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

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **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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