related needs, OR Prenatal/parenting needs.
<b>SER-2.6</b>	<b>Maternal/Infant Health</b>			
SER-2.6.1	Child safety (e.g. Car Seat Safety)	CPR; preventing accidental injury; properly adjusting car seat	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Educate is checked for Basic needs/housing challenges: Other child safety (e.g. care safety, CPR, accidental injury, etc.)
SER-2.6.2	Basic health education	Healthy and active living; preventive care and regular screenings; vaccination schedules; breast health	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Educate is checked for Healthcare related needs: Access to healthcare or healthy living for yourself
SER-2.6.3	Home safety	"cleaning with caution" training; how to assess and prevent risks - Unsafe home features observed or disclosed by client; e.g. lead paint; mold; hoarding, not "baby proof", unsafe people present, unsecured furniture, other (e.g. exposed electrical & heater)	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Educate is checked for Basic needs/housing challenges: Home safety (e.g. lead paint, mold, baby-proofing, etc.)
SER-2.6.5	Safe sleep	SIDS education; back-to-sleep	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Educate is checked for Prenatal/parenting needs: Concerns about safe baby sleep
SER-2.6.6	Childbirth education	Birth plan development, what to expect, referrals to classes & hospital tours	Needs/Challenges, Goals, Services, and Outcomes Tracker AND Client competencies	Services - Educate OR refer is checked for Prenatal/parenting needs: Doula/labor support; OR Client Competencies - Pregnancy: Birth Planning
SER-2.6.7	Child growth & development	Child development milestones	Client Competencies	Client Competencies: Infant development milestones (any)
SER-2.6.8	Prenatal care	Best practices during pregnancy and regularity of prenatal care visits	Needs/Challenges, Goals, Services, and Outcomes Tracker AND Client competencies	Services - Educate OR refer is checked for Prenatal/parenting needs: Prenatal care; OR Client Competencies - Pregnancy (any)
<b>SER-3.0</b>	<b>Direct Services to Clients (Case Management and Advocacy)</b>			
SER-3.2	Crisis management	Supporting client through major life crisis such as housing loss, unemployment, loss of a child or other family member, mental health/suicidality, ongoing chemical dependency, pregnancy complications, domestic violence, etc.	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - any services checked for Basic needs/housing challenges: Crisis assistance
SER-3.3	Financial Services Assistance	Financial benefits assistance, budgeting, evictions, collections, etc.	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Refer or advocate is checked for: Financial/educational challenges: Need public benefits (TANF, SSI, SSDI, etc.), Financial literacy, OR Debt issues
SER-3.5	Healthcare coverage access assistance	Enrolling clients in health coverage or referring them to someone who can complete the enrollment	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Refer is checked for: Healthcare related needs: Adequate health insurance
SER-3.6	Housing Assistance	Housing search, completing housing applications, advocating with landlords	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Refer or advocate is checked for Basic needs/housing challenges: homelessness or unstable housing
SER-3.7	Needs assessment	Listening to the client to determine their needs		All clients receive this service
SER-3.8	Client advocacy and linkage to services	Contacting service providers unbehalf of clients; Help client navigate challenging systems/providers and link client to necessary resources	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Refer or advocate is checked for any need/challenge in any category
<b>SER-4.0</b>	<b>Indirect Services</b>			
SER-4.1	Collaboration with other agencies/programs	Sharing program information between agencies, making "warm" referrals, engaging on a wraparound care team for a client, etc.	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Advocate is checked for any need/challenge in any category

Item #	Data Element	Data Definition		Reference in HBO instruments (Packet: Question/item)
SER-4.2	Identifying/Developing educational materials	e.g. PowerPoint Presentations; brochures; research; curriculum development (for classes)		*Not collected
SER-4.3	Organizing events (e.g. education events, health fairs)	N/A		*Not collected
SER-4.4	Presentation(s) provided	Presentations provided to person(s) who are not clients		*Not collected
<b>OUTCOMES (OUT)</b>				
<b>OUT-1.0</b>	<b>Basic Needs/Housing Outcomes</b>			
OUT-1.1	Client successfully applied for housing	N/A	Exit	Exit packet: Since enrolling in HBO program, did you experience any of the following significant life changes: Applied for housing
OUT-1.2	Client successfully obtained housing	N/A	Exit	Exit packet: Since enrolling in HBO program, did you experience any of the following significant life changes: Secured housing
OUT-1.3	Improved transportation access	e.g. Got a bus pass/ORCA LIFT, understand how to use bus, received bus tickets, got a car, etc.	Needs/Challenges, Goals, Services, and Outcomes Tracker	Exit Survey - "Much better" or "somewhat better" is checked for Lack access to transportation
OUT-1.4	Improved access to food/nutrition	e.g. Receiving food stamps and/or WIC, provided information about nutrition, provided food bank information, referral to nutritionist, Etc.	Needs/Challenges, Goals, Services, and Outcomes Tracker	Exit Survey - "Much better" or "somewhat better" is checked for Lack access to food/nutritious food
OUT-1.5	Improved access to clothing/baby supplies	e.g. Received supplies from Westside Baby, voucher for Baby Boutique, etc.	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Provide materials is checked for Lack access to clothing and baby supplies <b>OR</b> Exit Survey - "Much better" or "somewhat better" is checked for Lack access to clothing and baby supplies
<b>OUT-2.0</b>	<b>Health/Family Outcomes</b>			
OUT-2.1	Improved access to breastfeeding assistance	Received breastfeeding education and support and/or referral to lactation consultant	Needs/Challenges, Goals, Services, and Outcomes Tracker	Services - Educate or refer is checked for Prenatal/parenting needs: breastfeeding assistance
OUT-2.2	Safe sleep improvement	Received safe sleep education and support; client reports that baby has new safe sleep materials	Needs/Challenges, Goals, Services, and Outcomes Tracker	Exit Survey - "Much better" or "somewhat better" is checked for Prenatal/parenting needs: concerns about safe baby sleep
OUT-2.3	Received adequate medical coverage	Engaged in pre-natal and post-partum care and regular preventive care for mom and baby	Needs/Challenges, Goals, Services, and Outcomes Tracker	Exit Survey - "Much better" or "somewhat better" is checked for Prenatal/parenting needs: Prenatal care, or healthcare related needs Access to healthcare or healthy living for yourself, access to pediatric care for child/children, access to family planning provider
OUT-2.4	Healthcare access improved	Has access to healthcare services	Exit	"Yes" to question: have you establishehd a primary care provider for yourself?
OUT-2.5	Increased access/Improved family planning	Talked to provider about family planning and is taking intentional steps to family plan	Needs/Challenges, Goals, Services, and Outcomes Tracker	Exit Survey - "Much better" or "somewhat better" is checked for Healthcare related needs Access to family planning provider
OUT-2.6	Parenting skills improvement	Attended parenting class, engaging with children more, reports parenting skills improvement	Needs/Challenges, Goals, Services, and Outcomes Tracker	Exit Survey - "Much better" or "somewhat better" is checked for Prenatal/parenting needs: Improve parenting skills
OUT-2.7	Reduction in smoking	Smoking less than before	Exit	Exit packet: Since enrolling in HBO program, did you experience any of the following significant life changes: Reduced substance use (alcohol, drugs, or tobacco)
OUT-2.8	Childcare issues addressed/resolved	Has necessary childcare coverage	Needs/Challenges, Goals, Services, and Outcomes Tracker	Exit Survey - "Much better" or "somewhat better" is checked for Prenatal/parenting needs: childcare
<b>OUT-3.0</b>	<b>Employment/Financial Outcomes/Legal</b>			
OUT-3.1	Actively searching for employment	Applying for jobs and networking	Exit	Exit packet: Since enrolling in HBO program, did you experience any of the following significant life changes: Actively searched for employment
OUT-3.2	Receiving/received job training	Enrolled in a job training program	Exit	Exit packet: Since enrolling in HBO program, did you experience any of the following significant life changes: Received job training
OUT-3.3	Secured employment	Got a job and actively working	Exit	Exit packet: Since enrolling in HBO program, did you experience any of the following significant life changes: Secured employment
OUT-3.4	Received financial assistance	DSHS (e.g. TANF, food stamps), SSI, SSA, SSDI, Child Support, etc.	Exit	Exit packet: Since enrolling in HBO program, did you experience any of the following significant life changes: Received any new financial assistance
OUT-3.5	Increase access/Improved legal support	Received legal advice on tenant rights, DV, benefits, etc.	Exit	Exit packet: Since enrolling in HBO program, did you experience any of the following significant life changes: Received legal advice
<b>OUT-4.0</b>	<b>Emotional/Behavioral Health Outcomes</b>			
OUT-4.1	Emotional health improvements observed and/or reported by client	Client reports or it is observed that client is experiencing more stable emotions	Needs/Challenges, Goals, Services, and Outcomes Tracker	Exit Survey - "Much better" or "somewhat better" is checked for Emotional/behavioral health concerns: Mental health issues
OUT-1.2	Receiving community and/or family support	Receives assistance from family, friends or neighbors as needed or from supportive community groups and organizations	Exit	Exit packet: Since enrolling in HBO program, did you experience any of the following significant life changes: increased support network
OUT-4.3	Increased life functioning/personal empowerment	Achieved or working toward goals; better able to advocate for herself and her family		*Not collected

Item #	Data Element	Data Definition		Reference in HBO instruments (Packet: Question/item)
OUT-4.2	Increased community involvement and/or social involvement	Engages with the community at large – e.g. neighbors, community organizations, volunteering, etc.	Needs/Challenges, Goals, Services, and Outcomes Tracker	Exit Survey - "Much better" or "somewhat better" is checked for Emotional/behavioral health concerns: Feel isolated or lack emotional/social support
OUT-1.3	Accessed domestic violence resources/DV situation improved	Client is no longer in contact with abuser or is making progress to address the situation in the safest way	Exit	Exit packet: Since enrolling in HBO program, did you experience any of the following significant life changes: accessed domestic violence resources
OUT-4.4	Accessed resources or improved Depression/Post Partum Depression	Is receiving counseling and/or other support to address depression and is feeling depressed less frequently or no longer at all	Exit	Exit packet: Since enrolling in HBO program, did you experience any of the following significant life changes: initiated mental health counseling or therapy
OUT-4.3	Substance use reduction and/or treatment received	Received inpatient or outpatient treatment and/or is no longer using or is using less often	Exit	Exit packet: Since enrolling in HBO program, did you experience any of the following significant life changes: initiated treatment for alcohol, drug, or tobacco cessation OR reduced substance use (alcohol, drugs, or tobacco)
OUT-1.4	Decrease cultural/language barriers	Received culturally competent and language appropriate support and has increased ability to interact with others within and outside of their cultural/language group	Needs/Challenges, Goals, Services, and Outcomes Tracker	Exit Survey - "Much better" or "somewhat better" is checked for Emotional/behavioral health concerns: No/limited English ability (language services)
<b>BIRTH OUTCOMES (BIR)</b>				
<b>BIR-1.0</b>	<b>Birth type</b>			
BIR-1.1	Healthy birth	N/A	Exit	"Live birth" to what was the outcome of the pregnancy AND healthy birthweight (5lbs, 8oz or more) AND "No" to Was your baby in the NICU after birth? AND nothing checked under "Did your baby have any of the following health problems at birth?"
BIR-1.2	Still Birth	N/A	Exit	"Still birth" to what was the outcome of the pregnancy?
BIR-1.3	Miscarriage	N/A	Exit	"Miscarriage" to what was the outcome of the pregnancy?
BIR-1.4	Abortion	N/A	Exit	"Abortion/termination" to what was the outcome of the pregnancy?
BIR-1.5	Fetal Death	N/A	Exit	"Miscarriage" or "Still birth" to what was the outcome of the pregnancy?
BIR-1.6	Infant Death	N/A	Exit	"Yes" to at any point while enrolled, did client experience death of the infant?
BIR-1.7	C-section	N/A	Exit	"Yes" to When you gave birth, did you experience any of the following? Medically-required C-section OR Non-medically required (elective) C-section
BIR-1.8	Vaginal delivery	N/A	Exit	"No" to When you gave birth, did you experience any of the following? Medically-required C-section AND Non-medically required (elective) C-section
BIR-1.9	Multiple births (e.g. twins)	N/A	Exit	"Twins" or "Triplets" to Plurality of this pregnancy
<b>BIR-2.0</b>	<b>Birth details</b>			
BIR-2.1	Birth weight (lbs. and/or very low, low, healthy)	N/A	Exit	Answer to what was the baby's birthweight? Is less than 5.8 oz , low or very low
BIR-2.2	Gestational age (weeks) at birth	N/A	Exit	Answer to how many weeks gestation was your baby at birth?
BIR-2.3	Prenatal Care initiation	Indication of whether or not prenatal care was initiated and if so, in which Trimester	Medical visits and immunizations	Care was initiated if any prenatal visit dates are specified/ trimester = date of first prenatal visit minus conception date. First trimester is 0-12 weeks. NOTE: conception date should be calculated as birth date minus 9 months
BIR-2.4	Age @ death (if applicable)	N/A	Exit	Date of death minus infant's birth date
BIR-2.5	Date of birth	N/A	Exit	Infant's birth date
BIR-2.6	Number of births (if multiple)	N/A	Exit	Plurality of this pregnancy: "Twins" =2 or "Triplets"=3

## Data Dictionary for key maternal health indicators

This table provides details about a few commonly reported maternal health indicators that can be particularly challenging to calculate

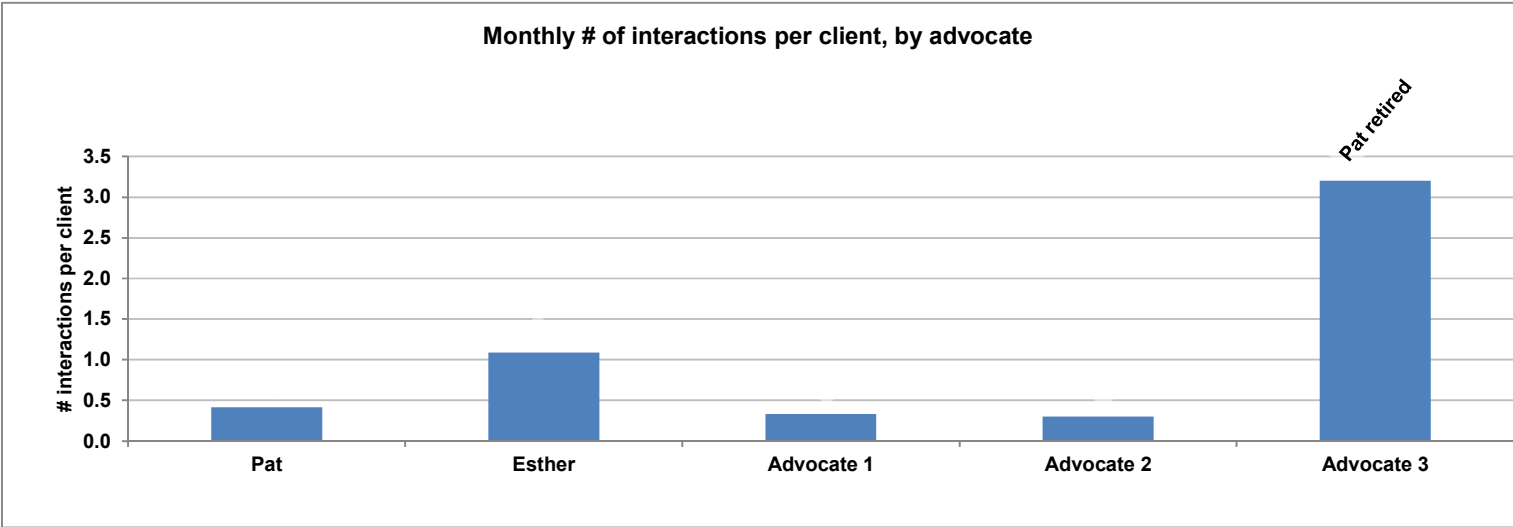
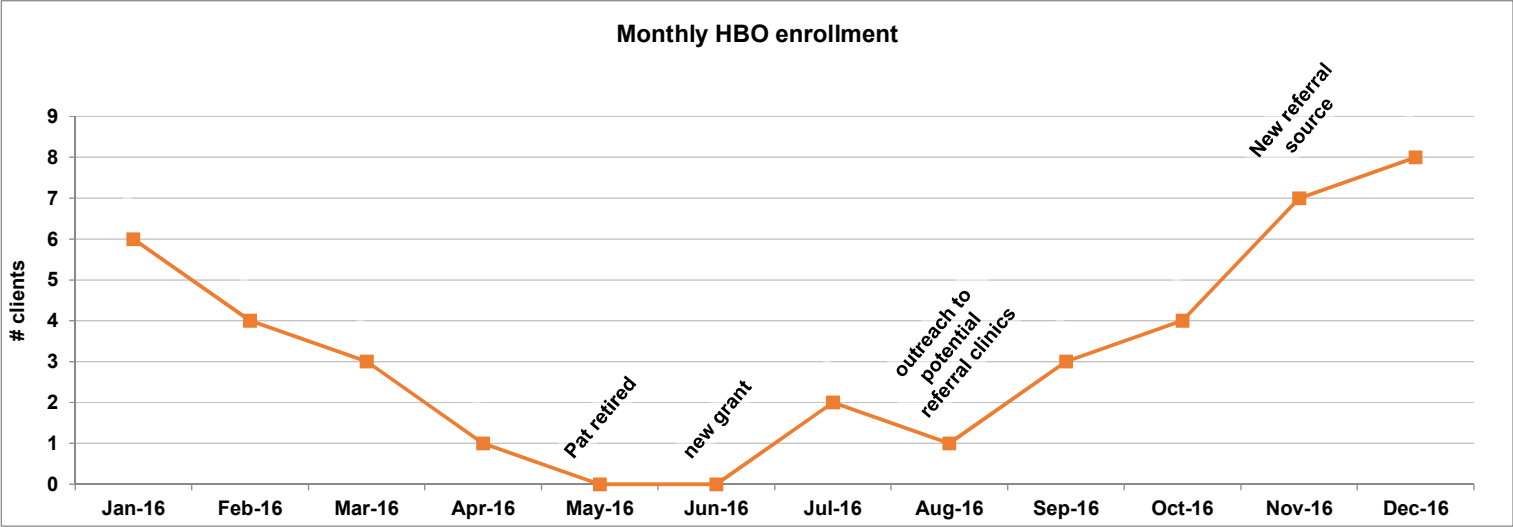
Construct	Definition	Data Source(s) in Packet	Notes about how to calculate	Utility
<b>Maternal outcomes - calculate only after client has given birth.</b>				
Timeliness of Prenatal Care (as measured by HEDIS, HRSA)	Percent of pregnant women who receive prenatal care beginning in the first trimester (42 days since conception)	Intake packet - pregnancy and health related information  Medical visits and immunizations	We included a few different options on the forms to collect prenatal care visit data due to concerns about missing data. If certain methods seem to yield more complete data than others, you may want to streamline the forms or the calculation.  Step 1: Calculate estimated date of conception = due date of baby minus 9 months [Data source: Intake - Pregnancy and Health-Related Information: Estimated due date of baby]  Step 2: Calculate days from estimated date of conception to date of first prenatal visit [Data sources: Step 1 and Medical Visits and immunizations: Date of first prenatal visit <b>OR</b> Intake - approximate date of first prenatal care visit]  Step 3: Calculate percentage of clients who receive prenatal care during the first trimester (within 42 days since conception)  Step 4: For clients missing data using the method above, use trimester of first prenatal care visit from Intake form	Descriptive outcome
Frequency of Ongoing Prenatal Care (as measured by HEDIS)	Percent of clients who attended at least 80% of ACOG recommended prenatal visits	Medical visits and immunizations	ACOG recommends 14 visits for a 40 week pregnancy Can categorize according to HEDIS categories: < 21 percent of expected visits 21 percent – 40 percent of expected visits 41 percent – 60 percent of expected visits 61 percent – 80 percent of expected visits ≥ 81 percent of expected visits	Descriptive outcome
Adequacy of Prenatal Care (As measured in MIHVP Eval—Strong Start)	% of clients who met criteria for adequate prenatal care	Medical visits and immunizations	No/inadequate care = initiated prenatal care after end of month 4 of pregnancy OR reported fewer than 80% of recommended visits Adequate care= began care in months 1-4 of pregnancy and receive at least 80% of recommended visits (this may exceed 100% - that's OK)  Note: this is a paired-down version of the APNCU-2 M index for adequacy of prenatal care	Assess program impact: Does HBO improve adherence to prenatal care visits? Cross adequate (yes/no) by time of enrollment in HBO (pre/post-natal)  If numbers are sufficient, could further stratify by gestational age at enrollment in HBO (by trimester/post-partum)
Postpartum Care (NCQA/HEDIS)	% of clients who had a postpartum visit between 21 days and 56 days after delivery	Medical visits and immunizations  Post-birth packet	Date of post-partum check-up (service packet - medical visits) minus infant's birth date (Post birth packet - Postpartum survey)	Descriptive outcome



## Appendix F. Sample Dashboard (examples of run charts and tables)

See Excel version for an example of how these charts and tables can be auto-calculated from data entered monthly

Enter or edit data using the Edit Data tab below



HBO clients by trimester at enrollment		
Trimester at Enrollment	#	%
1	4	33%
2	2	17%
3	4	33%
PP	2	17%
Grand Total	12	100%

Number that initiated prenatal care in 1st trimester by trimester at enrollment			
Trimester at Enrollment	N	Y	Row total
1		4	4
2		2	2
3	3	1	4
PP	2		2
Row total	5	7	12

Number with healthy birth weight by trimester at enrollment				
Trimester at Enrollment	N	Y	Unk	Row total
1		4		4
2		2		2
3	2		2	4
PP	1	1		2
Row total	3	7	2	12

## healthy birth outcomes program theory of change by the numbers

**Guiding Philosophy: Healthy moms lead to healthy babies. Flexible, client-directed support during pregnancy through one year post-partum helps low-income and women of color meet self-identified needs/goals.**

### Resources & Context

N Trained staff  
\$\_\_ Average cost/client  
Referral networks  
Clients intent

X% of clients unstably housed  
X% of clients experiencing DV  
X% of clients born outside USA

X% of clients below FPL (2\*FPL)  
X% of clients who identify as POC

### Program Activities & Outputs

#### Instrumental support

*X%/N receive materials (baby supplies, clothing, food, etc.)*  
*X%/N receive referrals or advocacy for healthcare or social service providers*

#### Informational support

*X%/N have educational conversations with advocates about parenting, pregnancy, or infant health, safety, and development*

#### Emotional support

*X%/N receive counseling and active listening support from advocates*  
*X%/N of clients with identified needs for emotional or behavioral health support receive referrals or advocacy for those services*

#### Affiliational support

*Clients interact with advocates for X hours on average (or median)*

### Outcomes for Mother

#### ↑ engagement in services:

*X%/N enrolled in first trimester attend at least 81% of recommended prenatal visits*

*X%/N receive referrals or advocacy for healthcare related needs*

#### ↑maternal & child health knowledge & skills

*X%/N who identified prenatal/parenting needs believed their situation improved*

*X%/N Received at least 6 key health education messages during conversations with advocates*

#### ↑ resilience & sense of community

*X%/N who identified emotional/behavioral health concerns believed their situation improved*

### Outcomes for Baby

#### Improved birth outcomes, e.g.

*X% of clients who enroll before Y weeks gestation have healthy birthweight babies*

*X% of clients who enroll before Y weeks gestation carry their pregnancy to at least 37 weeks*

*\*For clients enrolled during pregnancy, all (or X%) survive first 12 mos\**

#### Improved health care & outcomes, e.g.

*X% infants attend at least 4 well child visits in first 12 mos*

*X% of infants receive all doses of recommended vaccines in first 12 mos*

### Community Impact

*Compared to mothers and infants in Comparison Group (TBD), HBO clients had significantly:*

*↑ birthweight  
↑ gestation*

*Infants in their first 12 mos were significantly more likely to:*

*receive all recommended vaccines  
attend at least 4 well child visits*

## Appendix H Recommendations regarding adaptations to instruments

Green Light Adaptations	Yellow Light Adaptations	Red Light Adaptations
<p>Adding any new metric or formalizing a common “other” write-in in any section of the data collection tools without modifying or removing existing metrics</p> <p>Ex: Advocates often write-in “immigration concerns” in Needs/Challenges, Goals, Services, and Outcomes Tracker so you add an official checkbox under Legal Concerns for this common write-in field</p>	<p>Altering checkbox items (specific needs/challenges) in the Needs/Challenges, Goals, Services, and Outcomes Tracker to align with funder, health network, or YWCA shifts</p> <p>Ex: HOPE decides they are no longer interested in tracking anger management challenges, and instead wants to track depression. It is possible to change the checkbox depression, but also note that mental health issues should then exclude depression. Any comparison or scan of data related to “mental health issues” including clients before and after that change—should collapse clients noting depression and any other mental health issue.</p>	<p>Removing or altering healthcare visit and information from EHR or wallet cards</p> <p>Ex: Clients have difficulty remembering to use their wallet cards during appointments, it would be better to assist clients in contacting their OBs than to remove this data source</p>
<p>Altering checkbox items (specific needs/challenges) in the Client Competencies and Health Education Messages to align with funder, health network, or YWCA shifts</p> <p>Ex: Based on new research, HBO decides to stop educating clients about bedtime routines, it would be fine to remove that checkbox</p>	<p>Changing or removing a broader category within Needs/Challenges, Goals, Services, and Outcomes Tracker or changing service types/outcome tracking</p> <p>Programmatically, you decide you’re going to start tracking nutrition and exercise more closely, so you add a broader topic called Fitness and Nutrition to the Tracker. We would recommend that you keep and continue to analyze “lack of access to food” within basic needs, but create completely independent need/challenge categories under this new broader topic.</p>	<p>Removing or altering critical outcome indicators:</p> <p>Birthweight &amp; birthdate of baby</p> <p>Due date/estimated trimester at entry</p> <p>Health history information (but can add additional questions for this as research suggests it is relevant)</p>
<p>Changing technical terminology like “primary care provider” to enhance clarity for clients and use synonyms that are more commonly understood</p>	<p>Altering infant immunization fields</p> <p>Ex: A new vaccine is released for infants to prevent them from becoming susceptible to the Zika Virus (for example) and the CDC recommends that all infants receive this vaccine by 6 mos, it would be fine to add this to the list of vaccines. Analyses for whether infants had received all recommended vaccines will need to be computed separately for infants before this new vaccine and infants after this new vaccine.</p>	<p>Altering the wording of any screening question or standardized measure</p> <p>Removing any part of a screening question would invalidate the screen. However, if the screens used in the field change, it would be safe to change the screening question entirely. However, the screen’s ability to detect the issue might be different than the older version (e.g., it might look like more clients report depression than the used to, but it might just be the screening question). The exception here is the question about marijuana because there were no standardized questions for pregnant women, so we adapted a question about drugs.</p>

## Healthy Birth Outcomes (HBO)

YWCA Seattle | King | Snohomish

These forms to be completed during or soon after enrollment:

- ☐ INTAKE PACKET – complete at enrollment
  - YWCA CLIENTTRACK INTAKE FORM
  - Intake form addendum
  - Pregnancy and health related information
  
- ☐ INITIAL SCREENING – complete within 30 days of enrollment (or before expected due date if client is more than 8 months pregnant at enrollment)
  - Initial screening form
  - Needs/challenges section of Needs and Goals Tracker

# INTAKE PACKET

## CLIENTRACK INTAKE FORM



<b>First Name:</b> _____ <b>Last Name:</b> _____ <b>Social Security Number:</b> XXX-XXXX- _____ <b>Date of Birth:</b> _____	<b>To be completed by YWCA STAFF:</b> <b>Program Name:</b> _____ <b>Case Manager:</b> _____ <b>Intake Date:</b> _____
<b>1. Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender (Male to Female) <input type="checkbox"/> Transgender (Female to Male) <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<b>6. Limited English</b> <input type="checkbox"/> No – Fluent <input type="checkbox"/> Don't Know <input type="checkbox"/> Yes – Interpreter Needed <input type="checkbox"/> Refused <input type="checkbox"/> Yes – No Interpreter Needed
<b>2. Household Composition</b> <b>a. Household with Minors Under 18</b> <input type="checkbox"/> Single parent female <input type="checkbox"/> Single parent male <input type="checkbox"/> Two parents <input type="checkbox"/> Other related household <b>b. Single Person Household</b> <input type="checkbox"/> Female adult <input type="checkbox"/> Male adult <input type="checkbox"/> Single minor <b>c. Shared Adult Household</b> <input type="checkbox"/> Partnered/Married <input type="checkbox"/> Other related adults <input type="checkbox"/> Household Composition Unknown	<b>7. Immigrant Status</b> <input type="checkbox"/> Not an Immigrant/Refugee <input type="checkbox"/> Don't Know <input type="checkbox"/> Immigrant/Refugee <input type="checkbox"/> Refused
	<b>8. Is client homeless?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
	<b>9. Has client ever served on active duty in the U.S. Military?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
	<b>10. Does client have a disabling condition?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<b>3. Relationship to Head of Household</b> <input type="checkbox"/> H of H <input type="checkbox"/> Guardian <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Other Family Member <input type="checkbox"/> Daughter <input type="checkbox"/> Other Non-Family Member <input type="checkbox"/> Dependent Child <input type="checkbox"/> Member <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Caretaker	<b>11. What ZIP CODE does the client live in?</b> _____ <b>12. What CITY does the client live in?</b> _____ <small>*If client is homeless provide the zip code and city where they previously lived.</small>
<b>4. Ethnicity</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Don't Know <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Refused	<b>13. Has the client experienced domestic violence?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<b>5. Race (check all that apply)</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hawaiian Native/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Other Race <input type="checkbox"/> Unknown	<b>14. How many people live in the household?</b> _____ <b>15. Household's yearly gross income?</b> _____

16. Income Category - Circle the household's category based on: # in household and yearly income.

	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Category A - Very Low	Up to \$18,550	Up to \$21,200	Up to \$23,850	Up to \$26,450	Up to \$28,600	Up to \$30,700	Up to \$32,800	Up to \$34,950
Category B - Low	\$18,551 to \$30,900	\$21,201 to \$35,300	\$23,851 to \$39,700	\$26,451 to \$44,100	\$28,601 to \$47,650	\$30,701 to \$51,200	\$32,801 to \$54,700	\$34,951 to \$58,250
Category C - Moderate	\$30,901 to \$44,750	\$35,301 to \$51,150	\$39,701 to \$57,550	\$44,101 to \$63,900	\$47,651 to \$69,050	\$51,201 to \$74,150	\$54,701 to \$79,250	\$58,251 to \$84,350
Category D - Above Moderate	\$44,751 or More	\$51,151 or More	\$57,551 or More	\$63,901 or More	\$69,051 or More	\$74,151 or More	\$79,251 or More	\$84,351 or More

17. Region where client is receiving services

☐ East King County ☐ Seattle ☐ Snohomish County ☐ South King County ☐ State-wide

## INTAKE FORM ADDENDUM

Client Name: \_\_\_\_\_ Advocate Name: \_\_\_\_\_ Intake Date: \_\_\_\_\_  
MM / DD / YYYY

### **DEMOGRAPHICS (in addition to YWCA form)**

**Where was client born? (circle one)** U.S. / Outside the U.S. / Don't know

#### **Client's highest level of education completed?**

- |   |  |
|---|--|
| <input type="checkbox"/> Did not complete high school   | <input type="checkbox"/> 2 year college degree           |
| <input type="checkbox"/> High school graduate/GED       | <input type="checkbox"/> 4 year college degree           |
| <input type="checkbox"/> Some college/vocational school | <input type="checkbox"/> More than 4 year college degree |
| <input type="checkbox"/> Don't know                     | <input type="checkbox"/> Refused                         |

#### **Client's medical insurance type?**

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Private                               | <input type="checkbox"/> Uninsured  |
| <input type="checkbox"/> Medicaid                              | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Other public (e.g. Medicare, Tricare) | <input type="checkbox"/> Refused    |

#### **If Medicaid, which Managed Care Organization?**

- |  |  |
|--|--|
| <input type="checkbox"/> Amerigroup                  | <input type="checkbox"/> Molina                          |
| <input type="checkbox"/> Community Health Plan of WA | <input type="checkbox"/> UnitedHealthcare Community Plan |
| <input type="checkbox"/> Coordinated Care            | <input type="checkbox"/> Other: _____                    |
| <input type="checkbox"/> Don't know                  |  |

**Client currently enrolled in WIC?** ☐ Yes ☐ No ☐ Don't know ☐ Refused

#### **Which of the following best describes the client's housing status?**

- ☐ Stably housed
- ☐ Unstably housed and at risk of losing housing
- ☐ Imminently losing housing within 14 days and no feasible alternatives identified
- ☐ Literally homeless (e.g. streets, abandoned building, shelter, hospital, experiencing domestic violence, graduating or timing out of a transitional living program)
- ☐ Don't know
- ☐ Refused

## PREGNANCY AND HEALTH-RELATED INFORMATION

THE FOLLOWING QUESTIONS ARE ABOUT THE CLIENT'S CURRENT PREGNANCY. IF THE CLIENT ENROLLS POSTPARTUM, PLEASE ANSWER THE QUESTIONS FOR THE MOST RECENT PREGNANCY.

### What trimester of your pregnancy are you currently in?

- ☐ (1) 1st trimester
- ☐ (2) 2nd trimester
- ☐ (3) 3rd trimester
- ☐ (P) Postpartum
- ☐ Don't know

Do you know the estimated due date of your baby? \_\_/\_\_/\_\_ ☐ Don't Know

(enter birth date of the baby if enrolling postpartum)

Are you pregnant with a single baby, twins, triplets, etc.? ☐ Single ☐ Twins ☐ Triplets ☐ Don't know

### What type of parenting support do you have in place? (check all that apply)

- ☐ Parenting alone
- ☐ Co-parenting with:
  - ☐ Biological co-parent
  - ☐ Other co-parent
- ☐ Parenting without co-parent but with support from:
  - ☐ Family
  - ☐ Friends
- ☐ No parenting plan established
- ☐ Don't know
- ☐ Refused

Have you had any prenatal care visits for this pregnancy? ☐ Yes ☐ No ☐ Don't know

IF yes, do you remember the approximate date of your first prenatal care visit?

(prompt: how far along in your pregnancy were you?)

Approximate date: \_\_/\_\_/\_\_ OR Approximate # of weeks gestation: \_\_\_\_ weeks

IF date/weeks not known:

- ☐ 1st trimester
- ☐ 2nd trimester
- ☐ 3rd trimester
- ☐ Client never received prenatal care (postpartum enrollments only)

Where are you going for prenatal care? (If client hasn't gone to the doctor yet: where do you plan to go for prenatal care?)

Name of hospital/clinic: \_\_\_\_\_ ☐ Don't know ☐ Refused

Who is your prenatal care doctor? \_\_\_\_\_ ☐ Don't know ☐ Refused

Have you established a primary care provider? ☐ Yes ☐ No ☐ Don't know ☐ Refused

Recommendations regarding adaptations to instruments – green light, yellow light, red light highlighted



**Have you been/were you hospitalized at any point during this pregnancy (excluding labor/birthing)?**

☐ Yes ☐ No ☐ Don't know ☐ Refused

If yes, how many days were you in the hospital? \_\_\_\_

**Have you had/did you have any of the following health issues during this pregnancy? (Check all that apply)**

<b>Diabetes</b>	<b>Hypertension</b>	<b>Pregnancy resulted from infertility treatment</b>
<input type="checkbox"/> Yes, please specify:	<input type="checkbox"/> Yes, please specify:	<input type="checkbox"/> Yes, please specify:
<input type="checkbox"/> Pre-pregnancy (Diagnosis prior to this pregnancy)	<input type="checkbox"/> Pre-pregnancy (Chronic)	<input type="checkbox"/> Fertility-enhancing drugs; artificial insemination; or intrauterine insemination
<input type="checkbox"/> Gestational (diagnosis in this pregnancy)	<input type="checkbox"/> Gestational (PIH, preeclampsia)	<input type="checkbox"/> Assisted reproductive technology (IVF; gamete intrafallopian transfer (GIFT))
	<input type="checkbox"/> Eclampsia	
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Don't know/haven't been to the doctor	<input type="checkbox"/> Don't know/haven't been to the doctor	<input type="checkbox"/> Don't know
<input type="checkbox"/> Refused	<input type="checkbox"/> Refused	<input type="checkbox"/> Refused

☐ Other serious health condition, please specify: \_\_\_\_\_

THE FOLLOWING QUESTIONS ARE ABOUT PRIOR PREGNANCIES/BIRTHS, NOT THE CURRENT PREGNANCY. IF THE CLIENT IS ENROLLED IN HBO POST-PARTUM, HER MOST RECENT PREGNANCY SHOULD BE CONSIDERED "CURRENT" PREGNANCY.

**Prior to the current pregnancy, had you EVER been pregnant?**

☐ Yes ☐ No ☐ Don't know ☐ Refused

**If yes, did you experience any of the following?**

- |  |  |
|--|--|
| <input type="checkbox"/> Preterm birth                 | <input type="checkbox"/> Small-for-gestational age/intrauterine growth restricted birth) |
| <input type="checkbox"/> Miscarriage                   | <input type="checkbox"/> Previous cesarean delivery                                      |
| <input type="checkbox"/> Abortion/termination          | If yes, how many _____   |
| <input type="checkbox"/> Perinatal death               |  |
| <input type="checkbox"/> Previous vaginal delivery     |  |
| <input type="checkbox"/> Multiple births (twins, etc.) | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Don't Know                    | <input type="checkbox"/> Refused   |

**Did you have any other pregnancies in the 12 MONTHS before your current pregnancy?**

☐ Yes ☐ No ☐ Don't know ☐ Refused

**If yes, what was the outcome of that pregnancy/birth?**

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Healthy birth/baby       | <input type="checkbox"/> Miscarriage          | <input type="checkbox"/> Don't know   |
| <input type="checkbox"/> Baby had health problems | <input type="checkbox"/> Abortion/termination | <input type="checkbox"/> Refused      |
| <input type="checkbox"/> Still birth              | <input type="checkbox"/> Infant death         | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Don't know               | <input type="checkbox"/> Refused              |                                       |

I AM GOING TO GIVE YOU A CARD TO KEEP IN YOUR WALLET TO HELP YOU KEEP TRACK OF YOUR PRENATAL CARE VISITS. EACH TIME YOU VISIT THE DOCTOR, PLEASE ASK THEM TO FILL OUT THE CARD. WHEN WE MEET, WE CAN GO OVER IT TOGETHER. IF YOU LOSE THE CARD, JUST LET ME KNOW AND I CAN GIVE YOU ANOTHER ONE.

Recommendations regarding adaptations to instruments – green light, yellow light, red light highlighted

## INITIAL SCREENING

NOTE: PLEASE COMPLETE WITHIN 30 DAYS AFTER YOUR INITIAL MEETING WITH THE CLIENT. IF THE CLIENT IS MORE THAN 8 MONTHS PREGNANT, PLEASE COMPLETE BEFORE HER EXPECTED DUE DATE. TEXT ENCLOSED IN A BOX IS FOR THE ADVOCATE'S USE AND DO NOT INCLUDE TEXT OR QUESTIONS FOR CLIENTS.

**Date initial screening completed: \_\_/\_\_/\_\_**

*I am going to ask you some questions about your health in general. These are standard questions that we ask all of our clients so we can provide each client with the best possible care and so we can improve the array of services and referrals available through our program. Your responses will not impact your ability to participate in the program. If at any time you want to skip any of the questions, just tell me.*

Please circle the number under the client's response to each question

**1. Over the past 2 weeks, how often have you been bothered by...(READ a-b). Would you say: "not at all," "several days," "more than half the days," or "nearly every day?"**

	Not at all (0 pts)	Several days (1 pts)	More than half the days (2 pts)	Nearly every day (3 pts)	Refused
a. Little interest or pleasure in doing things	0	1	2	3	R
b. Feeling down, depressed or hopeless	0	1	2	3	R
	___	+ ___	+ ___	+ ___	= Total Score: ___

If total score on Q1 is 2 or higher, consider referring for mental health services

**2. Over the last 2 weeks, how often have you been bothered by...(READ a-g). Would you say: "not at all," "several days," "more than half the days," or "nearly every day?"**

	Not at all (0 pts)	Several days (1 pts)	More than half the days (2 pts)	Nearly every day (3 pts)	Refused
a. Feeling nervous, anxious or on edge	0	1	2	3	R
b. Not being able to stop or control worrying	0	1	2	3	R
c. Worrying too much about different things	0	1	2	3	R
d. Trouble relaxing	0	1	2	3	R
e. Being so restless that it is hard to sit still	0	1	2	3	R
f. Becoming easily annoyed or irritable	0	1	2	3	R
g. Feeling afraid as if something awful might happen	0	1	2	3	R
	___	+ ___	+ ___	+ ___	= Total Score: ___

If total score on Q2 is 10 or higher, consider referring for mental health services

Recommendations regarding adaptations to instruments – green light, yellow light, red light highlighted

**3. Do you have a partner (boyfriend, husband, or other romantic and/or sexual partner)?**

☐ Yes   ☐ No   ☐ Don't know   ☐ Refused

BOX 1. DOES CLIENT HAVE A PARTNER? (SEE Q3)

YES (ASK Q4)

ANY OTHER RESPONSE (SKIP TO Q5)

**4. Now, I'm going to ask you some questions about your relationship with your partner. How often does your partner...(READ a-d). Would you say, "never," "rarely," "sometimes," "fairly often," or "frequently."**

	Never (1 pts)	Rarely (2 pts)	Sometimes (3 pts)	Fairly often (4 pts)	Frequently (5 pts)	Refused
a. Physically hurt you	0	1	2	3	4	R
b. Insult or talk down to you	0	1	2	3	4	R
c. Threaten you with harm	0	1	2	3	4	R
d. Scream or curse at you	0	1	2	3	4	R
	___	+___	+___	+___	+___	=Total Score: ___

If total score on Q4 is 10 or higher, consider referring for domestic violence services

**5. Do you ever drink alcohol?**

☐ Yes   ☐ No   ☐ Don't know   ☐ Refused

BOX 2. DOES CLIENT DRINK ALCOHOL? (SEE Q5)

YES (ASK Q6)

ANY OTHER RESPONSE (SKIP TO Q8)

**6. I'm going to ask you a series of questions about drinking alcohol (READ a-d).**

- |  |  |  |                                  |
|--|--|--|----------------------------------|
| a. How many drinks does it take to make you feel high?   | <input type="checkbox"/> 2 drinks or less<br>(0 pts) | <input type="checkbox"/> More than 2 drinks<br>(2 pts) | <input type="checkbox"/> Refused |
| b. Have people annoyed you by criticizing your drinking?   | <input type="checkbox"/> No (0 pts)                  | <input type="checkbox"/> Yes (1 pt)                    | <input type="checkbox"/> Refused |
| c. Have you felt you ought to cut down on your drinking?   | <input type="checkbox"/> No (0 pts)                  | <input type="checkbox"/> Yes (1 pt)                    | <input type="checkbox"/> Refused |
| d. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover? | <input type="checkbox"/> No (0 pts)                  | <input type="checkbox"/> Yes (1 pt)                    | <input type="checkbox"/> Refused |
|  | _____  | + _____  | = Total _____                    |

If total score on Q6 is 2 or higher, consider referring for alcohol counseling or treatment.

**BOX 3. IS CLIENT POST-PARTUM?**

YES (ASK Q7)

ANY OTHER RESPONSE (SKIP TO Q8)

**7. On average, how many drinks would you say you consumed per week during your pregnancy?**

- ☐ \_\_\_\_\_ ☐ None ☐ Don't know ☐ Refused

**8. Have you ever smoked tobacco products, including e-cigarettes/vape?**

- ☐ Yes ☐ No ☐ Don't know ☐ Refused

**BOX 4. DOES CLIENT SMOKE TOBACCO? (SEE Q8)**

YES (ASK Q9)

ANY OTHER RESPONSE (SKIP TO BOX 5)

**9. (Are you continuing/did you continue) to smoke during your pregnancy?**

*(ADVOCATE: choose the statement that best reflects their answer; probing might be necessary):*

- a. ☐ I have NEVER smoked or have smoked LESS THAN 100 cigarettes in my lifetime.
- b. ☐ I stopped smoking BEFORE I found out I was pregnant, and I am not smoking now.
- c. ☐ I stopped smoking AFTER I found out I was pregnant, and I am not smoking now.
- d. ☐ I smoke some now, but I have cut down on the number of cigarettes I smoke SINCE I found out I was pregnant.
- e. ☐ I smoke regularly now, about the same as BEFORE I found out I was pregnant.
- f. ☐ Refused

There is no official scoring for this question. If client reports current smoking, consider referring to tobacco cessation

BOX 5. IS CLIENT POST-PARTUM?

YES (ASK Q10)

ANY OTHER RESPONSE (SKIP TO Q12)

**10. During your pregnancy, did you use marijuana in any form (smoking, edibles, etc.)**

☐ Yes ☐ No ☐ Don't know ☐ Refused

There is no official scoring for this question. Refer client to social services as appropriate.

**11. During your pregnancy, did you use any drugs besides alcohol and marijuana, like methamphetamines, cocaine, etc.?** *(We are only talking about street, illegal drugs, prescription medicines obtained on the street or used other than as prescribed by your doctor)*

☐ Yes ☐ No ☐ Don't know ☐ Refused

*If yes,*

**11a. Are you continuing to use drugs?** ☐ Yes ☐ No ☐ Don't know ☐ Refused

*If yes,*

**11b. Are you trying to stop?** ☐ Yes ☐ No ☐ Don't know ☐ Refused

**11c. Are you interested in getting help to stop?** ☐ Yes ☐ No ☐ Don't know ☐ Refused

If yes, consider referring for substance use treatment

BOX 6. IS CLIENT POST-PARTUM?

YES (SKIP TO Q14)

ANY OTHER RESPONSE (ASK Q12)

**12. Since you learned you were pregnant, have you used marijuana in any form (smoking, edibles, etc.)**

☐ Yes ☐ No ☐ Don't know ☐ Refused

*If yes,*

**12a. Are you continuing to use marijuana?** ☐ Yes ☐ No ☐ Don't know ☐ Refused

If yes, consider referring for substance use treatment

**13. Since you learned you were pregnant, have you used any drugs besides alcohol and marijuana, like methamphetamines, cocaine, etc.?** (We are only talking about street, illegal drugs, prescription medicines obtained on the street or used other than as prescribed by your doctor)

☐ Yes ☐ No ☐ Don't know

If yes,

**13a. Are you continuing to use drugs?** ☐ Yes ☐ No ☐ Don't know ☐ Refused

If yes,

**13b. Are you trying to stop?** ☐ Yes ☐ No ☐ Don't know ☐ Refused

**13c. Are you interested in getting help to stop?** ☐ Yes ☐ No ☐ Don't know ☐ Refused

If yes, consider referring for substance use treatment

**13. I am going to read you several statements that people have made about their food situation. In the last 12 months did you find that...(READ a-c). Would you say that in the last 12 months that was "often true," "sometimes true," or "never true?"**

In the last 12 months...	Often true	Sometimes true	Never true	Refused	Don't know
a. You worried whether your food would run out before you got money to buy more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The food that you bought just didn't last, and you didn't have enough money to get more food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You couldn't afford to eat healthy meals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

There is no official scoring for this question. Refer client to social services as appropriate.

\*\*\*\*\*PLEASE COMPLETE THE INTAKE SECTION OF THE NEEDS AND GOALS TRACKER\*\*\*\*\*

\*\*\*\*\*IF CLIENT WAS ENROLLED POST-PARTUM, PLEASE ALSO COMPLETE THE POSTPARTUM SURVEY AND MATERNAL HEALTH OUTCOMES TRACKER \*\*\*\*\*

## **Healthy Birth Outcomes (HBO)**

YWCA Seattle | King | Snohomish

These forms to be reviewed and updated during/after every client interaction:

- ☐ NEEDS/CHALLENGES, GOALS, SERVICES, AND OUTCOMES TRACKER
- ☐ CLIENT INTERACTION LOG
- ☐ CLIENT COMPETENCIES AND HEALTH EDUCATION MESSAGES
- ☐ MEDICAL VISITS AND IMMUNIZATIONS

## Needs/Challenges, Goals, Services, and Outcomes Tracker

Needs/Challenges		Services					Exit Survey					
Please update as needs/challenges arise or are shared throughout service		Update after each interaction with client. Include services when client was not present					Complete only if challenge/need was marked					
Mark any needs/challenges client mentions on her own. Probe about any of the main categories that she did not bring up (e.g. "Are you experiencing any challenges related to finances, education, or employment?")	Would you like to work together on this? (mark if yes)		Educate/ give written resource	Provide materials	Refer (active link to services)	Advocate/ interface w/other providers	How would you say your situation has changed compared to when you enrolled in the program?					
		Counsel					Much better	Somewhat better	Stayed the same	Somewhat worse	Much worse	DK
<input type="checkbox"/> Basic needs/housing challenges												
<input type="checkbox"/> Crisis assistance (any acute life challenge):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Homelessness or unstable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Home safety (e.g. lead paint, mold, baby-proofing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other child safety (e.g. car safety, CPR, accidental injury, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lack access to transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lack access to clothing and baby supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lack access to food/nutritious food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lack access to health and hygiene products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Financial/educational challenges												
<input type="checkbox"/> Un/under-employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Partner un/under-employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Need public benefits (TANF, SSI, SSDI, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Financial literacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Debt issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Need adult education/GED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Healthcare related needs												
<input type="checkbox"/> Adequate health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Access to healthcare or healthy living for yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Access to pediatric care for child/children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Access to a family planning provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Needs/Challenges

Please update as needs/challenges arise  
or are shared throughout service

Mark any needs/challenges client mentions on her own. Probe about any of the main categories that she did not bring up (e.g. "Are you experiencing any challenges related to finances, education, or employment?")

Would you like to work together on this? (mark if yes)

## Services

Update after each interaction with client.  
Include services when client was not present

Counsel

Educate/  
give  
written  
resource

Provide  
materials

Refer  
(active  
link to  
services)

Advocate/  
interface  
w/other  
providers

## Exit Survey

Complete only if challenge/need was marked

How would you say your situation has changed compared to when you enrolled in the program?

Much  
better

Somewhat  
better

Stayed  
the same

Somewhat  
worse

Much  
worse

DK

☐ Emotional/behavioral health concerns

☐ Anger management issues

☐ Substance use/chemical dependency issues

☐ Smoking cessation

☐ Mental health issues

☐ Domestic violence (or healthy relationships)

☐ Feel isolated or lack emotional/social support

☐ No/limited English ability (language services)

☐ Prenatal/parenting needs

☐ Doula/labor support

☐ Prenatal care

☐ Improve parenting skills

☐ Breastfeeding assistance

☐ Childcare

☐ Concerns about safe baby sleep

☐ Lack parenting support network

☐ Legal Concerns

☐ CPS-related

☐ Other legal concerns

☐ Other (please specify):

## Client Interaction Log

Please update as you continue to meet with client. Please only record extended meetings (interactions longer than 10-15 minutes, i.e. not appointment reminders, etc).

Date of interaction	Approx. duration of interaction	Type of interaction	Topics discussed/services provided	Notes about interaction (optional)
____ / ____ / ____ (MM / DD / YYYY)	____ (hours) ____ (minutes)	<input type="checkbox"/> One-on-one meeting <input type="checkbox"/> Phone call <input type="checkbox"/> E-mail/text message conversation <input type="checkbox"/> Accompanying client to services <input type="checkbox"/> Concluding HBO services <input type="checkbox"/> Other: _____	<input type="checkbox"/> Basic needs/housing challenges <input type="checkbox"/> Financial/educational challenges <input type="checkbox"/> Healthcare related needs <input type="checkbox"/> Emotional/behavioral health concerns <input type="checkbox"/> Prenatal/parenting needs <input type="checkbox"/> Legal Concerns <input type="checkbox"/> Other	
____ / ____ / ____ (MM / DD / YYYY)	____ (hours) ____ (minutes)	<input type="checkbox"/> One-on-one meeting <input type="checkbox"/> Phone call <input type="checkbox"/> E-mail/text message conversation <input type="checkbox"/> Accompanying client to services <input type="checkbox"/> Concluding HBO services <input type="checkbox"/> Other: _____	<input type="checkbox"/> Basic needs/housing challenges <input type="checkbox"/> Financial/educational challenges <input type="checkbox"/> Healthcare related needs <input type="checkbox"/> Emotional/behavioral health concerns <input type="checkbox"/> Prenatal/parenting needs <input type="checkbox"/> Legal Concerns <input type="checkbox"/> Other	
____ / ____ / ____ (MM / DD / YYYY)	____ (hours) ____ (minutes)	<input type="checkbox"/> One-on-one meeting <input type="checkbox"/> Phone call <input type="checkbox"/> E-mail/text message conversation <input type="checkbox"/> Accompanying client to services <input type="checkbox"/> Concluding HBO services <input type="checkbox"/> Other: _____	<input type="checkbox"/> Basic needs/housing challenges <input type="checkbox"/> Financial/educational challenges <input type="checkbox"/> Healthcare related needs <input type="checkbox"/> Emotional/behavioral health concerns <input type="checkbox"/> Prenatal/parenting needs <input type="checkbox"/> Legal Concerns <input type="checkbox"/> Other	
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____ / ____ / ____ (MM / DD / YYYY)	____ (hours) ____ (minutes)	<input type="checkbox"/> One-on-one meeting <input type="checkbox"/> Phone call <input type="checkbox"/> E-mail/text message conversation <input type="checkbox"/> Accompanying client to services <input type="checkbox"/> Concluding HBO services <input type="checkbox"/> Other: _____	<input type="checkbox"/> Basic needs/housing challenges <input type="checkbox"/> Financial/educational challenges <input type="checkbox"/> Healthcare related needs <input type="checkbox"/> Emotional/behavioral health concerns <input type="checkbox"/> Prenatal/parenting needs <input type="checkbox"/> Legal Concerns <input type="checkbox"/> Other	
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____ / ____ / ____ (MM / DD / YYYY)	____ (hours) ____ (minutes)	<input type="checkbox"/> One-on-one meeting <input type="checkbox"/> Phone call <input type="checkbox"/> E-mail/text message conversation <input type="checkbox"/> Accompanying client to services <input type="checkbox"/> Concluding HBO services <input type="checkbox"/> Other: _____	<input type="checkbox"/> Basic needs/housing challenges <input type="checkbox"/> Financial/educational challenges <input type="checkbox"/> Healthcare related needs <input type="checkbox"/> Emotional/behavioral health concerns <input type="checkbox"/> Prenatal/parenting needs <input type="checkbox"/> Legal Concerns <input type="checkbox"/> Other	

## Client Competencies and Health Education Messages

Throughout your service, ensure clients are competent in all of the following areas, and indicate health education messages that were provided as needed

Topic Area	Mark ONE box per topic area:	
	Provided education	Education not needed/client declined
<b>Pregnancy</b>		
Prenatal visits	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal vitamins and nutrition during pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Morning sickness	<input type="checkbox"/>	<input type="checkbox"/>
Smoking, alcohol, and drug use	<input type="checkbox"/>	<input type="checkbox"/>
Secondhand smoke	<input type="checkbox"/>	<input type="checkbox"/>
Birth planning	<input type="checkbox"/>	<input type="checkbox"/>
<b>Parenting/maternal health</b>		
Breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>
Postpartum depression	<input type="checkbox"/>	<input type="checkbox"/>
Keeping relationships strong	<input type="checkbox"/>	<input type="checkbox"/>
Finding child care	<input type="checkbox"/>	<input type="checkbox"/>
Confident parenting	<input type="checkbox"/>	<input type="checkbox"/>
Birth control	<input type="checkbox"/>	<input type="checkbox"/>
<b>Infant safety</b>		
Seat belts	<input type="checkbox"/>	<input type="checkbox"/>
Safe sleeping	<input type="checkbox"/>	<input type="checkbox"/>
Baby safety checklist	<input type="checkbox"/>	<input type="checkbox"/>
Car seat safety	<input type="checkbox"/>	<input type="checkbox"/>
Preventing poisoning and choking	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding lead exposure	<input type="checkbox"/>	<input type="checkbox"/>

Topic Area	Mark ONE box per topic area:	
	Provided education	Education not needed/client declined
<b>Infant health</b>		
Well child visits	<input type="checkbox"/>	<input type="checkbox"/>
Infant feeding and weight gain	<input type="checkbox"/>	<input type="checkbox"/>
Vaccines for infants	<input type="checkbox"/>	<input type="checkbox"/>
Dental health for infants	<input type="checkbox"/>	<input type="checkbox"/>
Flu shots	<input type="checkbox"/>	<input type="checkbox"/>
When babies get colds	<input type="checkbox"/>	<input type="checkbox"/>
<b>Infant development</b>		
Introducing solid foods	<input type="checkbox"/>	<input type="checkbox"/>
Teething	<input type="checkbox"/>	<input type="checkbox"/>
Language development	<input type="checkbox"/>	<input type="checkbox"/>
Bedtime routines	<input type="checkbox"/>	<input type="checkbox"/>
Infant development milestones	<input type="checkbox"/>	<input type="checkbox"/>
Soothing a crying baby	<input type="checkbox"/>	<input type="checkbox"/>

## Medical visits and immunizations

*At each visit, please review wallet card and record dates and immunizations (or extract from Electronic Health Record, if available)*

### Prenatal visit dates


☐ Visit(s) occurred  
but dates unknown  
  
☐ No prenatal visits

### Post-partum check-up:

☐ Yes ☐ No

Dt: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Well-child\* visits

*(This area contains horizontal lines for writing.)*

☐ Visit(s) occurred but  
dates unknown

☐ No well-child visits

## Infant immunizations

Vaccine	Doses Received			
HepB	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
RV	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
DTaP	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Hib	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
PCV	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
IPV	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
Influenza	<input type="checkbox"/> 0	<input type="checkbox"/> 1		

☐ Immunizations received but types/doses unknown

\*well-child visits are visits to a pediatrician or primary care doctor to assess the infant's growth and development. This does not include visits for illness, accidents, or medical conditions.

## **Healthy Birth Outcomes (HBO)**

YWCA Seattle | King | Snohomish

These forms to be completed at distinct time periods post-birth:

- ☐ POSTPARTUM SURVEY and MATERNAL HEALTH OUTCOMES TRACKER – complete as soon as possible after the client gives birth or within 30 days post-partum
- ☐ EXIT SURVEY – complete at program exit (12 months postpartum, or sooner if client chooses to dis-enroll)

## POSTPARTUM SURVEY

This form to be completed as soon as possible after the client gives birth or within 30 days postpartum. Any items missed or unknown may be completed during any subsequent follow-up visit.

If twins/triplets, etc. please complete one form per child.

If the advocate is not able to contact the client, or if the client is not willing to complete the survey, the advocate should still complete the form to the best of their ability.

**Today's date:**    /    /   

☐ **Check this box if the advocate completed this form without client input**

### Loss of the pregnancy/infant

Advocates: these next few questions may be sensitive if the client experienced the loss of the pregnancy/infant. Please complete this section as you learn information, but do not ask these questions directly. Then, skip ahead to the Maternal Health Outcomes Tracker and ask questions only as relevant/feasible.

#### What was the outcome of the pregnancy?

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Live birth  | <input type="checkbox"/> Abortion/termination     |
| <input type="checkbox"/> Still birth | <input type="checkbox"/> Client refused to report |
| <input type="checkbox"/> Miscarriage | <input type="checkbox"/> Information not obtained |

Other: \_\_\_\_\_

**\*if not a live birth, skip ahead to maternal Health Outcomes Tracker and answer remaining questions only as relevant/feasible**

#### At any point while enrolled, did client experience death of the infant?\*

- ☐ Yes
- ☐ No
- ☐ Client did not know
- ☐ Client refused to report
- ☐ Information not obtained

**If yes, date of death:**    /    /   

**Cause of death:**

- ☐ Sudden Unexpected Infant Death<sup>1</sup>
- ☐ Pre-term related mortality (related to premature birth)
- ☐ Motor vehicle crashes
- ☐ Other: \_\_\_\_\_
- ☐ Client did not know
- ☐ Client refused to report

Information not obtained

**Infant's birth date:**    /    /   

<sup>1</sup> **\*\*Sudden Unexpected Infant Death include SIDS (Sudden Infant Death Syndrome), accidental deaths (such as suffocation and strangulation), sudden natural deaths (such as those caused from infections, cardiac or metabolic disorders, and neurological conditions)**

**Plurality of this pregnancy:** ☐Single ☐Twins ☐Triplets ☐Don't know

**How many weeks gestation was your baby at birth?** \_\_\_\_\_ weeks ☐Don't know

**What was the baby's birthweight?** \_\_\_\_\_ lbs \_\_\_\_\_ oz

If exact weight is unknown, please specify:

- ☐ (V) Very low -- less than 3lbs, 4oz
- ☐ (L) Low -- less than 5lbs, 8oz
- ☐ (H) Healthy -- 5lbs, 8oz or more
- ☐ Client did not know
- ☐ Client refused to report
- ☐ Information not obtained

**Was your baby in the NICU (neonatal intensive care unit) after birth?**

- ☐ (Y) Yes
- ☐ (N) No
- ☐ Client did not know
- ☐ Client refused to report
- ☐ Information not obtained

**If Yes, for how many days?** \_\_\_\_\_ days

**Did your baby have any of the following health problems at birth? (check all that apply)**

- ☐ fetal alcohol exposure (developmental, cognitive, and behavioral problems due to fetal alcohol exposure)
- ☐ neonatal abstinence syndrome (infant born addicted to drugs)
- ☐ birth defects/congenital abnormalities
- ☐ special healthcare needs, please specify: \_\_\_\_\_
- ☐ Client did not know
- ☐ Client refused to report
- ☐ Information not obtained

*The following questions are about some of your and your baby's activities.*

**Which of the following best describes how you currently feed your baby?**

- ☐ Always or almost always breastfeed
- ☐ I sometimes breastfeed and sometimes use formula
- ☐ Always or almost always use formula

**[If the baby is always or almost always fed formula] Have you ever breastfed this baby?**

- ☐ Yes
- ☐ No
- ☐ Client did not know
- ☐ Client refused to report
- ☐ Information not obtained

**Which of the following best describes how your baby sleeps in bed?**

- ☐ My baby always sleeps on its tummy
- ☐ My baby always sleeps on its back
- ☐ My baby sometimes sleeps in different positions



## MATERNAL HEALTH OUTCOMES TRACKER

This form to be completed as soon as possible after the client gives birth or within 30 days post-partum. Any items missed or unknown may be completed during any subsequent follow-up visit.

If the advocate is not able to contact the client, or if the client is not willing to complete the survey, the advocate should still complete the form to the best of their ability.

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Check this box if the advocate completed this form without client input

*The following questions are about your visits to healthcare providers while you were pregnant.*

**Were you hospitalized or in the ER at any point during this pregnancy (EXCLUDING labor/birthing)?**

☐ Yes   ☐ No   ☐ Don't know

If yes, for how many days? \_\_\_\_ days

**When you gave birth, did you experience any of the following?**

	Yes	No	Client did not know	Client refused	Information not obtained
Medically-required C-Section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-medically required (elective) C-section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elective delivery (Mother elected to induce labor during weeks 37-38)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*I am going to ask you some questions about your health since you gave birth. These are standard questions that we ask all of our clients so we can provide each client with the best possible care and so we can improve the array of services and referrals available through our program. Your responses will not impact your ability to participate in the program. If at any time you want to skip any of the questions, just tell me.*

Please circle the number under the client's response to each question.

If client is post-partum, skip the following two questions on depression and anxiety.

**Since you gave birth, how often have you been bothered by...(READ a-b). Would you say: "not at all," "several days," "more than half the days," or "nearly every day?"**

	Not at all (0 pts)	Several days (1 pts)	More than half the days (2 pts)	Nearly every day (3 pts)	Refused
a. Little interest or pleasure in doing things	0	1	2	3	R
b. Feeling down, depressed or hopeless	0	1	2	3	R
	<u>    </u>	+ <u>    </u>	+ <u>    </u>	+ <u>    </u>	= Total Score: <u>    </u>

If total score is 2 or higher, consider referring for mental health services

**Since you gave birth, how often have you been bothered by...(READ a-g). Would you say: "not at all," "several days," "more than half the days," or "nearly every day?"**

	Not at all (0 pts)	Several days (1 pts)	More than half the days (2 pts)	Nearly every day (3 pts)	Refused
a. Feeling nervous, anxious or on edge	0	1	2	3	R
b. Not being able to stop or control worrying	0	1	2	3	R
c. Worrying too much about different things	0	1	2	3	R
d. Trouble relaxing	0	1	2	3	R
e. Being so restless that it is hard to sit still	0	1	2	3	R
f. Becoming easily annoyed or irritable	0	1	2	3	R
g. Feeling afraid as if something awful might happen	0	1	2	3	R
	<u>    </u>	+ <u>    </u>	+ <u>    </u>	+ <u>    </u>	= Total Score: <u>    </u>

If total score is 10 or higher, consider referring for mental health services

## EXIT SURVEY

To be completed at 12 months postpartum, or **AT PROGRAM EXIT IF SOONER THAN 12 MONTHS**

**Today's date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Reason for exit:**

- ☐ Client declined to continue HBO program, reason provided: \_\_\_\_\_
- ☐ Child reached 12 months of age \_\_\_\_\_
- ☐ Advocate could not reach client, specify number of contact attempts: \_\_\_\_\_
- ☐ Other, please specify: \_\_\_\_\_
- ☐ Moved out of program service area (King County)

### **Have you established a primary care provider for yourself?**

- ☐ Yes
- ☐ No
- ☐ Client did not know
- ☐ Client refused to report
- ☐ Information not obtained

### **Have you established a pediatrician for your infant?**

- ☐ Yes
- ☐ No
- ☐ Client did not know
- ☐ Client refused to report
- ☐ Information not obtained

### **Please respond "true" or "false" to each of the following statements about your child:**

- |  |   |
|--|---|
| My child seems to be less healthy than other children I know                               | <input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> Refused |
| My child has never been seriously ill  | <input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> Refused |
| When there is something going around my child usually catches it                           | <input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> Refused |
| I expect my child will have a very healthy life  | <input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> Refused |
| I worry about my child's health more than other people worry about their children's health | <input type="checkbox"/> True <input type="checkbox"/> False <input type="checkbox"/> Refused |

**Since enrolling in HBO program, did you experience any of the following significant life changes?**

- ☐ Applied for housing
- ☐ Secured housing
- ☐ Actively searched for employment
- ☐ Secured employment
- ☐ Received job training
- ☐ Received any new financial assistance (DSHS, TANF, food stamps, SSI, SSA, SSDI, Child support, etc.)
- ☐ Received legal advice
- ☐ Initiated treatment for alcohol, drug, or tobacco cessation
- ☐ Reduced substance use (alcohol, drugs, or tobacco)
- ☐ Initiated mental health counseling or therapy
- ☐ Accessed domestic violence resources
- ☐ Exited unsafe relationship
- ☐ Increased support network
- ☐ Other, please specify: \_\_\_\_\_
- ☐ Client did not know
- ☐ Client refused to report
- ☐ Information not obtained

\*\*\*\*\*Please complete Exit section of Needs and Goals tracker\*\*\*\*\*

***Advocates please complete this section:***

**AFTER enrolling in HBO program, did client report any NEW challenges or barriers that may have adversely affected their outcomes?**

- ☐ Yes
- ☐ No
- ☐ Don't know

If yes, please describe:

Additional case notes (optional):