

Client Demographics Report

Date Range: Program(s):		
*INCLUDES CLIENTS HAVING ENCOUNTER DATES WITHIN SPECIFIED DATE RANGE		
Demographics	Clients #	%
Total		
Age Group		
<15		
15-17		
18-19		
20-24		
25-29		
30-34		
35-39		
40-44		
45+		
Unrecorded Age		
Insurance Type		
Medicaid/ Medicaid Managed Care		
FPEP or FPBP Medicaid Extension		
Child Health Plus		
Private Insurance		
Other		
Uninsured		
Unknown/ Unrecorded		
Race/Ethnicity		
Hispanic		
Not-Hispanic American Indian/Alaska Native		
Not-Hispanic Asian		
Not-Hispanic Black/African-American		
Not-Hispanic Pacific Islander		
Not-Hispanic White		
Not-Hispanic Other/Multi-racial		
Declined to self-identify		
Unknown		

Note: Health insurance categories not mutually exclusive.
Reports needed by individual programs and all in aggregate.

ATTACHMENT E

Encounter Frequency by Client Pregnancy Status at Intake

Date Range:							
Program(s):							
*INCLUDES CLIENTS HAVING ENCOUNTER DATES WITHIN SPECIFIED DATE RANGE							
Total	Encounters			Encounter % (of Total Encounters)		Clients	Clients % (of Total Clients)
	#		#	%	%	#	%
Preconception		In-person (in client's home):					
		In-person (other location):					
		Phone:					
		E-mail:					
		Text:					
		Video conferencing:					
Prenatal		In-person (in client's home):					
		In-person (other location):					
		Phone:					
		E-mail:					
		Text:					
		Video conferencing:					
Postpartum		In-person (in client's home):					
		In-person (other location):					
		Phone:					
		E-mail:					
		Text:					
		Video conferencing:					
Interconception		In-person (in client's home):					
		In-person (other location):					
		Phone:					
		E-mail:					
		Text:					
		Video conferencing:					

Notes: Reports needed by individual programs and all in aggregate.

Preconception: Screening Assessment items "Number of previous pregnancies" = 0 and "Currently Pregnant?" is not "yes"

Prenatal: Screening Assessment item "Currently Pregnant?" = "yes"

Postpartum: Screening Assessment items "Last Delivery Date" is within or equal to 8 weeks prior to Intake Date and "Currently Pregnant?" is not "yes"

Interconception: Screening Assessment items "Last Delivery Date" is more than 8 weeks prior to Intake Date and "Currently Pregnant?" is not "yes"

Education Topics Provided by CHWs Report

Date Range:		
Program(s):		
*INCLUDES CLIENTS HAVING ENCOUNTER DATES WITHIN SPECIFIED DATE RANGE		
Education Topics Given	Clients Participating	% (of Total Clients)
Total Clients		
Alcohol		
Basic Needs (housing, food, etc)		
Birth Plan / Preterm Birth		
Breastfeeding		
Depression		
Domestic Violence		
Exercise / Nutrition		
Family Planning / Reproductive Health		
Health Insurance		
Home Safety		
Illicit Drug Use		
Infant Development		
Infant / New Born Care		
Oral Health		
Parenting		
Postpartum Care		
Prenatal Care		
Preventive Care/ Primary Care		
Safe Sleep		
Self-Sufficiency		
Smoking		
Other		

Note: Report needed by individual programs and all in aggregate.

Client Screenings and Health Care Status Report

Date Range:
Program(s):

***INCLUDES CLIENTS HAVING ENCOUNTER DATES WITHIN SPECIFIED DATE RANGE**

Clients' Completed Screenings Report	
Type of Screening	Number of Screenings Completed
Alcohol	
Ages and Stages Questionnaire	
Depression	
Domestic Violence	
Health Insurance	
Substance Abuse	
Oral Health	
Smoking	

	Primary Care Physician		Reproductive Life Plan		Attended Well-Woman Visit	
	Total Number	Percentage	Total Number	Percentage	Total Number	Percentage
Yes						
No						
Unrecorded						
Total Clients						

Notes: Reports needed by individual programs and all in aggregate.

ATTACHMENT E

MICHC Referrals by Client MICHC Enrollment Status

Date Range Program(s):						
*INCLUDES CLIENTS HAVING ENCOUNTER DATES WITHIN SPECIFIED DATE RANGE						
MICHC Referrals	MICHC Clients			Non-MICHC Clients		
	Issued	Completed	%	Issued	Completed	%
Adult Primary Care						
Child Primary Care						
Dental Services						
Early Intervention						
Family Planning						
Immunization						
Lead Testing						
Mental Health Services						
Postpartum Care						
Prenatal Care						
Breastfeeding						
Car Seat						
Child Care						
Child Development						
Child Support						
Clothing/ Baby Care Items						
Domestic Violence						
Educational Attainment						
Employment/ Vocational Services						
Environmental Health/Safety						
English as a Second Language (ESL)						
Family Resource Center						
Food Pantry						
Furniture						
Health Insurance						
HEAP						
Home Visiting - TOTAL						
Evidence Based Home Visiting - TOTAL						
Housing						
Immigration Services						
Legal Services						
Nutrition, General						
Safe Sleep						
Smoking Cessation						
SNAP (Food Stamps)						
Substance Use						
Support Groups						
TANF/DSS Cash Assistance						
Translation						
Transportation						
WIC						
Other, Health Care						
Other, Family & Social Support						
Totals						

Notes: Reports needed by individual programs and all in aggregate.

Birth Risk Factors and Outcomes Report

Date Range:
Program(s):

***INCLUDES CLIENTS HAVING DELIVERY DATES WITHIN SPECIFIED DATE RANGE**

Birth History	Total	%
Clients with a known previous		
Clients with a known previous low		
Total Birthing Clients		

Birth Outcomes	Total	%
Infants Born		
First Births		
Preterm Births		
Low Birth Weight		
Total Birthing Clients		

Prenatal Care Initiation	Clients	%
First Trimester		
Second Trimester		
Third Trimester		
No Prenatal Care		
Unrecorded		
Total		

Notes: Reports needed by individual programs and all in aggregate.

Report Generated: [DATE]

ATTACHMENT E

Outside Referrals to MICHC by Type and MICHC Outreach Report

Date Range:
Program(s):

***INCLUDES CLIENTS HAVING INTAKE DATES WITHIN SPECIFIED DATE RANGE**

Outside Referrals to MICHC	Clients	% (of Total Clients)
Prenatal Care Provider		
Primary Care Physician		
Dental Provider		
Pediatrician		
Birth Hospital		
Family Planning Provider		
Health Home		
Mental Health/Behavioral Health		
Other Health Care Provider		
Social Service Agency		
WIC		
Public Health Nurse / LHD		
School		
Insurance Navigator		
Managed Care Plan		
Community-Based Organization		
Faith-Based Organization		
Relative/ Friend		
Other MICHC Program		
Other Client		
Self		
Other		
Street Outreach		
Group Sessions		
Other Source		
Unrecorded		

***INCLUDES EVENT DATES WITHIN SPECIFIED DATE RANGE**

Group Sessions		Coordinated Outreach		Total Outreach Events	
Number of Sessions		Number of Events		Number of Events	
Attendees at Sessions		Number of Partners Engaged		Referrals	
				Count of individuals requesting information	

Notes: Reports needed by individual programs and all in aggregate.

ATTACHMENT E

Performance Measures Report

Contract Reporting Period:

Date Range:											
Program(s):											
Performance Measures		Q1		Q2		Q3		Q4		YTD Total	
		N	%	N	%	N	%	N	%	N	%
1	Number of women, infants and children screened for health and well-being status										
a.	Number of clients total										
b.	Number of new clients										
c.	Number of home visits										
d.	Number of other visits										
2	Number of uninsured clients enrolled in health insurance										
a.	Completed referrals to health insurance										
3	Number of clients without routine or preventive care provider who are connected to and										
a.	Completed referrals to adult primary care										
b.	Completed referrals to child primary care										
4	Number of referrals provided to women, infants and children.										
a.	Total number of referrals										
b.	Total number of completed referrals										
5	Number of clients connected to evidence based home visiting programs										
a.	Completed referrals to evidence based home visiting programs										
6	Number of clients connected to family planning programs										
a.	Number of referrals to family planning services										
b.	Completed referrals to family planning										
7	Expand Community Health Worker (CHW) services and training										
a.	Number of CHWs and CHW Coordinators hired										
b.	Number of CHWs that received skills-based trainings										
c.	Number of CHWs that received knowledge-based trainings										
8	Assist pregnant women to schedule and keep prenatal care appointments (postpartum)										
a.	Number of women enrolled in prenatal care first trimester										
b.	Number of women enrolled in prenatal care second trimester										
c.	Number of women enrolled in prenatal care third trimester										
d.	Number of women with no or unknown prenatal care										
9	Assist postpartum women to schedule and keep postpartum care visit										
a.	Number of women who attend postpartum care visit										
10	Breastfeeding initiation										
a.	Number of women that initiate breastfeeding										
b.	Clients engaged prenatally										
c.	Clients engaged post-partum										
11	Birth Plans developed										
a.	Number of birth plans developed.										
12	Collaborate with other community programs to achieve shared goals including coordination of										
a.	Number of coordinated outreach events										
b.	Number of community partners engaged in coordinated outreach and referrals										
13	Provide and promote community and social support for example, childbirth education, parenting										
a.	Number of group sessions provided										
b.	Number of group sessions participants										

Notes: Reports needed by individual programs and all in aggregate.

ATTACHMENT E

Aggregate DOH Program Measures

Date Range:	
Program(s):	
*INCLUDES CLIENTS HAVING ENCOUNTER DATES WITHIN SPECIFIED DATE RANGE	
Measures	# or %
1. Percentage of women with a preventive medical visit.	
2. Percentage of MICHC program participants engaged prenatally who have created a birth plan during a visit with a CHW.	
3. Total number of prenatal and postpartum clients.	
4. Percentage of clients who attended postpartum visits (total number of clients who attended postpartum visits / total number of postpartum clients).	
5. Percentage of clients who scheduled postpartum visits but have not attended.	
6. Total number of babies who were born to clients	
7. Percentage of preterm babies	
8. Percentage of postpartum clients who initiated breastfeeding (total number of postpartum clients who initiated breastfeeding/total number of postpartum clients).	
9. Percentage of referral completions for clients who were referred for smoking cessation programs (only counts referrals issued to prenatal and postpartum clients).	
10. Percentage of referral completions for clients who were referred to family planning (only counts referrals issued to prenatal and postpartum clients).	
11. Percentage of referral completions for clients who were referred for child primary care (only counts referrals issued to prenatal and postpartum clients).	
12. Percentage of clients who had a positive oral health screening and were referred.	
13. Percentage of clients who were referred to oral health services completed their referral.	

Notes: Reports data across all programs

Performance Management Report

Date Range: Program(s):							
Measure	Agency A		Region Wide		Statewide		
	Current Qtr	YTD	Current Qtr	YTD	Current Qtr	YTD	
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	
Total Encounters							
Total Clients							
Average Encounters per Client							
Performance Measures							
Number of individuals who attend postpartum care visit							
Number of individuals that initiate							
Demographics							
By Client Age Group:							
<15							
15-17							
18-19							
20-24							
25-29							
30-34							
35-39							
40-44							
45+							
Unrecorded Age							
By Client Race/Ethnicity							
Hispanic							
Not-Hispanic American Indian/Alaska Native							
Not-Hispanic Asian							
Not-Hispanic Black/African-American							
Not-Hispanic Pacific Islander							
Not-Hispanic White							
Not-Hispanic Other/Multi-racial							
Declined to self-identify							
Unknown							

Enrollments Summary by Agency

Date Range:				
Program(s):				
Date of Report:				
*INCLUDES CLIENTS HAVING ENROLLMENT DATES WITHIN SPECIFIED DATE RANGE				
Agency Name	Number of Cases	Number of New Clients Enrolled	Number of Existing Clients	Enrollment Rate
Agency A				
Agency B				
Agency C				
:				

ATTACHMENT E

Ad Hoc Report Builder Options

Select a Program:	(All Programs, PICHC Program 1, PICHC Program 2, etc.)	
Select Time Period:		
From Date:	Beginning of time period	
To Date:	End of time period	
Based on which Date:	(Client enrollment, Client assessment, Encounter, Delivery, etc.)	
Select Variable 1:	(Pregnancy status, Gestational age, Screening, Referral, etc.)	
Select Variable 2 (optional):	(Race/Ethnicity, Age, Income, Educational attainment, etc.)	

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Ad Hoc Report Example 1

Site: All Sites

Based on: Client Delivery Date

From: [Date] To: [Date]

Gestational Age by Race/Ethnicity

	Hispanic	non-Hispanic Asian	non-Hispanic Black	non-Hispanic White	non-Hispanic Other	Unknown
Extremely Preterm (<28 weeks)						
Very Preterm (28-<32 weeks)						
Preterm (32-<37 weeks)						
Early Term (37-38 weeks)						
Term (39-41 weeks)						
42+ weeks						
Unknown						

Ad Hoc Report Example 2

Site: PICHC Program 1
Based on: Encounter Date
From: [Date] To: [Date]
Pregnancy Status by Encounters

	# of Encounters
Preconception	
Prenatal	
Postpartum	
Interconception	

Screenshots of Dashboard

Admin Dashboard

Programs

Search:

Program Name	Counties Served	Manager	# Cases	# Workers	# Outreach Events
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Program Dashboard

Program:

Manager:

Counties Served:

[Program Detail](#)

[Enrolled Cases](#) [Supervisors](#) [Workers](#) [Outreach Events](#) [Trainings](#)

Search:

Client Name ▲ Case # ⚙ Intake Date ⚙ CHW

Program Dashboard

Program:

Manager:

Counties Served:

[Program Detail](#)

[Enrolled Cases](#) [Supervisors](#) [Workers](#) [Outreach Events](#) [Trainings](#)

Search:

Supervisor Name ▲ # Supervisees ⚙ # Form Approvals ⚙

Program:

Manager:

Counties Served:

[Program Detail](#)

[Enrolled Cases](#) [Supervisors](#) [Workers](#) [Outreach Events](#) [Trainings](#)

Search:

Name ▲ Supervisor ⚙ # Cases ⚙ # Open Referrals ⚙ # Encounters ⚙ # Updates ⚙ # Births ⚙

Program Dashboard

Program:

Manager:

Counties Served:

[Program Detail](#)

[Enrolled Cases](#)

[Supervisors](#)

[Workers](#)

[Outreach Events](#)

[Trainings](#)

Search:

Date

Title

Location

Contacts

Referrals

Info/Lit Provided

Program:

Manager:

Counties Served:

[Program Detail](#)

[Enrolled Cases](#)

[Supervisors](#)

[Workers](#)

[Outreach Events](#)

[Trainings](#)

Search:

Date

Topic

Type

Attendees

ATTACHMENT E

Supervisor Dashboard

Supervisor:

Program:

[Supervisor Detail](#)

[Supervisees](#)

[Form Approvals](#)

Search:

Supervisee Name ▲ **# Cases** ⌵ **# Open Referrals** ⌵ **# Encounters** ⌵ **# Updates** ⌵ **# Births** ⌵

Supervisor Dashboard

Supervisor:

Program:

[Supervisor Detail](#)

[Supervisees](#)

[Form Approvals](#)

Search:

Form Name ▲ **CHW** ⌵ **Client** ⌵ **Date** ⌵

ATTACHMENT E

CHW Dashboard

CHW:

Supervisor:

Program:

[Worker Detail](#)

[Enrolled Cases](#) [Open Referrals](#) [Encounters](#) [Updates](#) [Births](#)

Search:

Client Name	▲ Case #	◆ Intake Date	◆	◆
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CHW Dashboard

CHW:

Supervisor:

Program:

[Worker Detail](#)

[Enrolled Cases](#) [Open Referrals](#) [Encounters](#) [Updates](#) [Births](#)

Search:

Client	▲ # Referrals	◆	◆
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ATTACHMENT E

CHW Dashboard

CHW:

Supervisor:

Program:

[Worker Detail](#)

[Enrolled Cases](#) [Open Referrals](#) [Encounters](#) [Updates](#) [Births](#)

Search:

Client	Due Date		
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CHW Dashboard

CHW:

Supervisor:

Program:

[Worker Detail](#)

[Enrolled Cases](#) [Open Referrals](#) [Encounters](#) [Updates](#) [Births](#)

Search:

Client	Due Date		
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ATTACHMENT E

CHW Dashboard

CHW:

Supervisor:

Program:

[Worker Detail](#)

[Enrolled Cases](#) [Open Referrals](#) [Encounters](#) [Updates](#) **[Births](#)**

Search:

Client	▲ Due Date		
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ATTACHMENT E

Case Detail

Case #:	Edit	Intake Date:	Enrolled	Currently Pregnant:	Open Referrals
					CHW History
Client Name:		Discharge Date:		Expected Delivery Date:	
Birth Date		Current CHW:		Gestational Age:	

Contact Info	Addresses	Phones	E-Mails
Case Notes	History + Add	History + Add	History + Add
Forms			

Case Detail

Case #:	Edit	Intake Date:	Enrolled	Currently Pregnant:	Open Referrals
					CHW History
Client Name:		Discharge Date:		Expected Delivery Date:	
Birth Date		Current CHW:		Gestational Age:	

Contact Info	Case Notes
Case Notes	<input type="text"/> + Add
Forms	

ATTACHMENT E

Case Detail

Case #:	Edit	Intake Date:	Enrolled	Currently Pregnant:	Open Referrals
Client Name:		Discharge Date:		Expected Delivery Date:	CHW History
Birth Date:		Current CHW:		Gestational Age:	

[Contact Info](#) **Forms**

[Case Notes](#)

Forms

<input checked="" type="checkbox"/> Initial Contact ✓	Updates +Add	Children & Pregnancies +Add
<input checked="" type="checkbox"/> Screening/Assessment ✓	Encounters +Add	ASQs +Add