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## HVSA QUARTERLY DATA DASHBOARD FAQs

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### General Questions

**1. Q: What is provided to my program regarding the quarterly dashboards?**

A: Each quarter, your program receives a PDF Dashboard report, which includes graphs and tables that serve as a tool to monitor how your program is doing in terms of enrollment, engagement, retention, and depression screening and referral. You also receive an Excel Dashboard Details report that includes client-level data used to populate the dashboard. Each of these files are posted to your [Secure File Transfer \(SFT\)](#) account within 45 days after the close of the quarter. To assist with interpretation of these data products, we created [a brief \(~15 minute\) video](#) for state fiscal year SFY 2020. While there have been a few changes made to the reports since SFY 2020, this video will still provide a good orientation.

**2. Q: What data is included on my quarterly dashboard?**

A: The dashboard includes measures of home visiting enrollment, engagement, retention, depression screening, and depression referrals/service connections. For programs that use Flo or Visit Tracker, data that has been entered as of the 5<sup>th</sup> business day following the end of the reporting quarter is used to populate the dashboard. For programs that submit data to DOH quarterly, data included in your quarterly data submission is used to populate the dashboard. Some of the measures on the dashboard use data points from the reporting quarter only, while others are cumulative and cover multiple quarters. For example, the *Avg Quarterly Enrollment: % of Slots Filled* graph focuses on the reporting quarter, while the *Number of Families That Reached Retention Timeframe* graph displays year-to-date results for each quarter in the state fiscal year.

**For programs that use Flo or Visit Tracker:** Remember that only clients with HVSA funding codes are included in the monthly data extracts received by DOH. Families without an HVSA funding code (MIECHV, TANF, 502, or GFS) will not appear in quarterly dashboard reports since their data is not available to DOH.

**3. Q: Are families enrolled in newly funded expansion slots included on the dashboard?**

A: All newly enrolled families regardless of HVSA funding stream are included in the dashboard. However, we recognize that there is a scale-up period for programs that recently received expansion funds. For this reason, we don't include the number of newly funded slots in the denominator of the *Avg Quarterly Enrollment: % of Slots Filled* measure immediately. Newly enrolled families are counted in the numerator of this measure. This means that your program receives credit for all families being served during the quarter but is not expected to fill expansion slots immediately due to the scale-up period. New funding streams will be added to your *Monthly Enrollment: Percent of Slots Filled* graph the following fiscal year.

## Cross – Sectional Active Enrollment

### 4. Q: What is Cross-Sectional Active Enrollment?

A: *Cross-Sectional Active Enrollment* is a snapshot of the number of families that were actively enrolled on the last day of the month compared to the number of slots your program is funded to serve. In order to be considered “actively enrolled,” a family must have received a home visit within 3 months (92 days) of the last day of the month. During the covid-19 pandemic, families that received an encounter within 3 months of the last day of the month are also considered actively enrolled.

### 5. Q: How should I interpret the “Monthly Enrollment: Percent of Slots Filled” graph?

A: The *Monthly Enrollment: Percent of Slots Filled* graph displays the percent of funded slots filled by actively enrolled families by month and funding stream over the past 12 months. This is calculated by dividing the number of families who were actively enrolled at the end of the month by the number of slots your program was funded to serve. This graph is intended to assist you in keeping tabs on enrollment trends by funding stream over the past year.

### 6. Q: How should I interpret the “Avg Quarterly Enrollment: % of Slots Filled” graph?

A: *Average quarterly enrollment* represents the average percent of slots filled over the 3 months of the quarter. For example, if your program’s percent of slots filled was 91% in month 1, 80% in month 2, and 84% in month 3, your *average quarterly enrollment* was 85%.

Most programs will see 3 bars in this chart. The percentage in the “LIA Total” bar displays your program’s average quarterly enrollment. The middle bar displays average quarterly enrollment for all programs who implement the same model as your program (Nurse Family Partnership (NFP) in the example below). The “State” bar displays average quarterly enrollment for all HVSA programs that report into DOH’s SQL database. Programs that do not implement NFP or Parents as Teachers (PAT) will only see 2 bars in this graph – one representing their program and one representing the state total.

### 7. Q: How do I determine if my program met the Enrollment Performance Payment milestone for the quarter?

A: Your program’s performance on the enrollment performance payment measure is located in the *Average Quarterly Enrollment* bar chart within the “LIA Total” bar. If your program performed at 90% or above on this measure, you met the performance measure this quarter.

### 8. Q: The enrollment numbers on my dashboard do not match what I’m seeing in my data system or what I submitted to DCYF in monthly PSRS reporting.

A: This could be due to a number of reasons.

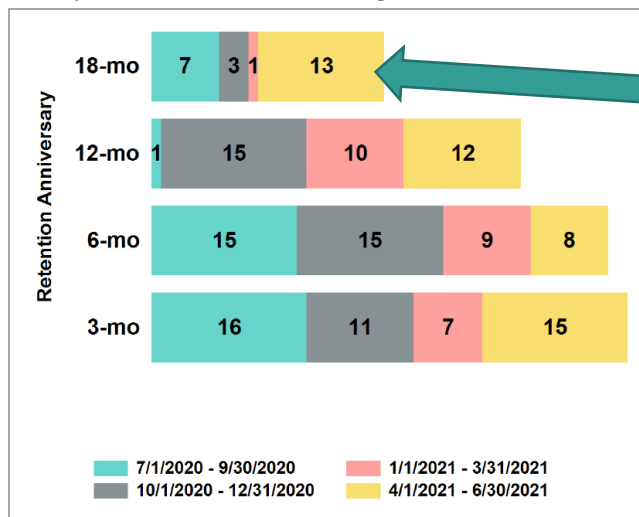
- Families may be missing funding code information or were assigned an incorrect funding code in your data system. DOH only receives data for families with an HVSA funding code (MIECHV, TANF, 502, or GFS).

- The reporting of visits and/or encounters in your data system may be incomplete. If DOH does not receive complete information on visits and encounters, families that were truly active during the quarter may be counted as inactive on the dashboard and not counted toward the monthly and average quarterly enrollment measures.
- Only families with children under 60 months are eligible for inclusion in performance payment measures. Families that do not have an enrolled child under 60 months are not included in the Cross-Sectional Active Enrollment section of the dashboard.

## Family Engagement and Retention

### 9. Q: How should I interpret the “Number of families that reached retention timeframe” graph?

A: For most programs, this graph provides counts of families that reached 4 retention milestones during the state fiscal year *AND* received a visit (or encounter during the covid-19 pandemic) within 30 days before or after reaching the milestone.



These 13 families remained engaged in the program for 18 months after enrollment and reached this milestone during SFY21 Q4. This means they had an 18 month “anniversary” date during Q4 of SFY21 **and** they received a visit or an encounter within 30 days before or after that date. We calculate the 18-month “anniversary” date by adding 547 days (18 months) to the family’s enrollment date.

This graph includes year-to-date results. In your Q1 dashboard, you will see your program’s results for quarter one of that state fiscal year only (teal portion of bars above); in your Q2 dashboard, you will see your program’s results for Q1 and Q2 (teal and gray portions of bars above), and so on. The example above displays a program’s results in quarter 4 of SFY 2021, so it contains results for all 4 quarters of SFY 2021.

**ParentChild Plus programs** will see a different graph in their dashboards. For ParentChild Plus programs, the annual retention milestone is met when a family receives 44 out of 46 expected visits per year. This data is only presented at the end of the state fiscal year and indicates the number of families that completed program years 1 and 2.

**10. Q: How do I determine how many families met the 12- and 18-month family retention performance payment milestones?**

A: You can find this information in the 12-mo and 18-mo bars of the “Number of families that reached retention timeframe” graph. To find the total number of families that met the 12 and 18 month retention milestones in a state fiscal year to date, add the number of families in each of the bars.

**11. Q: Why did the count of families that reached a retention milestone change from one quarter to the next?**

A: The retention measures are assessed each quarter for families who have a retention anniversary (3, 6, 12, or 18 month) in the current or previous quarters of the current state fiscal year. If the family’s anniversary date is near the end of a quarter, they may still have time in the next quarter to receive the home visit or encounter to meet the measure. For example, if a family’s 18-month anniversary was December 20<sup>th</sup> and they didn’t receive a home visit or encounter until Jan 12<sup>th</sup>, then they will not be counted as having met the measure in the Q2 dashboard. However, in Q3 they will be added to the bar retrospectively.

**12. Q: Why is “average length of service among those exiting before completing 24 months of service” important?**

A: This measure is included on your dashboard to help you track the amount of time families remain in your program on average among those exiting before completing 24 months of service (i.e., early exiters). If this measure is significantly below your model goals, then you might work with your home visitors to identify barriers that lead to early exits.

**Caregiver Depression Screening, Referrals, and Service Connections**

**13. Q: What are the screening windows used to calculate the depression screening measures on the dashboard?**

**A: Initial Depression Screening measure:**

- For families who enrolled prenatally, the depression screening window begins on the child’s date of birth and ends 3 months (i.e., 92 days) after the child’s date of birth.
- For families who did not enroll prenatally, the depression screening window begins on the family’s enrollment date and ends 3 months (i.e., 92 days) after the family’s enrollment date.

**Second Depression Screening measure:**

- Primary caregivers screened anytime during the second year of enrollment count toward the measure. The screening window begins on the family’s 1<sup>st</sup> anniversary date and ends the day before the family’s 2<sup>nd</sup> anniversary date.

Initial and second depression screens counted in the dashboard reflect screenings completed in the current state fiscal year only.

**14. Q: My program has completed more screenings than are reflected in the “Caregiver Depression Screening” section of the dashboard. Why might that be?**

A: A few things to consider:

- If the child’s date of birth (DOB) is not provided, we cannot calculate whether their caregiver received a depression screening on time. If child DOB is missing, this client will be excluded from the dashboard screening total.
- If a caregiver enrolled prenatally and a depression screening was completed *before* the baby was born but not again within 92 days *after* the baby was born, the screening was not completed within the window specified by the measure. This caregiver will not be counted on the dashboard.

**15. Q: Do the numbers in the “Caregiver Depression Screening” section reflect what my performance payment will be?**

A: Yes. Caregiver depression screening counts on the dashboard indicate how many screenings your program completed during the report period that met the measure criteria based on the data you provided. Payment for depression screenings will be made at the end of state fiscal year based on the cumulative count for the year, which is displayed on your Quarter 4 dashboard.

**16. Q: What is counted as a positive screen?**

A. A PHQ-9 screening is counted as positive if:

- The total score is 10 or greater, or
- An affirmative response to question 9 (suicidal ideation) is noted.

Note the HVSA’s threshold for a positive screen may be higher than your model guidance. Please continue to refer for services or provide services to those caregivers who you have identified as likely to benefit from additional support.

For the Dashboard, all PHQ-9 screenings in the previous or current state fiscal year are evaluated for a referral, even if the screening was not in the screening window or if the caregiver had a subsequent negative screen.

**17. Q: What do the categories for “Follow up to positive depression screen last state fiscal year or current state fiscal year” (the pie chart) mean?**

A. Caregivers with a positive screen last state fiscal year or current state fiscal year are included for this measure. The definitions of the categories for this measure are:

- **Met referral or services in previous state fiscal year:** The caregiver received a referral or reported receiving mental health services in the previous state fiscal year
- **No referral, or service use documented:** There was no documentation of referral or of receipt of mental health services in the previous or current state fiscal year
- **Referral given and completed:** A referral was given and completed during the current state fiscal year

- **Referral given, not completed:** Referral was given but service use was not documented in the current state fiscal year
- **No referral, reported receiving services in current fiscal year:** No documented referral, but caregiver reported receiving mental health services in the current state fiscal year

**18. Q: How do I determine how many families met the depression referral performance payment measure?**

A. Caregivers who screened positive for depression during the previous or current state fiscal year and are referred to or connected with services during the current state fiscal year meet the depression referral performance payment measure. These caregivers are counted in the “Referral given and completed,” “Referral given, not completed,” and “No referral, reported receiving services in current fiscal year” categories of the “Follow up to positive depression screen last state fiscal year or current state fiscal year” pie chart. In the example below, 14 caregivers met this measure.

**19. Q: How do the results in the dashboard compare to the Aligned or MIECHV performance measures?**

A. The dashboard includes two performance payment measures in the *Caregiver Depression Screening, Referrals, and Service Connections* section that are very similar to but not the same as Aligned Measure 2: Depression Screening and MIECHV Measure 17: Completed Depression Referrals. The measure calculations differ in the following ways:

- **Depression Screening:**  
The dashboard displays your program’s count to-date for all primary caregivers who received a depression screening within the screening window in the report year (see Q13 for more information about window definitions).  
The Aligned Measure 2: Depression Screening is a very similar measure; however, primary caregivers are counted toward Aligned Measure 2 during the reporting period when the screening window ends. It is possible for a caregiver to be screened within the screening window in SFY22 Q4, for example, but for the screening window to end in SFY23 Q1. This caregiver would be counted on the SFY22 Q4 dashboard, but would not be counted toward the numerator of Aligned Measure 2 until SFY23.
- **Depression Referrals:**  
For performance payments (as shown on the Dashboard), a positive screening resulting in either a referral given and/or completed is counted as a completed follow-up. For MIECHV performance, credit is only given for a positive screening that also has documented a referral given and referral completed, and the referral completed must be in the report year. If a caregiver is already receiving services at the time of the positive screening, the home visitor must document again that they discussed a referral and note referral completed with the current date.

## Dashboard Details Report (Excel File)

### 19. Q: What are the different tabs on the 'Dashboard Details' report for?

A. There are 5 separate tabs on the report:

- **Summary** – this tab describes the parameters that were used to create the Dashboard Details report, such as report start and end dates and funding codes.
- **Enrollment Details** – This tab includes family-level data used to calculate results presented in the “Cross-Sectional Active Enrollment” section and in the tables on the right-hand side of the “Family Engagement and Retention” section of the dashboard PDF.
- **Retention Details** – This tab provides family-level data used to populate the bar graph on the left-hand side of the “Family Engagement and Retention” section of the dashboard PDF.
- **Depression Screen Details** – This tab provides the primary caregiver-level data used to calculate the depression screening measures in the left-hand side of the “Caregiver Depression Screening, Referrals, and Service Connections” section on the dashboard PDF.
- **Depression Referral Details** – This tab provides the primary caregiver-level data used to populate the bar graph on the right-hand side of the “Caregiver Depression Screening, Referrals, and Service Connections” section on the dashboard PDF.

To review how to interpret the data in each of the Dashboard Details tabs, please refer to the [Dashboard Training Video](#).