**Pennsylvania Family Support Programs – Performance Measure Collection Timelines**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **EBHV - CHILD MEASURES** | **4** | **7** | **8** | **10** | **11** | **12** | **18** |
| **TIMELINES** | **Well**  **Child**  **Visit** | **Safe Sleep** | **Child Injury** | **Parent-Child Interaction** | **Early Literacy and Language**  **Activities** | **Developmental Screening** | **Completed**  **Developmental Referrals** |
| At Entry of Child (Cannot be before Child’s birthdate) |  | NFP |  |  | NFP |  |  |
| 3 Months Post-Birth | All EBHV | Non-NFP |  | NFP |  |  |  |
| Every three months through 2 Years Post Birth | All EBHV |  |  |  |  |  |  |
| Every three months through 3 Years Post Birth | Non-NFP |  |  |  |  |  |  |
| 3 Months Post-Enrollment |  |  | All EBHV |  | Non-NFP |  |  |
| Every three months through 2 Years Post Enrollment |  |  | All EBHV |  |  |  |  |
| Every three months through 3 Years Post Enrollment |  |  | Non-NFP |  | Non-NFP |  |  |
| 6 Months Post-Birth |  | All EBHV |  |  |  |  |  |
| 6 Months Post-Enrollment |  |  |  |  | NFP |  |  |
| Every six months through 2 Years Enrollment |  |  |  |  | NFP |  |  |
| 9 Months Post-Birth |  | Non-NFP |  |  |  | All EBHV |  |
| 10 Months Post-Birth |  |  |  | NFP |  |  |  |
| 12 Months Post-Birth |  | All EBHV |  | Non-NFP |  |  | All EBHV |
| Every year through 6 Years Post Birth |  |  |  | Non-NFP |  |  |  |
| 17 Months Post-Birth |  |  |  | NFP |  |  |  |
| 18 Months Post-Birth |  |  |  |  |  | All EBHV |  |
| 21 Months Post-Birth |  |  |  |  |  |  | All EBHV |
| 23 Months Post-Birth |  |  |  | NFP |  |  |  |
| 2 Years Post-Enrollment |  |  | All EBHV |  |  |  |  |
| 30 Months Post-Birth |  |  |  |  |  | Non-NFP |  |
| 33 Months Post-Birth |  |  |  |  |  |  | Non-NFP |
| 3 Years Post-Birth | Non-NFP |  |  |  |  |  |  |
| 3 Years Post-Enrollment |  |  | Non-NFP |  | Non-NFP |  |  |
| Every six months through 7 Years Post-Enrollment |  |  | Non-NFP |  | Non-NFP |  |  |
| 4 Years Post-Birth | Non-NFP |  |  |  |  |  |  |
| 5 Years Post-Birth | Non-NFP |  |  |  |  |  |  |

**ALL EBHV –** All EBHV programs that are funded through OCDEL that are included on the [Home Visiting Evidence of Effectiveness (HOMVEE) List.](https://homvee.acf.hhs.gov/)

**NON- NFP** – All EBHV (excluding NFP that are funded through OCDEL that are included on the HOMVEE List.

**NFP –** NFP Only Data Collection Time periods.

**Pennsylvania Family Support Programs – Performance Measure Collection Timelines**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EBHV - CAREGIVER MEASURES** | **2** | **3** | **5** | **6** | **13** | **14** | **16** | **17** | **19** | **20** | **21** |
| **TIMELINES** | **Breastfeed**  **ing** | **Depression Screening** | **Postpart**  **um Care** | **Tobacco**  **Cessation**  **Referrals** | **Behavioral**  **Concerns & Home**  **Visits** | **IPV Screening** | **Continuity of**  **Insurance**  **Coverage** | **Completed**  **Depression Referrals** | **IPV Referrals** | **Substance Used Screening** | **Substance Use Referral** |
| At Entry of Caregiver |  |  |  | All EBHV |  |  |  |  |  |  |  |
| 36 Weeks Gestation |  |  |  | NFP |  |  |  |  |  |  |  |
| 8 Weeks Post-Birth |  |  | All EBHV |  |  |  |  |  |  |  |  |
| 3 Months Post-Birth | All EBHV |  |  |  |  |  |  |  |  |  |  |
| 3 Months Post-Enrollment (Post-Birth if enrolled prenatally) |  | All EBHV |  |  |  |  |  |  |  |  |  |
| 3 Months Post-Enrollment |  |  |  | Non-NFP |  |  |  |  |  |  |  |
| Every three months through 3 Years Post Enrollment |  |  |  |  |  |  |  |  |  |  |  |
| 6 Months Post-Birth | All EBHV |  |  |  |  |  |  |  |  |  |  |
| 6 Months Post-Enrollment (Post-Birth if enrolled prenatally) |  |  |  |  |  |  |  | All EBHV |  |  |  |
| 6 Months Post-Enrollment |  |  |  |  |  | All EBHV | All EBHV |  |  | ALL EBHV |  |
| Every three months if positive screen with no services provided |  |  |  |  |  |  |  | All EBHV |  |  |  |
| Every three months through 6 Years Post Enrollment |  |  |  |  |  |  |  | All EBHV |  |  |  |
| 9 Months Post Enrollment |  |  |  |  |  |  |  |  | All EBHV |  | ALL EBHV |
| 12 Months Post-Birth |  |  |  | NFP |  |  |  |  |  |  |  |
| 3 Years Post-Enrollment |  |  |  |  |  |  | All EBHV |  |  |  |  |
| Every six months through 7 Years Post Enrollment |  |  |  |  |  |  | All EBHV |  |  |  |  |
| **Notes** |  |  | **Also**  **Collected If enrolled**  **within 30**  **days of birth** |  | **Collected**  **Every home visit** |  |  | **Collected If screened positive** | **Collected If screened positive** | **Optional Measure** | **Optional Measure Collected If screened positive** |

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