Birth Risk Factors and Outcomes Report

*INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE

Date Range: [redacted]
Program(s): [redacted]

Birth History (Active Clients)	Total	Prenatal	Postpartum	Unknown
Clients with a known previous preterm birth	/ (NA)	/ (NA)	/ (NA)	/ (NA)
Clients with a known previous low birth weight	/ (NA)	/ (NA)	/ (NA)	/ (NA)
Total Active Clients				

Birth Outcomes (Children born in reporting period)	Total	Prenatal	Postpartum	Unknown
Infants Born				
First Births	/ (NA)	/ (NA)	/ (NA)	/ (NA)
Preterm Births	/ (NA)	/ (NA)	/ (NA)	/ (NA)
Low Birth Weight	/ (NA)	/ (NA)	/ (NA)	/ (NA)
Total Birthing Clients				

Prenatal Care Initiation	Clients	Prenatal	Postpartum	Unknown
First Trimester	/ (NA)	/ (NA)	/ (NA)	/ (NA)
Second Trimester	/ (NA)	/ (NA)	/ (NA)	/ (NA)
Third Trimester	/ (NA)	/ (NA)	/ (NA)	/ (NA)
Unknown Trimester	/ (NA)	/ (NA)	/ (NA)	/ (NA)
No Prenatal Care	/ (NA)	/ (NA)	/ (NA)	/ (NA)
Unrecorded	/ (NA)	/ (NA)	/ (NA)	/ (NA)
Total				

Birth Risk Factors and Outcomes Report

***INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE**

Case Number	CHW	Expected Delivery Date	Previous preterm birth	Previous low birth weight	Child	Birth Date	Gestational Age	Lbs	Oz	First Birth	Receiving Prenatal Care	First Prenatal Medical Vist

Birth Risk Factors and Outcomes Report

***INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE**

Definitions:	
Pregnancy Status	
Prenatal	Screening Assessment item, "Currently Pregnant" is "yes".
Postpartum	Screening Assessment item, "Currently Pregnant" is not "yes" and item "Last Delivery Date" is prior to enrollment date.
Birth History	
Previous Preterm Birth:	Screening Assessment item, "Any previous premature births?", is "yes".
Previous Low Birth Weight:	Screening Assessment item, "Any previous babies born below normal weight?", is "yes".
Birth Outcomes	
First Births:	Child & Pregnancy Form item, "First Birth?" is "yes".
Preterm Births:	Child & Pregnancy Form item, "Gestational Age" less than 37.
Low Birth Weight:	Child & Pregnancy Form item, "Birth Weight" less than 5lbs 8oz.
Prenatal Care Initiation - From Child Information & Pregnancy Outcomes Form.	
First Trimester:	Item, "Any prenatal visits?" is "yes" and item "If yes, date of prenatal visit" is more than 180 days prior to item "If so, expected date of delivery".
Second Trimester:	Item, "Any prenatal visits?" is "yes" and item "If yes, date of prenatal visit" is between 90 and 180 days prior to item "If so, expected date of delivery".
Third Trimester:	Item, "Any prenatal visits?" is "yes" and item "If yes, date of prenatal visit" is between 0 and 90 days prior to item "If so, expected date of delivery".
Unknown Trimester:	Item, "Any prenatal visits?" is "yes" and item "If yes, date of prenatal visit" is later than item "If so, expected date of delivery" or either date is missing
No Prenatal Care:	Item, "Any prenatal visits?" is "no".
Unrecorded:	Item, "Any prenatal visits?" is "unknown" or blank.

Encounter Frequency by Client Pregnancy Status At Intake

***INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE**

Date Range: [redacted]

Program(s): [redacted]

	Encounters			Encounter % (of Total Encounters		Clients (enrolled)	% (of enrolled clients)
Total	For clients enrolled: For clients not yet enrolled:						
Preconception		In-person (in client's home):		N/A	N/A		N/A
		In-person (other location):		N/A			
		Phone:		N/A			
		E-mail:		N/A			
		Text:		N/A			
		Video conferencing:		N/A			
		Location not recorded:		N/A			
Prenatal		In-person (in client's home):		N/A	N/A		N/A
		In-person (other location):		N/A			
		Phone:		N/A			
		E-mail:		N/A			
		Text:		N/A			
		Video conferencing:		N/A			
		Location not recorded:		N/A			
Postpartum		In-person (in client's home):		N/A	N/A		N/A
		In-person (other location):		N/A			
		Phone:		N/A			
		E-mail:		N/A			
		Text:		N/A			
		Video conferencing:		N/A			
		Location not recorded:		N/A			

Encounter Frequency by Client Pregnancy Status At Intake

***INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE**

Interconception		In-person (in client's home):		N/A	N/A		N/A
		In-person (other location):		N/A			
		Phone:		N/A			
		E-mail:		N/A			
		Text:		N/A			
		Video conferencing:		N/A			
		Location not recorded:		N/A			
Non birthing caregiver		In-person (in client's home):		N/A	N/A		N/A
		In-person (other location):		N/A			
		Phone:		N/A			
		E-mail:		N/A			
		Text:		N/A			
		Video conferencing:		N/A			
		Location not recorded:		N/A			
Unknown		In-person (in client's home):		N/A	N/A		N/A
		In-person (other location):		N/A			
		Phone:		N/A			
		E-mail:		N/A			
		Text:		N/A			
		Video conferencing:		N/A			
		Location not recorded:		N/A			

Encounter Frequency by Client Pregnancy Status At Intake

***INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE**

Case Number	CHW	Intake Date	Last Delivery Date	Previous Pregnancies	Pregnant at Screen	Encounter Date	Type of Contact	Contact Location	Pregnancy Status

.

Encounter Frequency by Client Pregnancy Status At Intake

***INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE**

Definitions	
Active in Period:	A client is active if (1) they have an enrollment date prior to the end of the report period, and (2) either no discharge or a discharge after the start date of the report period.
Preconception:	Screening Assessment items "Number of previous pregnancies" = 0 AND "Currently Pregnant?" is not "yes" AND "Last Delivery Date" is blank AND there are no children with birth dates prior to intake.
Prenatal:	Screening Assessment item "Currently Pregnant?" = "yes"
Postpartum:	"Currently Pregnant?" is not "yes" AND either (1) there is a child in the system born within 8 weeks prior to intake OR (2) Screening Assessment items "Last Delivery Date" is within 8 weeks prior to intake.
Interconception:	"Currently Pregnant?" is not "yes" AND either (1) there is a child in the system born more than 8 weeks prior to intake OR (2) Screening Assessment items "Last Delivery Date" is more than 8 weeks prior to intake.
Non Birthing Caregiver:	"Currently Pregnant?" is not "yes" AND all children entered are marked as 'Living with non birthing caregiver'.

PICHC Referrals by Client PICHC Enrollment Status

Date Range: [redacted]

Program(s): [redacted]

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

PICHC Referrals	PICHC Clients (post-enrollment)			PICHC Clients (pre-enrollment)			Non-PICHC Clients		
	Issued	Completed	%	Issued	Completed	%	Issued	Completed	%
Adult primary care	0	0	N/A	0	0	N/A	0	0	N/A
Child primary care	0	0	N/A	0	0	N/A	0	0	N/A
Dental services	0	0	N/A	0	0	N/A	0	0	N/A
Early Intervention	0	0	N/A	0	0	N/A	0	0	N/A
Family Planning	0	0	N/A	0	0	N/A	0	0	N/A
Immunization	0	0	N/A	0	0	N/A	0	0	N/A
Lead Testing	0	0	N/A	0	0	N/A	0	0	N/A
Mental Health Services	1	0	0.0	0	0	N/A	0	0	N/A
Other, Specify	0	0	N/A	0	0	N/A	0	0	N/A
Postpartum Care	0	0	N/A	0	0	N/A	0	0	N/A
Prenatal Care	0	0	N/A	0	0	N/A	0	0	N/A
Breastfeeding	0	0	N/A	0	0	N/A	0	0	N/A
Car Seat	0	0	N/A	0	0	N/A	0	0	N/A
Child Development	0	0	N/A	0	0	N/A	0	0	N/A
Child Support	0	0	N/A	0	0	N/A	0	0	N/A
Childcare	0	0	N/A	0	0	N/A	0	0	N/A
Clothing / Baby Care Items	0	0	N/A	0	0	N/A	0	0	N/A
Domestic Violence	0	0	N/A	0	0	N/A	0	0	N/A
Doula	0	0	N/A	0	0	N/A	0	0	N/A
Educational Attainment	0	0	N/A	0	0	N/A	0	0	N/A
Employment / Vocational Services	0	0	N/A	0	0	N/A	0	0	N/A
English as a Second Langauge (ESL)	0	0	N/A	0	0	N/A	0	0	N/A

PICHC Referrals by Client PICHC Enrollment Status

Date Range: [redacted]

Program(s): [redacted]

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

Environmental Health / Safety	0	0	N/A	0	0	N/A	0	0	N/A
Family Resource Center	0	0	N/A	0	0	N/A	0	0	N/A
Food Pantry	0	0	N/A	0	0	N/A	0	0	N/A
Furniture	0	0	N/A	0	0	N/A	0	0	N/A
Health Insurance	0	0	N/A	0	0	N/A	0	0	N/A
HEAP	0	0	N/A	0	0	N/A	0	0	N/A
Early Head Start	0	0	N/A	0	0	N/A	0	0	N/A
Head Start	0	0	N/A	0	0	N/A	0	0	N/A
Healthy Families New York	0	0	N/A	0	0	N/A	0	0	N/A
Healthy Start	0	0	N/A	0	0	N/A	0	0	N/A
Home Instruction for Parents of Preschool Youngsters	0	0	N/A	0	0	N/A	0	0	N/A
Nurse-Family Partnership	0	0	N/A	0	0	N/A	0	0	N/A
Other Home Visiting Program, Specify	0	0	N/A	0	0	N/A	0	0	N/A
Parent Child Home Program	0	0	N/A	0	0	N/A	0	0	N/A
Parents as Teachers	0	0	N/A	0	0	N/A	0	0	N/A
Public Health Nurse / LHD	0	0	N/A	0	0	N/A	0	0	N/A
Housing	0	0	N/A	0	0	N/A	0	0	N/A
Immigration Services	0	0	N/A	0	0	N/A	0	0	N/A
Legal Services	0	0	N/A	0	0	N/A	0	0	N/A
Nutrition, General	0	0	N/A	0	0	N/A	0	0	N/A
Other, Specify	0	0	N/A	0	0	N/A	0	0	N/A
Safe Sleep	0	0	N/A	0	0	N/A	0	0	N/A
Smoking Cessation	0	0	N/A	0	0	N/A	0	0	N/A
SNAP (Food Stamps)	0	0	N/A	0	0	N/A	0	0	N/A

PICHC Referrals by Client PICHC Enrollment Status

Date Range: [redacted]

Program(s): [redacted]

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

Substance Use	0	0	N/A	0	0	N/A	0	0	N/A
Support Groups	0	0	N/A	0	0	N/A	0	0	N/A
TANF/DSS Cash Assistance	0	0	N/A	0	0	N/A	0	0	N/A
Translation	0	0	N/A	0	0	N/A	0	0	N/A
Transportation	0	0	N/A	0	0	N/A	0	0	N/A
WIC	0	0	N/A	0	0	N/A	0	0	N/A
Totals	**1**	**0**	**0.0**	**0**	**0**	**N/A**	**0**	**0**	**N/A**

PICHC Referrals by Client PICHC Enrollment Status

Date Range: [redacted]

Program(s): [redacted]

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

PICHC Clients

Service Category	Service Type	Case Number	Form Date	Client Contacted	Date Closed	CHW
[redacted]	[redacted]	[redacted]	[redacted]		[redacted]	[redacted]

PICHC Referrals by Client PICHC Enrollment Status

Date Range:	[redacted]
Program(s):	[redacted]

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

Definitions:	
PICHC Client Referrral (post-enrollment)	Referral for client where encounter occurs after enrollment.
PICHC Client Referrral (pre-enrollment)	Referral for client where encounter occurs prior to enrollment.
Non-PICHC Client Referral	Referral added on Outreach Event and Group Session Form.
Issued	Count of Service Referrals entered into system.
Completed	Count of Issued Service Referrals where Client Contacted is "y" and Date Closed is entered.

Client Demographics Report

Date Range: [redacted]

Program(s): [redacted]

***INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE**

Demographics	Clients #	%
Total	0	
Age Group		
< 15		N/A
15-17		N/A
18-19		N/A
20-24		N/A
25-29		N/A
30-34		N/A
35-39		N/A
40-44		N/A
45+		N/A
Unrecorded Age		N/A
Insurance Type		
Medicaid (Fee for Service, Managed Care or Emergency Medicaid)		N/A
Family Planning Medicaid Extension/Benefit Program (FPEP or FPBP) (family planning only)		N/A
Child Health Plus		N/A
Private Insurance		N/A
Other		N/A
Uninsured		N/A
Unknown / Unrecorded		N/A

Note: Health insurance categories not mutually exclusive.

Client Demographics Report

Race / Ethnicity		
Hispanic / Latinx		N/A
Not Hispanic / Latinx, American Indian / Alaska Native		N/A
Not Hispanic / Latinx, Asian		N/A
Not Hispanic / Latinx, Black / African-American		N/A
Not Hispanic / Latinx, Native Hawaiian / Pacific Islander		N/A
Not Hispanic / Latinx, White		N/A
Not Hispanic / Latinx, Other / Multi-racial		N/A
Not Hispanic / Latinx, Declined / Unspecified Race		N/A
Unspecified Hispanic / Latinx, American Indian / Alaska Native		N/A
Unspecified Hispanic / Latinx, Asian		N/A
Unspecified Hispanic / Latinx, Black / African-American		N/A
Unspecified Hispanic / Latinx, Native Hawaiian / Pacific Islander		N/A
Unspecified Hispanic / Latinx, White		N/A
Unspecified Hispanic / Latinx, Other / Multi-racial		N/A
Unspecified Race / Ethnicity		N/A

Asian / Pacific Islander Racial Subgroups		
Not Hispanic / Latinx, Asian (Unspecified)		N/A
Not Hispanic / Latinx, Asian (Bangladeshi)		N/A
Not Hispanic / Latinx, Asian (Bhutanese)		N/A
Not Hispanic / Latinx, Asian (Burmese)		N/A
Not Hispanic / Latinx, Asian (Cambodian)		N/A
Not Hispanic / Latinx, Asian (Chinese)		N/A
Not Hispanic / Latinx, Asian (Filipino)		N/A

Not Hispanic / Latinx, Asian (Hmong)		N/A
Not Hispanic / Latinx, Asian (Indian)		N/A
Not Hispanic / Latinx, Asian (Indonesian)		N/A
Not Hispanic / Latinx, Asian (Japanese)		N/A
Not Hispanic / Latinx, Asian (Korean)		N/A
Not Hispanic / Latinx, Asian (Laotian)		N/A
Not Hispanic / Latinx, Asian (Malaysian)		N/A
Not Hispanic / Latinx, Asian (Mongolian)		N/A
Not Hispanic / Latinx, Asian (Nepalese)		N/A
Not Hispanic / Latinx, Asian (Pakistani)		N/A
Not Hispanic / Latinx, Asian (Sri Lankan)		N/A
Not Hispanic / Latinx, Asian (Thai)		N/A
Not Hispanic / Latinx, Asian (Vietnamese)		N/A
Not Hispanic / Latinx, Asian (Other)		N/A
Not Hispanic / Latinx, Native Hawaiian / Pacific Islander (Unspecified)		N/A
Not Hispanic / Latinx, Native Hawaiian / Pacific Islander (Guamanian and Chamorro)		N/A
Not Hispanic / Latinx, Native Hawaiian / Pacific Islander (Native Hawaiian)		N/A
Not Hispanic / Latinx, Native Hawaiian / Pacific Islander (Samoan)		N/A
Not Hispanic / Latinx, Native Hawaiian / Pacific Islander (Other)		N/A
Unspecified Hispanic / Latinx, Asian (Unspecified)		N/A
Unspecified Hispanic / Latinx, Asian (Bangladeshi)		N/A
Unspecified Hispanic / Latinx, Asian (Bhutanese)		N/A
Unspecified Hispanic / Latinx, Asian (Burmese)		N/A
Unspecified Hispanic / Latinx, Asian (Cambodian)		N/A
Unspecified Hispanic / Latinx, Asian (Chinese)		N/A
Unspecified Hispanic / Latinx, Asian (Filipino)		N/A
Unspecified Hispanic / Latinx, Asian (Hmong)		N/A
Unspecified Hispanic / Latinx, Asian (Indian)		N/A

Unspecified Hispanic / Latinx, Asian (Indonesian)		N/A
Unspecified Hispanic / Latinx, Asian (Japanese)		N/A
Unspecified Hispanic / Latinx, Asian (Korean)		N/A
Unspecified Hispanic / Latinx, Asian (Laotian)		N/A
Unspecified Hispanic / Latinx, Asian (Malaysian)		N/A
Unspecified Hispanic / Latinx, Asian (Mongolian)		N/A
Unspecified Hispanic / Latinx, Asian (Nepalese)		N/A
Unspecified Hispanic / Latinx, Asian (Pakistani)		N/A
Unspecified Hispanic / Latinx, Asian (Sri Lankan)		N/A
Unspecified Hispanic / Latinx, Asian (Thai)		N/A
Unspecified Hispanic / Latinx, Asian (Vietnamese)		N/A
Unspecified Hispanic / Latinx, Asian (Other)		N/A
Unspecified Hispanic / Latinx, Native Hawaiian / Pacific Islander (Unspecified)		N/A
Unspecified Hispanic / Latinx, Native Hawaiian / Pacific Islander (Guamanian and Chamorro)		N/A
Unspecified Hispanic / Latinx, Native Hawaiian / Pacific Islander (Native Hawaiian)		N/A
Unspecified Hispanic / Latinx, Native Hawaiian / Pacific Islander (Samoan)		N/A
Unspecified Hispanic / Latinx, Native Hawaiian / Pacific Islander (Other)		N/A

Client Demographics Report

Case Number	Client DoB	Intake Date	Ethnicity	Race	Has Insurance	Insurance	CHW
			[redacted]				.

Client Demographics Report

Definitions	
Age Group	
Age of client is calculated relative to Intake Date.	
Insurance Type	
Medicaid (Fee for Service or Managed Care)	Insurance type selected
Family Planning Medicaid Extension/Benefit Program (FPEP or FPBP) (family planning only)	Insurance type selected
Child Health Plus	Insurance type selected
Private Insurance	Insurance type selected
Other	Text appears in "Other" text box
Uninsured	Item "Has Health Insurance?" is "no" and no insurance type is selected
Unknown / Unrecorded	'Unknown' insurance type selected OR Item "Has Health Insurance?" is not "no" AND no insurance type is selected
Race / Ethnicity	
Hispanic/Latinx	Ethnicity is "Hispanic/Latinx"
Not-Hispanic/Latinx American Indian/Alaska Native	Ethnicity is "Not Hispanic/Latinx" and race is "American Indian/Alaska Native"
Not-Hispanic/Latinx Asian	Ethnicity is "Not Hispanic/Latinx" and race is any subcategory of "Asian"
Not-Hispanic/Latinx Black/African-American	Ethnicity is "Not Hispanic/Latinx" and race is "Black/African American"
Not-Hispanic/Latinx Native Hawaiian/Pacific Islander	Ethnicity is "Not Hispanic/Latinx" and race is any subcategory of "Native Hawaiian / Pacific Islander"
Not-Hispanic/Latinx White	Ethnicity is "Not Hispanic/Latinx" and Race is "White"
Not-Hispanic/Latinx Other/Multi-racial	Ethnicity is "Not Hispanic/Latinx" and mutiple races or "Other" selected
Not Hispanic/Latinx, Declined/Unspecified Race	Ethnicity is "Not Hispanic/Latinx" and race is either "Unknown", "Declined to self-identify" or blank
Unspecified Hispanic/Latinx, American Indian/Alaska Native	Ethnicity is "Declined to self-identify" or blank and race is "American Indian/Alaska Native"
Unspecified Hispanic/Latinx, Asian	Ethnicity is "Declined to self-identify" or blank and race is any subcategory of "Asian"
Unspecified Hispanic/Latinx, Black/African-American	Ethnicity is "Declined to self-identify" or blank and race is "Black/African American"
Unspecified Hispanic/Latinx, Native Hawaiian/Pacific Islander	Ethnicity is "Declined to self-identify" or blank and race is any subcategory of "Native Hawaiian/Pacific Islander"
Unspecified Hispanic/Latinx, White	Ethnicity is "Declined to self-identify" or blank and race is "White"
Unspecified Hispanic/Latinx, Other / Multi-racial	Ethnicity is "Declined to self-identify" or blank and race is "Other" or multiple races are selected

Unspecified Race / Ethnicity	Ethnicity is "Declined to self-identify" or blank and race is "Declined to self-identify" or "Unknown" or blank

Definitions	
Asian / Pacific Islander Racial Subgroups	
Not-Hispanic/Latinx Asian (Unspecified)	Ethnicity is "Not Hispanic/Latinx" and race is "Asian (Unspecified)"
Not-Hispanic/Latinx Asian (Bangladeshi)	Ethnicity is "Not Hispanic/Latinx" and race is "Asian (Bangladeshi)"
Not-Hispanic/Latinx Asian (Bhutanese)	Ethnicity is "Not Hispanic/Latinx" and race is "Asian (Bhutanese)"
Not-Hispanic/Latinx Asian (Burmese)	Ethnicity is "Not Hispanic/Latinx" and race is "Asian (Burmese)"
Not-Hispanic/Latinx Asian (Cambodian)	Ethnicity is "Not Hispanic/Latinx" and race is "Asian (Cambodian)"
Not-Hispanic/Latinx Asian (Chinese)	Ethnicity is "Not Hispanic/Latinx" and race is "Asian (Chinese)"
Not-Hispanic/Latinx Asian (Filipino)	Ethnicity is "Not Hispanic/Latinx" and race is "Asian (Filipino)"
Not-Hispanic/Latinx Asian (Hmong)	Ethnicity is "Not Hispanic/Latinx" and race is "Asian (Hmong)"
Not-Hispanic/Latinx Asian (Indian)	Ethnicity is "Not Hispanic/Latinx" and race is "Asian (Indian)"
Not-Hispanic/Latinx Asian (Indonesian)	Ethnicity is "Not Hispanic/Latinx" and race is "Asian (Indonesian)"
Not-Hispanic/Latinx Asian (Japanese)	Ethnicity is "Not Hispanic/Latinx" and race is "Asian (Japanese)"
Not-Hispanic/Latinx Asian (Korean)	Ethnicity is "Not Hispanic/Latinx" and race is "Asian (Korean)"
Not-Hispanic/Latinx Asian (Laotian)	Ethnicity is "Not Hispanic/Latinx" and race is "Asian (Laotian)"
Not-Hispanic/Latinx Asian (Malaysian)	Ethnicity is "Not Hispanic/Latinx" and race is "Asian (Malaysian)"
Not-Hispanic/Latinx Asian (Mongolian)	Ethnicity is "Not Hispanic/Latinx" and race is "Asian (Mongolian)"
Not-Hispanic/Latinx Asian (Nepalese)	Ethnicity is "Not Hispanic/Latinx" and race is "Asian (Nepalese)"
Not-Hispanic/Latinx Asian (Pakistani)	Ethnicity is "Not Hispanic/Latinx" and race is "Asian (Pakistani)"
Not-Hispanic/Latinx Asian (Sri Lankan)	Ethnicity is "Not Hispanic/Latinx" and race is "Asian (Sri Lankan)"
Not-Hispanic/Latinx Asian (Thai)	Ethnicity is "Not Hispanic/Latinx" and race is "Asian (Thai)"
Not-Hispanic/Latinx Asian (Vietnamese)	Ethnicity is "Not Hispanic/Latinx" and race is "Asian (Vietnamese)"
Not-Hispanic/Latinx Asian (Other)	Ethnicity is "Not Hispanic/Latinx" and race is "Asian (Other)"
Not-Hispanic/Latinx Native Hawaiian/Pacific Islander (Unspecified)	Ethnicity is "Not Hispanic/Latinx" and race is "Native Hawaiian Pacific Islander (Unspecified)"
Not-Hispanic/Latinx Native Hawaiian/Pacific Islander (Guamanian and Chamorro)	Ethnicity is "Not Hispanic/Latinx" and race is "Native Hawaiian Pacific Islander (Guamanian and Chamorro)"

Not-Hispanic/Latinx Native Hawaiian/Pacific Islander (Native Hawaiian)	Ethnicity is "Not Hispanic/Latinx" and race is "Native Hawaiian Pacific Islander (Native Hawaiian)"
Not-Hispanic/Latinx Native Hawaiian/Pacific Islander (Samoan)	Ethnicity is "Not Hispanic/Latinx" and race is "Native Hawaiian Pacific Islander (Samoan)"
Not-Hispanic/Latinx Native Hawaiian/Pacific Islander (Other)	Ethnicity is "Not Hispanic/Latinx" and race is "Native Hawaiian Pacific Islander (Other)"
Unspecified Hispanic/Latinx, Asian (Unspecified)	Ethnicity is "Declined to self-identify" or blank and race is "Asian (Unspecified)"
Unspecified Hispanic/Latinx, Asian (Bangladeshi)	Ethnicity is "Declined to self-identify" or blank and race is "Asian (Bangladeshi)"
Unspecified Hispanic/Latinx, Asian (Bhutanese)	Ethnicity is "Declined to self-identify" or blank and race is "Asian (Bhutanese)"
Unspecified Hispanic/Latinx, Asian (Burmese)	Ethnicity is "Declined to self-identify" or blank and race is "Asian (Burmese)"
Unspecified Hispanic/Latinx, Asian (Cambodian)	Ethnicity is "Declined to self-identify" or blank and race is "Asian (Cambodian)"
Unspecified Hispanic/Latinx, Asian (Chinese)	Ethnicity is "Declined to self-identify" or blank and race is "Asian (Chinese)"
Unspecified Hispanic/Latinx, Asian (Filipino)	Ethnicity is "Declined to self-identify" or blank and race is "Asian (Filipino)"
Unspecified Hispanic/Latinx, Asian (Hmong)	Ethnicity is "Declined to self-identify" or blank and race is "Asian (Hmong)"
Unspecified Hispanic/Latinx, Asian (Indian)	Ethnicity is "Declined to self-identify" or blank and race is "Asian (Indian)"
Unspecified Hispanic/Latinx, Asian (Indonesian)	Ethnicity is "Declined to self-identify" or blank and race is "Asian (Indonesian)"
Unspecified Hispanic/Latinx, Asian (Japanese)	Ethnicity is "Declined to self-identify" or blank and race is "Asian (Japanese)"
Unspecified Hispanic/Latinx, Asian (Korean)	Ethnicity is "Declined to self-identify" or blank and race is "Asian (Korean)"
Unspecified Hispanic/Latinx, Asian (Laotian)	Ethnicity is "Declined to self-identify" or blank and race is "Asian (Laotian)"
Unspecified Hispanic/Latinx, Asian (Malaysian)	Ethnicity is "Declined to self-identify" or blank and race is "Asian (Malaysian)"
Unspecified Hispanic/Latinx, Asian (Mongolian)	Ethnicity is "Declined to self-identify" or blank and race is "Asian (Mongolian)"
Unspecified Hispanic/Latinx, Asian (Nepalese)	Ethnicity is "Declined to self-identify" or blank and race is "Asian (Nepalese)"
Unspecified Hispanic/Latinx, Asian (Pakistani)	Ethnicity is "Declined to self-identify" or blank and race is "Asian (Pakistani)"
Unspecified Hispanic/Latinx, Asian (Sri Lankan)	Ethnicity is "Declined to self-identify" or blank and race is "Asian (Sri Lankan)"
Unspecified Hispanic/Latinx, Asian (Thai)	Ethnicity is "Declined to self-identify" or blank and race is "Asian (Thai)"
Unspecified Hispanic/Latinx, Asian (Vietnamese)	Ethnicity is "Declined to self-identify" or blank and race is "Asian (Vietnamese)"
Unspecified Hispanic/Latinx, Asian (Other)	Ethnicity is "Declined to self-identify" or blank and race is "Asian (Other)"
Unspecified Hispanic/Latinx, Native Hawaiian / Pacific Islander (Unspecified)	Ethnicity is "Declined to self-identify" or blank and race is "Native Hawaiian/Pacific Islander (Unspecified)"
Unspecified Hispanic/Latinx, Native Hawaiian / Pacific Islander (Guamanian and Chamorro)	Ethnicity is "Declined to self-identify" or blank and race is "Native Hawaiian/Pacific Islander (Guamanian and Chamorro)"
Unspecified Hispanic/Latinx, Native Hawaiian / Pacific Islander (Native Hawaiian)	Ethnicity is "Declined to self-identify" or blank and race is "Native Hawaiian/Pacific Islander (Native Hawaiian)"

Unspecified Hispanic/Latinx, Native Hawaiian / Pacific Islander (Samoan)	Ethnicity is "Declined to self-identify" or blank and race is "Native Hawaiian/Pacific Islander (Samoan)"
Unspecified Hispanic/Latinx, Native Hawaiian / Pacific Islander (Other)	Ethnicity is "Declined to self-identify" or blank and race is "Native Hawaiian/Pacific Islander (Other)"

Education Topics Provided by CHWs Report

Date Range: [redacted]

Program(s): [redacted]

***INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE**

Education Topics Given	Clients Participating	% (of Total Clients)
Total Clients	**0**	**100.0%**
Alcohol	0	N/A
Basic Needs (housing, food, etc)	0	N/A
Birth Plan	0	N/A
Breastfeeding	0	N/A
Child Development / Infant Care	0	N/A
Depression	0	N/A
Domestic Violence	0	N/A
Exercise / Nutrition	0	N/A
Family Planning / Reproductive Health	0	N/A
Health Insurance	0	N/A
Healthy Pregnancy	0	N/A
Home Safety	0	N/A
Illicit Drug Use	0	N/A
Immunizations	0	N/A
Oral Health	0	N/A
Parenting	0	N/A
Postpartum Care	0	N/A
Postpartum Plan	0	N/A
Prenatal Care	0	N/A
Preterm Birth	0	N/A
Preventive Care / Primary Care	0	N/A
Program Activity	0	N/A
Safe Sex or STD	0	N/A
Safe Sleep	0	N/A
Self-Sufficiency	0	N/A
Smoking	0	N/A

Education Topics Provided by CHWs Report

Date Range: [redacted]

Program(s): [redacted]

***INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE**

Education Topics and Corresponding Encounter Activities

Education Topic	Encounter Activity
Alcohol	Discuss alcohol impacts during pregnancy
Basic Needs (housing, food, etc)	Provide or arrange for food, clothes, diapers, or household goods
Basic Needs (housing, food, etc)	Provide info and/or assistance with housing
Basic Needs (housing, food, etc)	Car seat check
Basic Needs (housing, food, etc)	Crib check/crib for kids
Birth Plan	Completed / Reviewed Birth Plan
Breastfeeding	Provide breastfeeding information and support
Child Development / Infant Care	Provide information/equipment relating to child safety (car seats, child proofing homes, etc.)
Child Development / Infant Care	Provide infant feeding information and support
Child Development / Infant Care	Address infant basic care needs (sleeping, bathing, etc)
Child Development / Infant Care	Provide child health information
Child Development / Infant Care	Infant weight check
Child Development / Infant Care	Provide information on child development
Depression	Discuss mental health issues
Domestic Violence	Address issues re: violence in the home
Exercise / Nutrition	Provide nutrition/food preparation information
Family Planning / Reproductive Health	Provide family planning/optimal birth spacing info
Family Planning / Reproductive Health	Reproductive Life Plan
Health Insurance	Provide information of health providers or services
Healthy Pregnancy	Provide labor and delivery support
Home Safety	Home Safety checklist
Illicit Drug Use	Discuss substance use issues
Immunizations	Immunizations
Oral Health	Provide dental health information
Parenting	Discuss feelings about baby
Parenting	Discuss Shaken Baby Syndrome
Parenting	Provide support to parents re: stresses of parenting
Parenting	Discuss child support issues
Parenting	Discuss visitation issues
Parenting	Discuss parental rights issues
Postpartum Care	Cesarean incision
Postpartum Care	Post-partum mother care
Postpartum Plan	Completed / Reviewed Postpartum Plan
Prenatal Care	Provide education/info re: prenatal care/pregnancy
Preterm Birth	Preterm birth: signs, symptoms, prevention

Education Topics Provided by CHWs Report

Date Range: [redacted]

Program(s): [redacted]

***INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE**

Preventive Care / Primary Care	Provide general health information
Preventive Care / Primary Care	Provide advocacy/support or accompany to medical providers and services
Program Activity	Complete forms
Program Activity	Complete client satisfaction survey
Safe Sex or STD	Provide safe sex or STD information
Safe Sleep	Provide safe sleep information
Self-Sufficiency	Assess needs, develop or review family service plan
Self-Sufficiency	Help resolve problems and handle crises
Self-Sufficiency	Arrange appointment for health care services
Self-Sufficiency	Translation
Self-Sufficiency	Provide advocacy/support and/or accompany to non-medical providers or services
Self-Sufficiency	Address legal needs
Self-Sufficiency	Teach to use public transportation or provide maps or directions
Self-Sufficiency	Teach how to use calendar or appointment book
Self-Sufficiency	Address needs for child care
Self-Sufficiency	Discuss family relations
Self-Sufficiency	Teach, foster communication skills
Self-Sufficiency	Arrange for transportation
Self-Sufficiency	Job search/placement assistance
Self-Sufficiency	Adult basic education or GED preparation
Self-Sufficiency	ESL (English as a Second Language)
Self-Sufficiency	Vocational or job skills training
Smoking	Provide information on smoking cessation

Education Topics Provided by CHWs Report

Date Range: [redacted]

Program(s): [redacted]

***INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE**

Case Number	CHW	Encounter Date	Encounter Activity	Education Topic
			[redacted]	

Aggregate DOH Program Measures

Date Range: [redacted]

Program(s): [redacted]

***INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE. EXCLUDES NON BIRTHING CLIENTS.**

Clients included in report: 0

Measures	# or %
1. Percentage of women with a preventive medical visit.	0 / 0 (N/A)
2. Percentage of PICHC program participants engaged prenatally who have created a birth plan during a visit with a CHW.	0 / 0 (N/A)
3. Total number of prenatal and postpartum clients.	
a. Prenatal	0
b. Postpartum	0
4. Percentage of clients who attended postpartum visits(total number of clients who attended postpartum visits / total number of postpartum clients).	
a. Within 8 weeks	0 / 0 (N/A)
b. Within 12 Weeks	0 / 0 (N/A)
5. Total number of babies who were born to clients	0
6. Percentage of preterm babies	0 / 0 (N/A)
7. Percentage of postpartum clients who initiated breastfeeding (total number of clients who reached postpartum and initiated breastfeeding/total number of clients who reached postpartum).	0 / 0 (N/A)
8. Percentage of referral completions for clients who were referred for smoking cessation programs (only counts referrals issued to prenatal and postpartum clients).	0 / 0 N/A
9. Percentage of referral completions for clients who were referred to family planning (only counts referrals issued to prenatal and postpartum clients).	0 / 0 (N/A)
10. Percentage of referral completions for clients who were referred for child primary care (only counts referrals issued to prenatal and postpartum clients).	0 / 0 N/A
11. Percentage of clients who had a postive oral health screening and were referred.	0 / 0 (N/A)
12. Percentage of clients who were referred to oral health services completed their referral.	0 / 0 (N/A)

Aggregate DOH Program Measures

Date Range:	[redacted]
Program(s):	[redacted]

Definitions

1. Preventive medical visit - Screening Assessment question, "Had well-visit (non-sick visit) in the past year?" is answered "yes", or clients who had a Medical Visit of Type 4: Routine Physical.

2. Created a birth plan - From Encounter form, "Completed / Reviewed Birth Plan" is checked in Activities section.

   Engaged prenatally - Count of prenatal clients with encounters in period.

3. Prenatal client - Question, "Currently Pregnant?' is "yes" on the Screening Assessment.

   Postpartum client - Question, "Currently Pregnant?' is not "yes" on the Screening Assessment and item Last Delivery Date is prior to the enrollment date.

4. Of clients who reached pospartum between the start date and 8 weeks prior to the end date, and who had a date of birth at most 30 days before intake, count clients who had a postpartum client medical visit within 8 weeks of giving birth. (visit code 3, visit date within 8 weeks of child's birth date), or who answered "Yes" to Child/Pregnancy Form Question 25b, or who put a date to 25d within 8 weeks of birth. A client is ineligible if they have a postpartum visit before intake.

   Of clients who reached pospartum between the start date and 12 weeks prior to the end date, and who had a date of birth at most 30 days before intake, count clients who had a postpartum client medical visit within 8 weeks of giving birth. (visit code 3, visit date within 12 weeks of child's birth date), or who answered "Yes" to Child/Pregnancy Form Question 25b or Child/Pregnancy Form Question 25c, or who put a date to 25d within 12 weeks of birth. A client is ineligible if they have a postpartum visit before intake.

5. Count of children with birth date in date range NOT marked as 'Living with non birthing caregiver'.

6. Of children from #5, those with gestational age less than or equal to 36.

7. Of clients who reached postpartum in the reporting period, those where one of the following is true:

   Question "Was infant receiving breast milk at discharge?" is answered "yes" on Child & Pregnancy Info form for a child born in the reporting period.

   Questons "Currently feeding with breast milk?" is marked "Breast milk only" or "Breastmilk and formula/solids" or question "Was child ever fed breast milk?" is marked "Yes" on Screening Assessments, Updates Or Discharge forms after the child's birth.

8. For prenatal and postpartum clients from #3, standalone referrals with dates in range, or referrals added to Encounter forms in date range where referral service "43. Smoking Cessation" is selected.

9. For prenatal and postpartum clients from #3, standalone referrals with dates in range, or referrals added to Encounter forms in date range where referral service "5. Family Planning" is selected.

10. For prenatal and postpartum clients from #3, standalone referrals with dates in range, or referrals added to Encounter forms in date range where referral service "2. Child primary care" is selected.

11. Includes standalone referrals with dates in range, or referrals added to Encounter forms in date range where referral service "3. Dental services" is selected.

    Positive oral health screening - Screen question, "Has any dental problems?", is answered "yes."

Aggregate DOH Program Measures

Date Range:	[redacted]
Program(s):	[redacted]

12. Includes standalone referrals with dates in range, or referrals added to Encounters in date range where referral service "3. Dental services."

Referral Measures 8, 9, 10, 11, 12:

Client referred - Referral question, "Client Contacted?" is answered "yes."

Referral completed - Referral question, "Client Contacted?" is answered "yes" and a date is entered for "Date Completed."

Aggregate DOH Program Measures

Date Range: [redacted]

Program(s): [redacted]

*OOW Indicates an Out of Report Window Postpartum Visit

Case Number	Life Course At Intake	Intake Date	Preventative Visit	Birth Plan Made	Birth Dates	Postpartum Eligible 8 / 12 Weeks	Postpartum Visit 8 / 12 Weeks	Postpartum Visit Dates	Discharge Date	CHW
			No	No		N/A / N/A	N/A / N/A			

Completed Screenings Report

Date Range: [redacted]

Program(s): [redacted]

*INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE

Client's Completed Screenings Report

Type of Screening	Number of Positive Screenings	Number of Screenings Completed	Number of Clients Screened
Alcohol	N/A		N/A
Depression	N/A		N/A
Domestic Violence	N/A		N/A
Health Insurance	N/A		N/A
Substance Use	N/A		N/A
Oral Health	N/A		N/A
Smoking	N/A		N/A

Children Receiving Services	Children Referred For Services	Children Who Received ASQs	ASQ Eligible Children
0 N/A	0 N/A	0 N/A	0

Safe Sleep Positive Clients	Safe Sleep Screened Clients
0 N/A	0

Clients Screened Within 3 Months Of Birth	Birthing Clients In Window
0 N/A	0

	Primary Care Physician		Received Family Planning/Optimal Birth Spacing Information / Reproductive Life Plan Completed		Attended Well-Woman Visit	
Status	Total Number	Percentage	Total Number	Percentage	Total Number	Percentage
Yes		%		%		%
No		%		%		%
Unrecorded / Unknown		%		%		%
Total Clients						

Completed Screenings Report

Date Range: [redacted]

Program(s): [redacted]

***INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE**

Definitions

Active Client	A client is active in the reporting period if their enrollment date is prior to the end date of the report and their discharge, if any, is after the start date of the report.
Alcohol Screen	AUDIT-C screens from Screening Assessment, Update, Standalone and Discharge forms with form dates within specified date range. To be counted as "complete" answers must appear for the following questions: "How often do you have a drink...", "How many standard drinks...", "How often do you have six..." OR text is entered for item "If another evidence based screening tool was used, what was it?" To be counted as "positive" Screening Result must be entered as "Positive." The percentage is out of completed screens, not out of total clients.
Depression	PHQ-9 screens from Screening Assessment, Update, Standalone and Discharge forms with form dates within specified date range. A "complete" PHQ-9 screen, has a value for each scoreable item OR text is entered for item "If another evidence based screening tool was used, what was it?" To be counted as "positive" Screening Result must be entered as "Positive." The percentage is out of completed screens, not out of total clients.
Domestic Violence	HITS screens from Screening Assessment, Update, Standalone and Discharge forms with form dates within specified date range. A "complete" HITS screen, has a value for each scoreable item OR text is entered for item "If another evidence based screening tool was used, what was it?" To be counted as "positive" Screening Result must be entered as "Positive." The percentage is out of completed screens, not out of total clients.
Health Insurance	Question, "Currently has health insurance coverage?", from Screening Assessment forms for clients active in the date range. To be counted as "complete" the question must be answered "yes" or "no." To be counted as "positive" the question must be entered as "yes." The percentage is out of completed questions, not out of total clients.
Substance Use	NIDA screens from Screening Assessment, Update, Standalone and Discharge forms with form dates within specified date range. A "complete" NIDA screen, has a value for each item in question "In the past year, how often..." OR text is entered for item "If another evidence based screening tool was used, what was it?" To be counted as "positive" Screening Result must be entered as "Positive." The percentage is out of completed screens, not out of total clients.
Oral Health	Question, "Has any dental problems?", from Screening Assessment forms for clients active within the specified date range. To be counted as "complete" the question must be answered "yes" or "no." To be counted as "positive" the question must be entered as "yes." The percentage is out of completed questions, not out of total clients.
Smoking	Question, "Does potential client use tobacco products or vapes?", from Screening Assessment for clients active within the specified date range. To be counted as "complete" the question must be answered "yes" or "no." To be counted as "positive" the question must be entered as "yes." The percentage is out of completed questions, not out of total clients.
Primary Care Physician	Item, "Usual source of medical care:", from Screening Assessment forms for clients active within the specified date range. Yes - First option "Doctor/clinician's office" is selected, No - Any other option is selected. Unrecorded / Unknown- No medical care source is selected.

Completed Screenings Report

Date Range:	[redacted]
Program(s):	[redacted]

***INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE**

Received Family Planning / Optimal Birth Spacing Information	Item "Provide family planning / optimal birth spacing info" in Activities section of Encounter forms with form date within specified date range. Yes - Item is checked, No - Item is not checked. Unrecorded / Unknown - No Encounter form for client in time period.
Attended Well-Woman Visit	Question, "Had well-visit with primary care provider in the past year?", from Screening Assessment forms for clients active within the specified date range. Yes - "yes" is selected, No - "no" is selected. Unrecorded - "unknown" is selected or no selection has been made.
ASQ Eligible Children	Children who are less than 5 years old at the start of the selected window, more than 1 year old at the end of the selected window, who either have no Date of Death, or a Date of Death after the end of the window.
Children Who Received ASQs	Qualified ASQ Children who received an ASQ between the start and end date. In the event of multiple ASQs on the same child, the most recent will be taken for this and other ASQ sections. Percentage is out of ASQ Eligible Children.
Children Referred For Services	From the Children Who Received ASQs cohort, Question "Was a referral made?:" must be "Yes." Percentage is out of Children Who Received ASQs, not ASQ eligible children.
Children Receiving Services	From the Children Who Received ASQs cohort, Question "Infant is Currently Receiving Services:" must be "Yes." Percentage is out of Children Who Received ASQs, not ASQ eligible children.
Safe Sleep Screenings	Clients who, on a Screening Assessment, Update Form, or Discharge within the window, answered the full question "In the past 2 weeks, how often was child put to bed: On Back, Alone, In Crib."
Safe Sleep Positive Clients	Clients who, on their most recent Safe Sleep Screening, Entered "Always" for "On Back," "In Crib," and "Alone." Percentage is out of screened clients.
Birthing Clients In Window	Clients who gave birth after the start date, with at least 3 full months to spare before the end date.
Clients Screened Within 3 Months of Birth	Birthing Clients who received a PHQ9 within 3 months of giving birth. Percentage is out of birthing clients, not total clients.

Completed Screenings Report

Date Range: [redacted]

Program(s): [redacted]

***INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE**

Case Number	Form Date	CHW	Form	Alternate Tool/Screen Result

Performance Measures Report

Date Range: [redacted]

Program(s): [redacted]

Performance Measures			Q1		Q2		Q3		Q4		YTD	
			N	%	N	%	N	%	N	%	N	%
1	Number of women, infants and children screened for health and well-being status											
	a.	Number of active clients total	0	%	0	%	0	%	0	%	0	%
	b.	Number of newly enrolled clients	0	%	0	%	0	%	0	%	0	%
	c.	Number of in-person visits	0	%	0	%	0	%	0	%	0	%
	d.	Number of home visits	0	%	0	%	0	%	0	%	0	%
	e.	Number of other visits	0	%	0	%	0	%	0	%	0	%
2	Number of uninsured clients enrolled in health insurance											
	a.	Completed referrals to health insurance (post-enrollment)	0	%	0	%	0	%	0	%	0	%
	b.	Completed referrals to health insurance (pre-enrollment)	0	%	0	%	0	%	0	%	0	%
3	Number of clients without routine or preventive care provider who are connected and engaged with a health home											
	a.	Completed referrals to adult primary care (post-enrollment)	0	%	0	%	0	%	0	%	0	%
	b.	Completed referrals to child primary care (post-enrollment)	0	%	0	%	0	%	0	%	0	%
	c.	Completed referrals to adult primary care (pre-enrollment)	0	%	0	%	0	%	0	%	0	%
	d.	Completed referrals to child primary care (pre-enrollment)	0	%	0	%	0	%	0	%	0	%
4	Number of referrals provided to caregivers, infants and children.											
	a.	Total number of referrals (post-enrollment)	0	%	0	%	0	%	0	%	0	%
	b.	Total number of completed referrals (post-enrollment)	0	%	0	%	0	%	0	%	0	%
	c.	Total number of referrals (pre-enrollment)	0	%	0	%	0	%	0	%	0	%
	d.	Total number of completed referrals (pre-enrollment)	0	%	0	%	0	%	0	%	0	%
5	Number of clients connected to evidence based home visiting programs											
	a.	Completed referrals to evidence based home visiting programs (post-enrollment)	0	%	0	%	0	%	0	%	0	%

Performance Measures Report

Date Range: [redacted]

Program(s): [redacted]

	b.	Completed referrals to evidence based home visiting programs (pre-enrollment)	0	%	0	%	0	%	0	%	0	%
6	Number of clients connected to family planning programs											
	a.	Number of referrals to family planning services (post-enrollment)	0	%	0	%	0	%	0	%	0	%
	b.	Completed referrals to family planning (post-enrollment)	0	%	0	%	0	%	0	%	0	%
	c.	Number of referrals to family planning services (pre-enrollment)	0	%	0	%	0	%	0	%	0	%
	d.	Completed referrals to family planning (pre-enrollment)	0	%	0	%	0	%	0	%	0	%
7	Expand Community Health Worker (CHW) services and training											
	a.	Number of CHWs and CHW Coordinators hired	0	%	0	%	0	%	0	%	0	%
	b.	Number of CHWs that received skills-based trainings	0	%	0	%	0	%	0	%	0	%
	c.	Number of CHWs that received knowledge-based trainings	0	%	0	%	0	%	0	%	0	%
8	Assist pregnant women to schedule and keep prenatal care appointments											
	a.	Number of women enrolled in prenatal care first trimester	0	%	0	%	0	%	0	%	0	%
	b.	Number of women enrolled in prenatal care second trimester	0	%	0	%	0	%	0	%	0	%
	c.	Number of women enrolled in prenatal care third trimester	0	%	0	%	0	%	0	%	0	%
	d.	Number of women with no or unknown prenatal care	0	%	0	%	0	%	0	%	0	%
9	Provide doula support to pregnant and postpartum women											
	a.	Total number of women who received doula support	0	%	0	%	0	%	0	%	0	%
	b.	Number of women who received prenatal doula support	0	%	0	%	0	%	0	%	0	%
	c.	Number of women who received doula support during labor	0	%	0	%	0	%	0	%	0	%
	d.	Number of women who received postpartum doula support	0	%	0	%	0	%	0	%	0	%
10	Assist postpartum women to schedule and keep postpartum care visit											
	a.	Number of women who attend postpartum care visit	0	%	0	%	0	%	0	%	0	%
11	Number of individuals and children who attend primary care visit.											
	a.	Number of individuals who attend primary care visit	0	%	0	%	0	%	0	%	0	%

Performance Measures Report

Date Range: [redacted]

Program(s): [redacted]

	b.	Number of well-baby visits recorded	0	%	0	%	0	%	0	%	0	%
12	Breastfeeding Initiation											
	a.	Number of women that initiate breastfeeding	0	%	0	%	0	%	0	%	0	%
	b.	Clients engaged prenatally	0	%	0	%	0	%	0	%	0	%
	c.	Clients engaged post-partum	0	%	0	%	0	%	0	%	0	%
	d.	Clients engaged, unknown life-course	0	%	0	%	0	%	0	%	0	%
13	Birth Plans developed											
	a.	Number of birth plans developed	0	%	0	%	0	%	0	%	0	%
14	Postpartum Plans developed											
	a.	Number of postpartum plans developed	0	%	0	%	0	%	0	%	0	%
15	Client Satisfaction Surveys Completed											
	a.	Number of surveys completed	0	%	0	%	0	%	0	%	0	%
16	Collaborate with other community programs to achieve shared goals including coordination of outreach, screening and referral, and service delivery											
	a.	Number of coordinated outreach events	0	%	0	%	0	%	0	%	0	%
	b.	Number of community partners engaged in coordinated outreach and referrals	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
17	Provide and promote community and social support for example, childbirth education, parenting classes, and social support networks											
	a.	Number of group sessions provided for PICHC Clients	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
	b.	Number of group session participants that are PICHC Clients	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
	c.	Number of group session participants that are not PICHC Clients	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
18	Number and Type of Information/Assistance Provided											
		Please see details on the Education Topics Report										

Performance Measures Report

Date Range: [redacted]

Program(s): [redacted]

Case Number	Intake Date	Prenatal Doula Support	Labor Doula Support	Postpartum Doula Support
		[redacted]	[redacted]	[redacted]

Definitions		
1	a.	Distinct count of clients with enrollment date prior to end of period, no discharge or discharge date after start of period.
	b.	Distinct count of clients with enrollment date in period.
	c.	Count of Encounter forms in period occurring after enrollment, where question "5a. Type of contact:" is marked "In-person."
	d.	Count of Encounter forms in period occurring after enrollment, where question "5b. If in-person, where did it occur?" is marked "Client home."
	e.	Count of Encounter forms in period occurring after enrollment, where question "5b. If in-person, where did it occur?" is NOT marked "Client home."
2	a.	From Encounter forms in period occurring after client enrollment, count of referrals for "26. Health Insurance" where "client contacted?" = "yes" and "close date" is entered.
	b.	From Encounter forms in period occurring prior to client enrollment, count of referrals for "26. Health Insurance" where "client contacted?" = "yes" and "close date" is entered.
3	a.	From Encounter forms in period occurring after client enrollment, count of referrals for "1. Adult primary care" where "client contacted?" = "yes" and "close date" is entered.
	b.	From Encounter forms in period occurring after client enrollment, count of referrals for "2. Child primary care" where "client contacted?" = "yes" and "close date" is entered.
	c.	From Encounter forms in period occurring prior to client enrollment, count of referrals for "1. Adult primary care" where "client contacted?" = "yes" and "close date" is entered.
	d.	From Encounter forms in period occurring prior to client enrollment, count of referrals for "2. Child primary care" where "client contacted?" = "yes" and "close date" is entered.
4	a.	Count of referrals from Encounter forms in period occurring after client enrollment.
	b.	Count of referrals from Encounter forms in period occurring after client enrollment where "client contacted?" = "yes" and "close date" is entered.
	c.	Count of referrals from Encounter forms in period occurring prior to client enrollment.
	d.	Count of referrals from Encounter forms in period occurring prior to client enrollment where "client contacted?" = "yes" and "close date" is entered.
5	a.	Count of the following referral types from Encounter forms in period occurring after client enrollment where "client contacted?" = yes and "close date" is not null
	b.	Count of the following referral types from Encounter forms in period occurring prior to client enrollment where "client contacted?" = yes and "close date" is not null
		28. Early Head Start, 29. Head Start, 30. Healthy Families New York, 31. Healthy Start, 32. Home Instruction for Parents of Preschool Youngsters, 33. Nurse-Family Partnership, 34. Parent Child Home Program, 35. Parents as Teachers
6	a	From Encounter forms in period occurring after client enrollment, count of referrals for "5. Family Planning."

Performance Measures Report

Date Range:	[redacted]	
Program(s):	[redacted]	
	b.	From Encounter forms in period occurring after client enrollment, count of referrals for "5. Family Planning" where "client contacted?" = yes and "close date" is entered.
	c.	From Encounter forms in period occurring prior to client enrollment, count of referrals for "5. Family Planning."
	d.	From Encounter forms in period occurring prior to client enrollment, count of referrals for "5. Family Planning" where "client contacted?" = yes and "close date" is entered.
7	a.	Count of CHWs with hire date in period.
	b.	Distinct count of CHWs from training forms entered in period where training type = "skills based."
	c.	Distinct count of CHWs from training forms entered in period where training type = "knowledge based"
8	a.	Count of clients with biological children born in period where Child Information & Pregnancy Outcomes form question, "Did birthing person/client receive prenatal care?" = "yes" AND EITHER the difference between "Date began receiving prenatal care" and the child's birth date is greater than 26 weeks OR "Date began receiving prenatal care is blank and "First Trimester" is selected.
	b.	Count of clients with biological children born in period where Child Information & Pregnancy Outcomes form question, "Did birthing person/client receive prenatal care?" = "yes" AND EITHER the difference between "Date began receiving prenatal care" and the child's birth date is between 13 and 26 weeks OR "Date began receiving prenatal care is blank and "Second Trimester" is selected.
	c.	Count of clients with biological children born in period where Child Information & Pregnancy Outcomes form question, "Did birthing person/client receive prenatal care?" = "yes" AND EITHER the difference between "Date began receiving prenatal care" and the child's birth date is less than 13 weeks OR "Date began receiving prenatal care is blank and "Third Trimester" is selected.
	d.	Count of clients with biological children born in period where Child Information & Pregnancy Outcomes form question, "Did birthing person/client receive prenatal care?" = "no", "unknown" or blank.
9	a.	Count of clients with biological children born in period where Child Information & Pregnancy Outcomes form question, "Did birthing person/client receive doula support?" is marked "Yes"
	b.	Of clients included in 9a, those with Child Information & Pregnancy Outcomes question "If yes, when?" marked "Prenatal."
	c.	Of clients included in 9a, those with Child Information & Pregnancy Outcomes question "If yes, when?" marked "During Labor."
	d.	Of clients included in 9a, those with Child Information & Pregnancy Outcomes question "If yes, when?" marked "Postpartum."
10	a.	Count of active clients with a baby born between the start date of the report and 56 days before the end date, who either have a medical visits with visit date in period and visit code = "3. Postpartum Visit," or have answered "Has already attended" to question "Post-partum visit scheduled?" on the child's pregnancy form, with an answer of "Yes" on "If already attended, was it within 8 weeks of birth?" or a date within 8 weeks of the birth on "If already attended, specify when:" Children born to clients who are not active within the window will no longer count.
11	a.	Count of clients who answered "Yes" to Screening Assessment question 11b, or recorded a "Code 4: Routine Physical" under Client Medical Visits in an Encounter Form update within the period.
	b.	Count of "Code 1: Well-baby Visit" instances documented under Baby Medical Visits on Encounter Forms within the time period.

Performance Measures Report

Date Range:	[redacted]	
Program(s):	[redacted]	
12	a.	Of active clients who reached postpartum in the reporting period, those where one of the following is true: 1. Question "Was infant receiving breast milk at discharge?" is answered "yes" on Child & Pregnancy Info form for a child born in the reporting period. 2. Questons "Currently feeding with breast milk?" is marked "Breast milk only" or "Breastmilk and formula/solids" or question "Was child ever fed breast milk?" is marked "Yes" on Screening Assessments, Updates Or Discharge forms after the child's birth.
	b.	Of clients included in 12a, those with Screening Assessment question "Currently Pregnant?" marked "Yes."
	c.	Of clients included in 12a, those with Screening Assessment question "Currently Pregnant?" NOT marked "Yes" AND either (1) item "Last Delivery Date" is prior to enrollment OR (2) a child exists whose birth date is prior to enrollment.
	d.	Of clients included in 12a, those with Screening Assessment question "Currently Pregnant?" NOT marked "Yes" AND item "Last Delivery Date" is on or after intake date AND there is no biological child whose birth date is prior to enrollment.
13	a.	Count of Encounter forms in period where Activity "Completed / Reviewed Birth Plan" is checked.
14	a.	Count of Encounter forms in period where Activity "Completed / Reviewed Postpartum Plan" is checked.
15	a.	Count of Encounter forms in period where Activity "Complete client satisfaction survey" is checked and Discharge forms where "Client Satisfaction Survey Complete" is marked "Yes"
16	a.	Count of Outreach Event and Group Session Forms in period where Event Type = "Coordinated Outreach"
	b.	Sum of "number of partners engaged" from Outreach Event and Group Session Forms in period where Event Type = "Coordinated Outreach."
17	a.	Count of Outreach Event and Group Session Forms in period where Event Type = "Group Session" and Number of PICHC Attendees > 0
	b.	Sum of "number of PICHC attendees" from Outreach Event and Group Session Forms in period where Event Type = "Group Session"
	c.	Sum of "number of Non-PICHC attendees" from Outreach Event and Group Session Forms in period where Event Type = "Group Session"
18		Number and Type of Information/Assistance Provided Can Be Found in the Education Topics Report

Outside Referrals to PICHC by Type and PICHC Outreach Report

Date Range: [redacted]

Program(s): [redacted]

*INCLUDES CLIENTS HAVING INTAKE DATES WITHIN SPECIFIED DATE RANGE

Outside Referrals to PICHC	Clients (Total = 0)	% (of Total Clients)
Birthing Hospital	0	N/A
Dental Provider	0	N/A
Family Planning Provider	0	N/A
Health Home	0	N/A
Mental Health / Behavioral Health	0	N/A
Pediatrician	0	N/A
Prenatal Care Provider	0	N/A
Primary Care Physician	0	N/A
Child Protective Services	0	N/A
Community - Based Organization	0	N/A
Coordinated Intake Program	0	N/A
County Office / Department of Community and Family Services / Social Services	0	N/A
Faith - Based Organization	0	N/A
Insurance Navigator	0	N/A
Managed Care Plan	0	N/A
Other Client	0	N/A
Other PICHC Program	0	N/A
Public Health Nurse / LHD	0	N/A
Relative / Friend	0	N/A
School	0	N/A
Self	0	N/A
SMHI Light Touch Transfer	0	N/A
Social Service - Temporary Assistance	0	N/A
Social Service Agency	0	N/A
WIC	0	N/A
Early Head Start	0	N/A
Head Start	0	N/A
Healthy Families New York	0	N/A
Healthy Start	0	N/A
Home Instruction for Parents of Preschool Youngsters	0	N/A
Nurse-Family Partnership	0	N/A
Parent Child Home Program	0	N/A
Parents as Teachers	0	N/A

Outside Referrals to PICHC by Type and PICHC Outreach Report

Date Range:	[redacted]
Program(s):	[redacted]

Outreach (Street / Door-to-Door)	0	
Group Session Attendance	0	
Social Media	0	
Other Source	0	
Unrecorded	0	

*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	0	Number of Partners Engaged	0	Referrals	
				Count of individuals requesting information	

Outside Referrals to PICHC by Type and PICHC Outreach Report

Date Range:	[redacted]
Program(s):	[redacted]

Definitions	
	Outside Referrals to PICHC - Sum totals of outside referrer types from Intitial Contact question "Outside Referrer."
	Outreach (Street / Door-to-Door) - Count of Intial Contacts where item "Type of referral/recruitment source" = "Outreach (Street / Door-to-Door)."
	Group Session Attendance - Count of Intial Contacts where item "Type of referral/recruitment source" = "Group Session Attendance."
	Other Source - Count of Intial Contacts where item "Type of referral/recruitment source" = "Other."
	Unrecorded - Count of Intial Contacts where item "Type of referral/recruitment source" = "Unrecorded."
	Number of Sessions - Count of Outreach Events in specified period where item, "Group Session" is checked.
	Attendees at Sessions - Sum of item "Number of attendees" from Outreach Events in specified period where item "Coordinated Outreach" is checked.
	Coordinated Outreach: Number of Events - Count of Outreach Events in specified period where item "Coordinated Outreach" is checked.
	Number of Partners Engaged: Sum of item "Number of partners engaged" from Outreach Events in specified period where item "Group Session" is checked.
	Total Outreach Events: Number of Events - Count of Outreach Events in specified period.
	Referrals - Count of referrals added to Outreach Events in period.
	Count of individuals requesting information - Count of "Contacts" from Outreach Events in specified period.

Outside Referrals to PICHC by Type and PICHC Outreach Report

Date Range:	[redacted]
Program(s):	[redacted]

Outside Referrals to PICHC				
Case Number	**Screen Date**	**CHW**	**Referral Type**	**Outside Referrer**

Outside Referrals to PICHC by Type and PICHC Outreach Report

Date Range: [redacted]

Program(s): [redacted]

Outreach Events

Event Date	Event Type	Attendees	Partners Engaged	Contacts	Referrals

Agency Listing Report

Point in time: [redacted]	
*INCLUDES INDIVIDUALS EMPLOYED AT REPORT DATE.	
Total Number of Programs	1
Total Number of Program Managers	0
Total Number of CHW Supervisors	2
Total Number of CHWs	1
Total Number of Data Staff	0
Total Number of Other Staff	0
Total Number Unknown Role	1

	Title					
% FTE Funded by PICHC	Program Manager	CHW Supervisor	CHW	Data Staff	Other	Unknown
100%	0	1	1	0	0	0
75% - 99%	0	0	0	0	0	0
50% - 74%	0	1	0	0	0	0
25% - 49%	0	0	0	0	0	0
0% - 24%	0	0	0	0	0	0
Unknown	0	0	0	0	0	1

Agency Listing Report

[redacted]

Current Program Manager: [redacted]

Phone: [redacted]

Number of Program Managers:	0
Number of CHW Supervisors:	2
Number of CHWs:	1
Number of Data Staff:	0
Number of Other Staff:	0

Worker	Title	% FTE Funded by PICHC	Hire Date	Term. Date
[redacted]				
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]	

Definitions:	
Employed at Report Date	Hire date is missing or prior to point in time AND termination date is missing or after point in time
Title	Located on worker details form
% FTE Funded by PICHC	Located on worker details form
Current Program Manager	Located on program details form
Phone	Located on program details form

Enrollment Summary Report

Date Range: [redacted]					
* INCLUDES CLIENTS ACTIVE IN PERIOD.					
Agency Name	**Number of Clients**	**Number of New Clients Enrolled**	**Number of Existing Clients**	**Number of Discharged Clients**	**Enrollment Rate**
					N/A

Enrollment Summary Report

Date Range: [redacted]	
*** INCLUDES CLIENTS ACTIVE IN PERIOD.**	
Definitions	
Number of Clients (Active Clients)	Clients with intake date prior to end date of report and no discharge or discharge date after start date of report.
Number of New Clients Enrolled	Active clients with intake date in reporting period.
Number of Existing Clients	Active clients with intake date prior to start date of report.
Number of Discharged Clients	Active clients with discharge date in reporting period.
Enrollment Rate	New Clients Enrolled / (Existing Clients + New Clients Enrolled)

Enrollment Summary Report

Date Range: [redacted]
* INCLUDES CLIENTS ACTIVE IN PERIOD.

Case Number	Intake Date	Discharge Date	Life Course Intake	Life Course Current	CHW

Performance Management Report

Program: [redacted]
Year: [redacted]
Quarter: [redacted]
Month: [redacted]

	[redacted]			Regionwide			Statewide		
Measure	Month	Quarter	Year	Month	Quarter	Year	Month	Quarter	Year
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Total Encounters	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
Total Clients	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
Average Encounters per Client	NA	NA	NA	NA	NA	NA	NA	NA	NA
Performance Measures									
Number of individuals who attend postpartum care	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
Number of individuals that initiate breastfeeding/chestfeeding	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
Demographics									
By Client Age Group:									
<15	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
15-17	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
18-19	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
20-24	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
25-29	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
30-34	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
35-39	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
40-44	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
45+	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
Unrecorded Age	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)

Performance Management Report

	[redacted]			Regionwide			Statewide		
By Client Race / Ethnicity	Month	Quarter	Year	Month	Quarter	Year	Month	Quarter	Year
	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)	N (%)
Hispanic / Latinx	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
Not Hispanic / Latinx, American Indian / Alaska Native	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
Not Hispanic / Latinx, Asian	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
Not Hispanic / Latinx, Black / African-American	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
Not Hispanic / Latinx, Native Hawaiian / Pacific Islander	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
Not Hispanic / Latinx, White	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
Not Hispanic / Latinx, Other / Multi-racial	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
Not Hispanic / Latinx, Declined / Unspecified Race	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
Unspecified Hispanic / Latinx, American Indian / Alaska Native	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
Unspecified Hispanic / Latinx, Asian	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
Unspecified Hispanic / Latinx, Black / African-American	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
Unspecified Hispanic / Latinx, Native Hawaiian / Pacific Islander	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
Unspecified Hispanic / Latinx, White	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
Unspecified Hispanic / Latinx, Other / Multi-racial	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)
Unspecified Race / Ethnicity	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)	(NA)

Performance Management Report

Definitions	
Total Encounters	Number of encounters in period
Total Clients	Count of clients with enrollment dates before end of period and either no discharge date or discharged after start date of report.
Number of individuals who attend postpartum care	From encounters in period, completed referrals for "9. Postpartum Care"
Number of individuals that initiate breastfeeding/chestfeeding	Question "Currently feeding with breast milk?" from most recent "Children Under Six Months" section of Screening Assessments, Updates and Discharges. Values counted are "Breast milk only" and "Breastmilk and formula/solids."
By Client Age Group:	Age is calculated relative to the date entered.
By Client Race / Ethnicity	Data pulled from Initial Contact form
Hispanic / Latinx	Ethnicity = "Hispanic / Latinx"
Not Hispanic / Latinx, American Indian / Alaska Native	Ethnicity = "Not Hispanic / Latinx" and Race = "American Indian / Alaska Native"
Not Hispanic / Latinx, Asian	Ethnicity = "Not Hispanic / Latinx" and Race = "Asian"
Not Hispanic / Latinx, Black / African-American	Ethnicity = "Not Hispanic / Latinx" and Race = "Black / African-American"
Not Hispanic / Latinx, Native Hawaiian / Pacific Islander	Ethnicity = "Not Hispanic / Latinx" and Race = "Native Hawaiian / Pacific Islander"
Not Hispanic / Latinx, White	Ethnicity = "Not Hispanic / Latinx" and Race = "White"
Not Hispanic / Latinx, Other / Multi-racial	Ethnicity = "Not Hispanic / Latinx" and Race = "Other" or Race has multiple selections
Not Hispanic / Latinx, Declined / Unspecified Race	Ethnicity = "Not Hispanic / Latinx" and Race = "Unknown" or Race is blank
Unspecified Hispanic / Latinx, American Indian / Alaska Native	Ethnicity = "Declined to self-identify" or Ethnicity is blank and Race = "American Indian / Alaska Native"
Unspecified Hispanic / Latinx, Asian	Ethnicity = "Declined to self-identify" or Ethnicity is blank and Race = "Asian"
Unspecified Hispanic / Latinx, Black / African-American	Ethnicity = "Declined to self-identify" or Ethnicity is blank and Race = "Black / African-American"
Unspecified Hispanic / Latinx, Native Hawaiian / Pacific Islander	Ethnicity = "Declined to self-identify" or Ethnicity is blank and Race = "Native Hawaiian / Pacific Islander"
Unspecified Hispanic / Latinx, White	Ethnicity = "Declined to self-identify" or Ethnicity is blank and Race = "White"
Unspecified Hispanic / Latinx, Other / Multi-racial	Ethnicity = "Declined to self-identify" or Ethnicity is blank and Race = "Other" or Race has multiple selections
Unspecified Race / Ethnicity	Ethnicity = "Declined to self-identify" or Ethnicity is blank and Race = "Unknown" or Race is blank

Performance Management Report

Year to date encounters and referrals for postpartum care. [redacted]

Case Number	Birth Date	Encounter Date	Referred for Postpartum Care	Client Contacted?	Date Referral Closed	CHW

Performance Management Report

Clients currently breastfeeding. Data pulled from most recent Update, Screening Assessment or Discharge in period. [redacted]

Case Number	Currently Breastfeeding?	Form Date	Form	CHW

Performance Management Report

Case Number	Ethnicity	Race	CHW

Civic Engagement Performance Measures Report

Date Range: [redacted]

Program(s): [redacted]

Civic Engagement Performance Measures			Q1		Q2		Q3		Q4		YTD	
			N	%	N	%	N	%	N	%	N	%
1		Number of Collaborative Projects Underway and/or Completed										
	a.	Total Number of Collaborative Projects	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
	b.	Total Number of Collaborative Projects Pending	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
	c.	Total Number of Collaborative Projects Completed	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
2		Frequency of Participation in Collaborative Projects										
	a.	Total Number of Collaborative Projects With Weekly Meeting	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
	b.	Total Number of Collaborative Projects With Monthly Meeting	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
	c.	Total Number of Collaborative Projects With Quarterly Meeting	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
	d.	Total Number of Collaborative Projects With Other Meeting	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
3		Number of Community Members Participating on Collaborative Projects With A Community Action Board										
	a.	Total Number of Community Members on the Board	0		0		0		0		0	
	b.	Total Number of Board Members	0		0		0		0		0	
	c.	Percentage of Community Members on the Board	N/A		N/A		N/A		N/A		N/A	
4		Number of Partners Working on Collaborative Projects										
	a.	Total Number of Partners working on Collaborative Projects	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
5		Number of Partners Engaged in Coordinated Outreach and Referrals										
	a.	Total Number of Community Partners Engaged in Coordinated Outreach and Referrals	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
6		Number of Coordinated Outreach Activities										
	a.	Total Number of Coordinated Outreach Activities	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
7		Number and Type of Agreements With Partners on Community Outreach and Referrals										

Civic Engagement Performance Measures Report

Date Range: [redacted]

Program(s): [redacted]

	a.	Total Number of Formal and Informal Agreements Developed With Part	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
	b.	Total Number of Formal Written Agreements Developed With Partne	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
	c.	Total Number of Formal Written Agreements (Signed Contracts)	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
	d.	Total Number of Formal Written Agreements (MOU)	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
	e.	Total Number of Informal Agreements	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
8	Number and Type of Agreements With Partners on Collaborative Projects											
	a.	Total Number of Formal and Informal Agreements Developed with Partners	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
	b.	Total Number of Formal Written Agreements Developed With Partners	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
	c.	Total Number of Formal Written Agreements (Signed Contracts)	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
	d.	Total Number of Formal Written Agreements (MOU)	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
	e.	Total Number of Informal Agreements	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
9	Number of Collaborations With Community Partners Addressing Social Determinants of Health and Community Needs											
	a.	Total Number of Collaborations With Community Partners	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
	b.	Total Number of Collaborations With Community Partners for Collaborative Projects	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
	c.	Total Number of Collaborations With Community Partners for Coordinated Outreach and Referrals	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
	d.	Total Number of Collaborations With Community Partners for Non-Community Action Board Related Collaborative Projects	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A

Civic Engagement Performance Measures Report

Date Range: [redacted]
Program(s): [redacted]

Total Number of Collaborative Projects By Topic	Q1		Q2		Q3		Q4		YTD	
	N	%	N	%	N	%	N	%	N	%
Alcohol	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Basic Needs (Housing, Food, etc)	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Birth Plan	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Breastfeeding	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Child Development / Infant Care	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Depression	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Domestic Violence	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Exercise / Nutrition	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Family Planning / Reproductive Health	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Health Insurance	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Healthy Pregnancy	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Home Safety	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Illicity Drug Use	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Immunizations	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Oral Health	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Parenting	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Postpartum Care	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Prenatal Care	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Preterm Birth	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Preventive Care / Primary Care	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A

Civic Engagement Performance Measures Report

Date Range: [redacted]

Program(s): [redacted]

Safe Sex or STD	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Safe Sleep	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Self-Sufficiency	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Smoking	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Postpartum Plan	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Other (Specify)	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A

Total Number of Collaborative Partners By Organization Type	Q1		Q2		Q3		Q4		YTD	
	N	%	N	%	N	%	N	%	N	%
Traditional Organizations										
Birthing Hospital	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Community-Based Organization	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Dental Provider	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Domestic Violence Provider	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Education Provider	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Family Planning Provider	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Financial Services	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Health Home	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Immigration Services	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Insurance Navigator	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Legal Services	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A

Civic Engagement Performance Measures Report

Date Range: [redacted]

Program(s): [redacted]

Managed Care Plan	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Mental Health / Behavioral Health	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Other Health Care Provider	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Other PICHC Program	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Pediatrician	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Prenatal Care Provider	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Primary Care Physician	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Public Health Nurse / LHD	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Social Service Agency	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Substance Use Provider	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
WIC	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Other Traditional (Specify)	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Non-Traditional Organizations										
Advocacy Agencies	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Breast / Chest Feeding Providers	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Community Centers	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Faith-Based Organizations	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Grassroots Organizations	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Minority-Focused Organizations	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Other Non-Traditional (Specify)	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A

Total Number of Outreach Partners By Organization Type	Q1		Q2		Q3		Q4		YTD	
	N	%	N	%	N	%	N	%	N	%

Civic Engagement Performance Measures Report

Date Range: [redacted]

Program(s): [redacted]

Traditional Organizations										
Birthing Hospital	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Community-Based Organization	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Dental Provider	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Domestic Violence Provider	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Education Provider	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Family Planning Provider	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Financial Services	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Health Home	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Immigration Services	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Insurance Navigator	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Legal Services	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Managed Care Plan	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Mental Health / Behavioral Health	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Other Health Care Provider	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Other PICHC Program	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Pediatrician	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Prenatal Care Provider	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Primary Care Physician	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Public Health Nurse / LHD	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Social Service Agency	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Substance Use Provider	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A

Civic Engagement Performance Measures Report

Date Range: [redacted]

Program(s): [redacted]

WIC	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Other Traditional (Specify)	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Non-Traditional Organizations										
Advocacy Agencies	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Breast / Chest Feeding Providers	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Community Centers	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Faith-Based Organizations	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Grassroots Organizations	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Minority-Focused Organizations	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Other Non-Traditional (Specify)	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A

Total Number of Outreaches By Outreach Activity Type	Q1		Q2		Q3		Q4		YTD	
	N	%	N	%	N	%	N	%	N	%
Door to Door	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Scheduled Office Visit	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
In Person Meeting	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Virtual Meeting	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Other (Specify)	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A

Total Number of Community Needs and Social Determinants By Determinant/Need Type	Q1		Q2		Q3		Q4		YTD	
	N	%	N	%	N	%	N	%	N	%
Economic Stability (Collabs)	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Economic Stability (Outreaches)	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A

Civic Engagement Performance Measures Report

Date Range: [redacted]

Program(s): [redacted]

Education Access and Quality (Collabs)	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Education Access and Quality (Outreaches)	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Health Care Access and Quality (Collabs)	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Health Care Access and Quality (Outreaches)	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Neighborhood and Built Environment (Collabs)	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Neighborhood and Built Environment (Outreaches)	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Social and Community Context (Collabs)	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Social and Community Context (Outreaches)	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Other Social Determinant (Collabs)	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Other Social Determinant (Outreaches)	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Community Needs (Collabs)	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Community Needs (Outreaches)	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A

Civic Engagement Performance Measures Report

Date Range: [redacted]

Program(s): [redacted]

Cohort: All Outreach Events within 1 year from the selected Point In Time where Event Types include Collaborative Projects or Coordinated Outreach and Referrals.

Civic Engagement Performance Measures		
1	Number of Collaborative Projects Underway and/or Completed	
	a.	Total count of events in period with the type "Collaborative Project"
	b.	Total count of events in period with the type "Collaborative Project" where "Project Complete" is unchecked.
	c.	Total count of events in period with the type "Collaborative Project" where "Project Complete" is checked.
2	Frequency of Participation in Collaborative Projects	
	a.	Total count of events in period with the type "Collaborative Project" where "Meeting Frequency" is set to "Weekly."
	b.	Total count of events in period with the type "Collaborative Project" where "Meeting Frequency" is set to "Monthly."
	c.	Total count of events in period with the type "Collaborative Project" where "Meeting Frequency" is set to "Quarterly."
	d.	Total count of events in period with the type "Collaborative Project" where "Meeting Frequency" is set to "Other."
3	Number of Community Members Participating on Collaborative Projects With A Community Action Board	
	a.	Sum of all "Total Number of Community Members on the Board" fields tied to events with the type "Collaborative Project" and "Community Action Board Related" checked in the period.
	b.	Sum of all "Total Number of Board Members" fields tied to events with the type "Collaborative Project" and "Community Action Board Related" in the period.
	c.	The result of 3b divided by the result of 3a multiplied by 100.
4	Number of Partners Working on Collaborative Projects	
	a.	Total count of "Participating Community Partners" tied to "Collaborative Projects" in the period.
5	Number of Partners Engaged in Coordinated Outreach and Referrals	
	a.	Total count of "Participating Community Partners" tied to "Coordinated Outreach and Referrals" in the period.
6	Number of Coordinated Outreach Activities	

Civic Engagement Performance Measures Report

Date Range: [redacted]

Program(s): [redacted]

	a.	Total count of events in period with the type "Coordinated Outreach and Referrals".
7	Number and Type of Agreements With Partners on Community Outreach and Referrals	
	a.	Total count of "Coordinated Outreach and Referrals" in period where "Developed any new formal or informal written agreements with partners?" is checked.
	b.	Total count of "Coordinated Outreach and Referrals" in period where "Developed any new formal or informal written agreements with partners?" is checked and "Is Agreement Formal or Informal?" is set to "Formal."
	c.	Total count of "Coordinated Outreach and Referrals" in period where "Developed any new formal or informal written agreements with partners?" is checked, "Is Agreement Formal or Informal?" is set to "Formal," and "If Formal Written Agreement, What Type?" is set to "Signed Contracts."
	d.	Total count of "Coordinated Outreach and Referrals" in period where "Developed any new formal or informal written agreements with partners?" is checked, "Is Agreement Formal or Informal?" is set to "Formal," and "If Formal Written Agreement, What Type?" is set to "MOU."
	e.	Total count of "Coordinated Outreach and Referrals" in period where "Developed any new formal or informal written agreements with partners?" is checked and "Is Agreement Formal or Informal?" is set to "Informal."
8	Number and Type of Agreements With Partners on Collaborative Projects	
	a.	Total count of "Collaborative Projects" in period where "Developed any new formal or informal written agreements with partners?" is checked.
	b.	Total count of "Collaborative Projects" in period where "Developed any new formal or informal written agreements with partners?" is checked and "Is Agreement Formal or Informal?" is set to "Formal."
	c.	Total count of "Collaborative Projects" in period where "Developed any new formal or informal written agreements with partners?" is checked, "Is Agreement Formal or Informal?" is set to "Formal," and "If Formal Written Agreement, What Type?" is set to "Signed Contracts."
	d.	Total count of "Collaborative Projects" in period where "Developed any new formal or informal written agreements with partners?" is checked, "Is Agreement Formal or Informal?" is set to "Formal," and "If Formal Written Agreement, What Type?" is set to "MOU."
	e.	Total count of "Collaborative Projects" in period where "Developed any new formal or informal written agreements with partners?" is checked and "Is Agreement Formal or Informal?" is set to "Informal."
9	Number of Collaborations With Community Partners Addressing Social Determinants of Health and Community Needs	
	a.	Total Count of "Participating Community Partners" tied to either "Collaborative Projects" or "Coordinated Outreach and Referrals" where "Addresses social determinants of health and community needs?" is checked.
	b.	Total Count of "Participating Community Partners" tied to "Collaborative Projects" where "Addresses social determinants of health and community needs?" is checked.
	c.	Total Count of "Participating Community Partners" tied to "Coordinated Outreach and Referrals" where "Addresses social determinants of health and community needs?" is checked.

Civic Engagement Performance Measures Report

Date Range: [redacted]

Program(s): [redacted]

	d.	Total Count of "Participating Community Partners" tied to "Collaborative Projects" with "Community Action Board Related" unchecked, where "Addresses social determinants of health and community needs?" is checked.

All entries on the "Total Number of Collaborative Projects By Topic" table count the number of "Collaborative Projects" events that include the associated "Colla

All entries on the "Total Number of Collaborative Partners By Organization Type" table count the number of "Participating Community Partners" linked to each "

All entries on the "Total Number of Outreach Partners By Organization Type" table count the number of "Participating Community Referral Partners" with each "

All entries on the "Total Number of Community Needs and Social Determinants By Determinant/Need Type" table count the number of "Social Determinants" or

Civic Engagement Performance Measures Report

Date Range: [redacted]
Program(s): [redacted]

List of Social Determinants and Community Needs In Window

Event Date	Event Title	Social Determinant	Community Need	Event Type

Ad Hoc Report

Case Number	First Name	Last Name	Gender	Ethnicity	Client Race	Primary Language	Birth Date	Intake Date	Discharge Date	Birth Plan Completed	Assigned Worker

Breastfeeding Status Report

Date Range:

Program(s):

*INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE

Category	Breastfeeding at Discharge		Breastfeeding Exclusively at 6 Month		Breastfeeding at 6 Month	
	#	%	#	%	#	%
Infant	0	0.00%	0	NA	0	NA

Breastfeeding Status Report

Date Range:

Program(s):

*INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE

Definitions	
Clients Included in Report	Infants associated with clients enrolled in selected program(s) who had a live birth within the specified date range. For clients with multiple births under the same enrollment, the most recent birth is used.
Breastfeeding at Discharge (#)	Number of infants with Left Hospital Breastfeeding = Yes (Pregnancy Outcome and Child Information form – Q19).
Breastfeeding at Discharge (%)	Breastfeeding at Discharge Count ÷ Total Infants.
Eligible for 6-Month Measures (Denominator)	Infants who reached 6 months of age by the report end date and whose client was not discharged before 6 months.
Breastfeeding at 6 Months (#)	Number of eligible infants with Months Fed Breast Milk ≥ 6 (Update/Discharge forms – Q24).
Breastfeeding at 6 Months (%)	Breastfeeding at 6 Months Count ÷ Eligible Infants.
Exclusive Breastfeeding at 6 Months (#)	Number of eligible infants with Months Only Breast Milk ≥ 6 (Update/Discharge forms – Q24).
Exclusive Breastfeeding at 6 Months (%)	Exclusive Breastfeeding at 6 Months Count ÷ Eligible Infants.
Note:	6-month breastfeeding data is recorded at the client level and applied to the most recent birth.

Client Social Determinants of Health Status Report

Date Range:

Program(s):

*INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE

Category	Currently experiencing (Y/N)		Would like assistance (Y/N)		Was information given (Y/N)		Was client referred (Y/N)	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Hispanic / Latinx								
Alcohol use	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Substance use	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Physical disability/health problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Depression	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Other mental illness/disability	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Domestic violence	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Marital or relationship difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for yourself	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Financial difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unemployment (self or partner)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Homelessness/inadequate housing	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Legal problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Social isolation	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Stress or emotional difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Inadequate food, clothing, or household items	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Smoking	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Problems with teeth or gums (e.g. pain, bleeding)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Parenting	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Prenatal/postpartum health issues	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for your child	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Concerns about your child's development	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Accessing dental care	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Not Hispanic / Latinx, American Indian / Alaska Native								
Alcohol use	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Substance use	0	0.00%	0	0.00%	0	0.00%	0	0.00%

Client Social Determinants of Health Status Report

Date Range:

Program(s):

*INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE

Category	Currently experiencing (Y/N)		Would like assistance (Y/N)		Was information given (Y/N)		Was client referred (Y/N)	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Not Hispanic / Latinx, American Indian / Alaska Native								
Physical disability/health problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Depression	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Other mental illness/disability	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Domestic violence	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Marital or relationship difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for yourself	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Financial difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unemployment (self or partner)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Homelessness/inadequate housing	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Legal problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Social isolation	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Stress or emotional difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Inadequate food, clothing, or household items	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Smoking	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Problems with teeth or gums (e.g. pain, bleeding)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Parenting	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Prenatal/postpartum health issues	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for your child	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Concerns about your child's development	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Accessing dental care	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Not Hispanic / Latinx, Asian								
Alcohol use	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Substance use	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Physical disability/health problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Depression	0	0.00%	0	0.00%	0	0.00%	0	0.00%

Client Social Determinants of Health Status Report

Date Range:

Program(s):

*INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE

Category	Currently experiencing (Y/N)		Would like assistance (Y/N)		Was information given (Y/N)		Was client referred (Y/N)	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Not Hispanic / Latinx, Asian								
Other mental illness/disability	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Domestic violence	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Marital or relationship difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for yourself	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Financial difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unemployment (self or partner)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Homelessness/inadequate housing	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Legal problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Social isolation	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Stress or emotional difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Inadequate food, clothing, or household items	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Smoking	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Problems with teeth or gums (e.g. pain, bleeding)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Parenting	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Prenatal/postpartum health issues	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for your child	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Concerns about your child's development	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Accessing dental care	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Not Hispanic / Latinx, Black / African-American								
Alcohol use	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Substance use	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Physical disability/health problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Depression	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Other mental illness/disability	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Domestic violence	0	0.00%	0	0.00%	0	0.00%	0	0.00%

Client Social Determinants of Health Status Report

Date Range:

Program(s):

*INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE

Category	Currently experiencing (Y/N)		Would like assistance (Y/N)		Was information given (Y/N)		Was client referred (Y/N)	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Not Hispanic / Latinx, Black / African-American								
Marital or relationship difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for yourself	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Financial difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unemployment (self or partner)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Homelessness/inadequate housing	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Legal problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Social isolation	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Stress or emotional difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Inadequate food, clothing, or household items	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Smoking	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Problems with teeth or gums (e.g. pain, bleeding)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Parenting	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Prenatal/postpartum health issues	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for your child	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Concerns about your child's development	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Accessing dental care	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Not Hispanic / Latinx, Native Hawaiian / Pacific Islander								
Alcohol use	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Substance use	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Physical disability/health problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Depression	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Other mental illness/disability	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Domestic violence	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Marital or relationship difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for yourself	0	0.00%	0	0.00%	0	0.00%	0	0.00%

Client Social Determinants of Health Status Report

Date Range:

Program(s):

*INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE

Category	Currently experiencing (Y/N)		Would like assistance (Y/N)		Was information given (Y/N)		Was client referred (Y/N)	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Not Hispanic / Latinx, Native Hawaiian / Pacific Islander								
Financial difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unemployment (self or partner)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Homelessness/inadequate housing	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Legal problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Social isolation	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Stress or emotional difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Inadequate food, clothing, or household items	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Smoking	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Problems with teeth or gums (e.g. pain, bleeding)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Parenting	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Prenatal/postpartum health issues	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for your child	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Concerns about your child's development	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Accessing dental care	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Not Hispanic / Latinx, White								
Alcohol use	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Substance use	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Physical disability/health problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Depression	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Other mental illness/disability	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Domestic violence	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Marital or relationship difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for yourself	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Financial difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unemployment (self or partner)	0	0.00%	0	0.00%	0	0.00%	0	0.00%

Client Social Determinants of Health Status Report

Date Range:

Program(s):

*INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE

Category	Currently experiencing (Y/N)		Would like assistance (Y/N)		Was information given (Y/N)		Was client referred (Y/N)	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Not Hispanic / Latinx, White								
Homelessness/inadequate housing	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Legal problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Social isolation	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Stress or emotional difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Inadequate food, clothing, or household items	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Smoking	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Problems with teeth or gums (e.g. pain, bleeding)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Parenting	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Prenatal/postpartum health issues	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for your child	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Concerns about your child's development	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Accessing dental care	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Not Hispanic / Latinx, Other / Multi-racial								
Alcohol use	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Substance use	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Physical disability/health problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Depression	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Other mental illness/disability	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Domestic violence	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Marital or relationship difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for yourself	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Financial difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unemployment (self or partner)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Homelessness/inadequate housing	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Legal problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%

Client Social Determinants of Health Status Report

Date Range:

Program(s):

*INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE

Category	Currently experiencing (Y/N)		Would like assistance (Y/N)		Was information given (Y/N)		Was client referred (Y/N)	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Not Hispanic / Latinx, Other / Multi-racial								
Social isolation	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Stress or emotional difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Inadequate food, clothing, or household items	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Smoking	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Problems with teeth or gums (e.g. pain, bleeding)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Parenting	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Prenatal/postpartum health issues	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for your child	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Concerns about your child's development	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Accessing dental care	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Not Hispanic / Latinx, Declined / Unspecified Race								
Alcohol use	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Substance use	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Physical disability/health problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Depression	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Other mental illness/disability	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Domestic violence	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Marital or relationship difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for yourself	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Financial difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unemployment (self or partner)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Homelessness/inadequate housing	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Legal problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Social isolation	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Stress or emotional difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%

Client Social Determinants of Health Status Report

Date Range:

Program(s):

*INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE

Category	Currently experiencing (Y/N)		Would like assistance (Y/N)		Was information given (Y/N)		Was client referred (Y/N)	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Not Hispanic / Latinx, Declined / Unspecified Race								
Inadequate food, clothing, or household items	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Smoking	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Problems with teeth or gums (e.g. pain, bleeding)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Parenting	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Prenatal/postpartum health issues	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for your child	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Concerns about your child's development	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Accessing dental care	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unspecified Hispanic / Latinx, American Indian / Alaska Native								
Alcohol use	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Substance use	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Physical disability/health problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Depression	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Other mental illness/disability	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Domestic violence	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Marital or relationship difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for yourself	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Financial difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unemployment (self or partner)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Homelessness/inadequate housing	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Legal problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Social isolation	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Stress or emotional difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Inadequate food, clothing, or household items	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Smoking	0	0.00%	0	0.00%	0	0.00%	0	0.00%

Client Social Determinants of Health Status Report

Date Range:

Program(s):

*INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE

Category	Currently experiencing (Y/N)		Would like assistance (Y/N)		Was information given (Y/N)		Was client referred (Y/N)	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Unspecified Hispanic / Latinx, American Indian / Alaska Native								
Problems with teeth or gums (e.g. pain, bleeding)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Parenting	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Prenatal/postpartum health issues	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for your child	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Concerns about your child's development	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Accessing dental care	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unspecified Hispanic / Latinx, Asian								
Alcohol use	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Substance use	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Physical disability/health problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Depression	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Other mental illness/disability	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Domestic violence	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Marital or relationship difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for yourself	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Financial difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unemployment (self or partner)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Homelessness/inadequate housing	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Legal problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Social isolation	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Stress or emotional difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Inadequate food, clothing, or household items	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Smoking	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Problems with teeth or gums (e.g. pain, bleeding)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Parenting	0	0.00%	0	0.00%	0	0.00%	0	0.00%

Client Social Determinants of Health Status Report

Date Range:

Program(s):

*INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE

Category	Currently experiencing (Y/N)		Would like assistance (Y/N)		Was information given (Y/N)		Was client referred (Y/N)	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Unspecified Hispanic / Latinx, Asian								
Prenatal/postpartum health issues	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for your child	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Concerns about your child's development	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Accessing dental care	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unspecified Hispanic / Latinx, Black / African-American								
Alcohol use	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Substance use	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Physical disability/health problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Depression	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Other mental illness/disability	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Domestic violence	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Marital or relationship difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for yourself	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Financial difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unemployment (self or partner)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Homelessness/inadequate housing	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Legal problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Social isolation	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Stress or emotional difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Inadequate food, clothing, or household items	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Smoking	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Problems with teeth or gums (e.g. pain, bleeding)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Parenting	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Prenatal/postpartum health issues	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for your child	0	0.00%	0	0.00%	0	0.00%	0	0.00%

Client Social Determinants of Health Status Report

Date Range:

Program(s):

*INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE

Category	Currently experiencing (Y/N)		Would like assistance (Y/N)		Was information given (Y/N)		Was client referred (Y/N)	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Unspecified Hispanic / Latinx, Black / African-American								
Concerns about your child's development	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Accessing dental care	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unspecified Hispanic / Latinx, Native Hawaiian / Pacific Islander								
Alcohol use	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Substance use	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Physical disability/health problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Depression	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Other mental illness/disability	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Domestic violence	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Marital or relationship difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for yourself	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Financial difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unemployment (self or partner)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Homelessness/inadequate housing	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Legal problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Social isolation	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Stress or emotional difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Inadequate food, clothing, or household items	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Smoking	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Problems with teeth or gums (e.g. pain, bleeding)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Parenting	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Prenatal/postpartum health issues	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for your child	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Concerns about your child's development	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Accessing dental care	0	0.00%	0	0.00%	0	0.00%	0	0.00%

Client Social Determinants of Health Status Report

Date Range:

Program(s):

*INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE

Category	Currently experiencing (Y/N)		Would like assistance (Y/N)		Was information given (Y/N)		Was client referred (Y/N)	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Unspecified Hispanic / Latinx, White								
Alcohol use	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Substance use	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Physical disability/health problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Depression	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Other mental illness/disability	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Domestic violence	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Marital or relationship difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for yourself	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Financial difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unemployment (self or partner)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Homelessness/inadequate housing	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Legal problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Social isolation	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Stress or emotional difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Inadequate food, clothing, or household items	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Smoking	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Problems with teeth or gums (e.g. pain, bleeding)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Parenting	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Prenatal/postpartum health issues	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for your child	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Concerns about your child's development	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Accessing dental care	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unspecified Hispanic / Latinx, Other / Multi-racial								
Alcohol use	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Substance use	0	0.00%	0	0.00%	0	0.00%	0	0.00%

Client Social Determinants of Health Status Report

Date Range:

Program(s):

*INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE

Category	Currently experiencing (Y/N)		Would like assistance (Y/N)		Was information given (Y/N)		Was client referred (Y/N)	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Unspecified Hispanic / Latinx, Other / Multi-racial								
Physical disability/health problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Depression	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Other mental illness/disability	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Domestic violence	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Marital or relationship difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for yourself	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Financial difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unemployment (self or partner)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Homelessness/inadequate housing	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Legal problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Social isolation	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Stress or emotional difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Inadequate food, clothing, or household items	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Smoking	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Problems with teeth or gums (e.g. pain, bleeding)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Parenting	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Prenatal/postpartum health issues	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for your child	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Concerns about your child's development	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Accessing dental care	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unspecified Race / Ethnicity								
Alcohol use	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Substance use	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Physical disability/health problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Depression	0	0.00%	0	0.00%	0	0.00%	0	0.00%

Client Social Determinants of Health Status Report

Date Range:

Program(s):

*INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE

Category	Currently experiencing (Y/N)		Would like assistance (Y/N)		Was information given (Y/N)		Was client referred (Y/N)	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Unspecified Race / Ethnicity								
Other mental illness/disability	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Domestic violence	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Marital or relationship difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for yourself	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Financial difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Unemployment (self or partner)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Homelessness/inadequate housing	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Legal problems	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Social isolation	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Stress or emotional difficulties	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Inadequate food, clothing, or household items	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Smoking	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Problems with teeth or gums (e.g. pain, bleeding)	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Parenting	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Prenatal/postpartum health issues	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Health concerns for your child	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Concerns about your child's development	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Accessing dental care	0	0.00%	0	0.00%	0	0.00%	0	0.00%

Client Social Determinants of Health Status Report

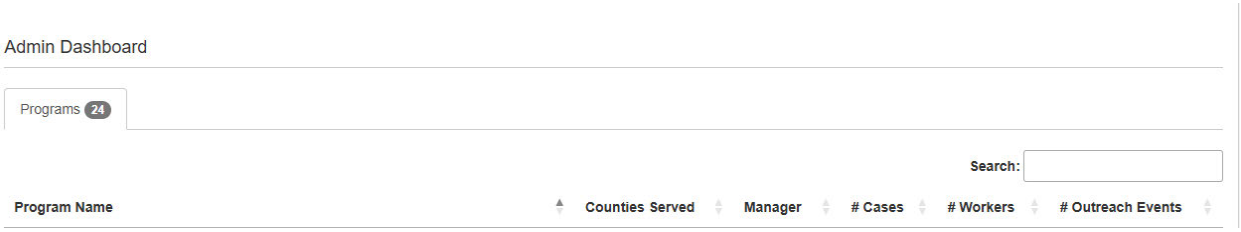
Date Range:

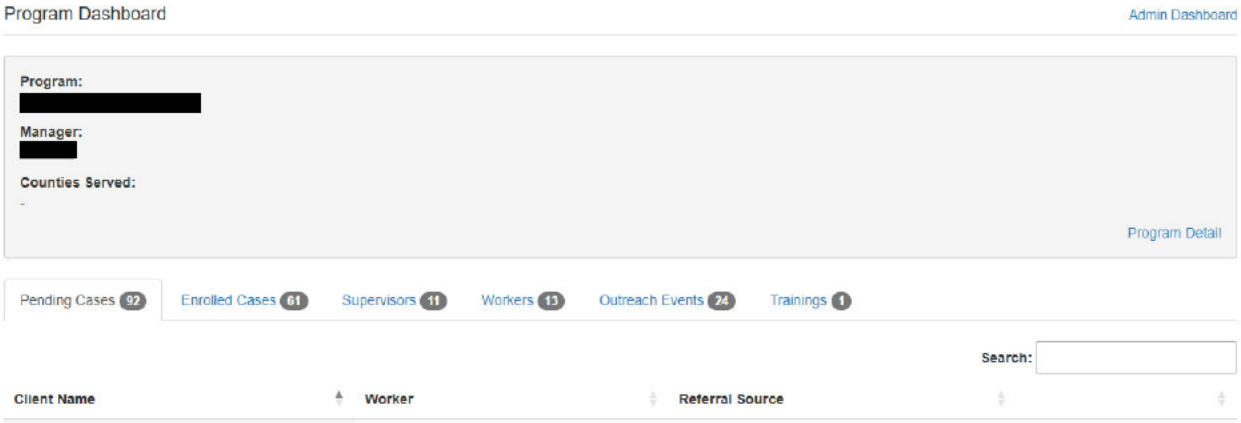
Program(s):

*INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE

Definitions	
Clients Included in Report:	Clients active in the selected program(s) during the reporting window.
Race / Ethnicity:	Clients grouped by race and ethnicity based on Initial Contact data.
Social Determinants of Health Categories:	Based on Question 59 from Screening Assessment, Follow Up, and Discharge forms.
Currently experiencing (Y/N):	Number and percentage of clients with a "Yes" response based on the most recent available value.
Would like assistance (Y/N):	Number and percentage of clients with a "Yes" response based on the most recent available value.
Was information given (Y/N):	Number and percentage of clients with a "Yes" response based on the most recent available value.
Was client referred (Y/N):	Number and percentage of clients with a "Yes" response based on the most recent available value.
Percentage calculated as:	Issue Count ÷ Total clients in the race/ethnicity group.

Screenshots of Dashboard

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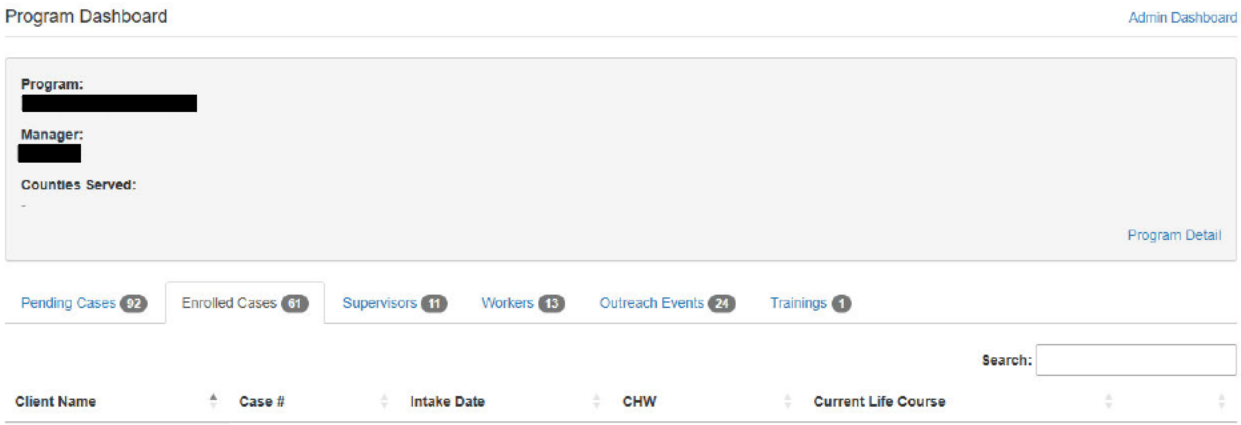
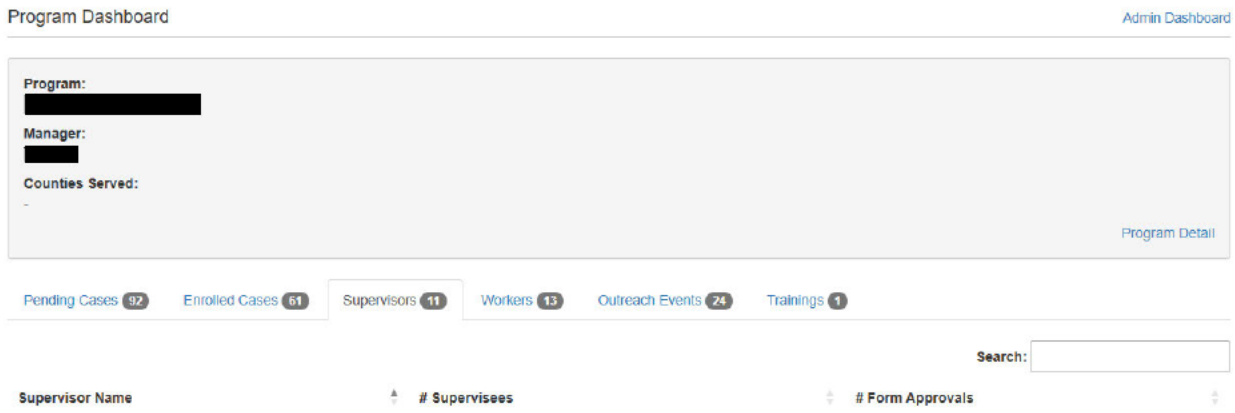
Admin Dashboard
Program:
[redacted]
Manager:
[redacted]
Counties Served:
-
Program Detail
Pending Cases 92
Enrolled Cases 61
Supervisors 11
Workers 13
Outreach Events 24
Trainings 1
Search:
Client Name
Worker
Referral Source


Program Dashboard
Admin Dashboard
Program:
[redacted]
Manager:
[redacted]
Counties Served:
-
Program Detail
Pending Cases 92
Enrolled Cases 61
Supervisors 11
Workers 13
Outreach Events 24
Trainings 1
Search:
Client Name
Case #
Intake Date
CHW
Current Life Course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Admin Dashboard
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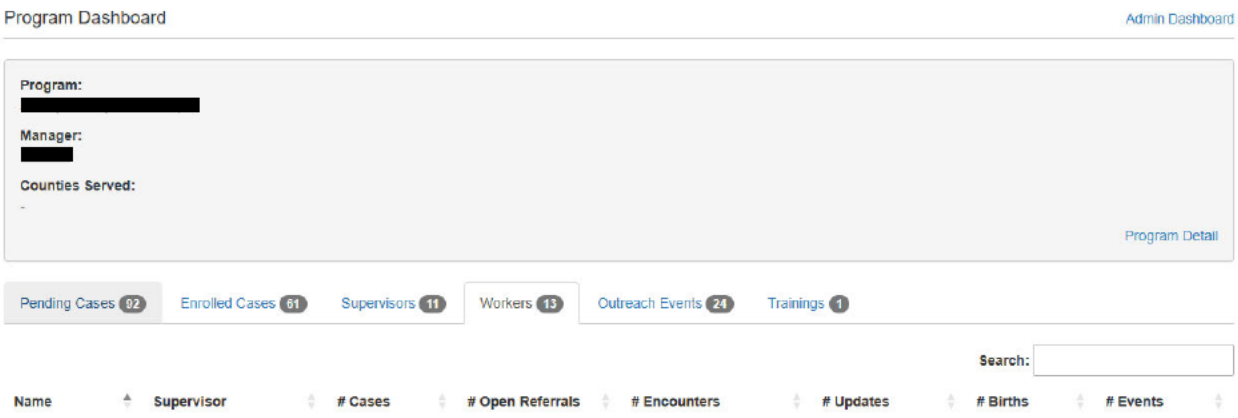
[redacted]
Manager:
[redacted]
Counties Served:
-
Program Detail
Pending Cases 92
Enrolled Cases 61
Supervisors 11
Workers 13
Outreach Events 24
Trainings 1
Search:
Supervisor Name
Supervisees
Form Approvals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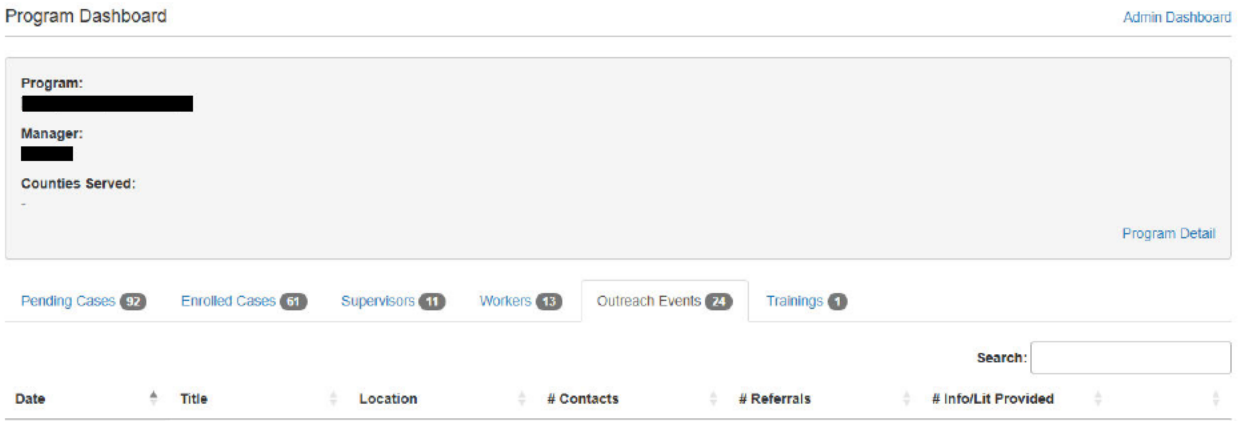
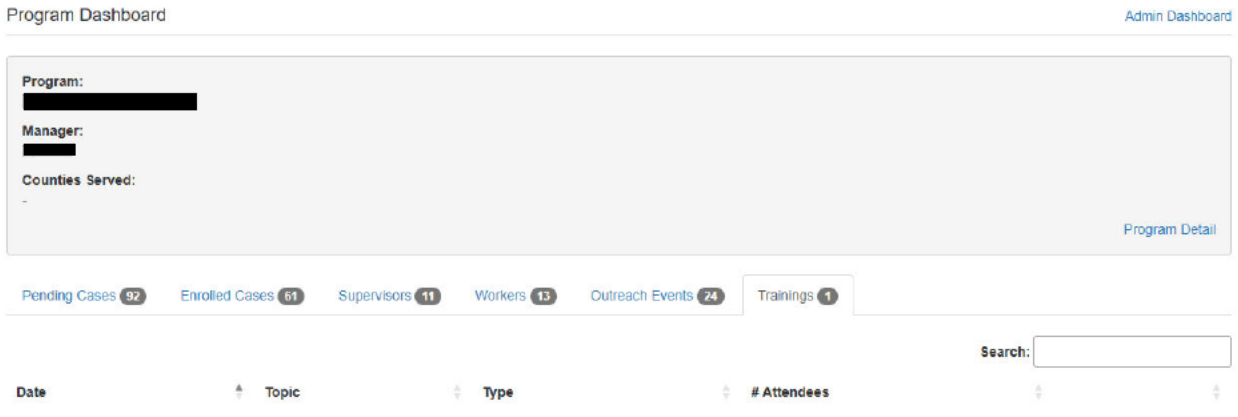
Admin Dashboard
Program:
[redacted]
Manager:
[redacted]
Counties Served:
-
Program Detail
Pending Cases 92
Enrolled Cases 61
Supervisors 11
Workers 13
Outreach Events 24
Trainings 1
Search:
Name
Supervisor
Cases
Open Referrals
Encounters
Updates
Births
Events


Program Dashboard
Admin Dashboard
Program:
[redacted]
Manager:
[redacted]
Counties Served:
-
Program Detail
Pending Cases 92
Enrolled Cases 61
Supervisors 11
Workers 13
Outreach Events 24
Trainings 1
Search:
Date
Title
Location
Contacts
Referrals
Info/Lit Provided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Admin Dashboard
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Manager:
[redacted]
Counties Served:
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Program Detail
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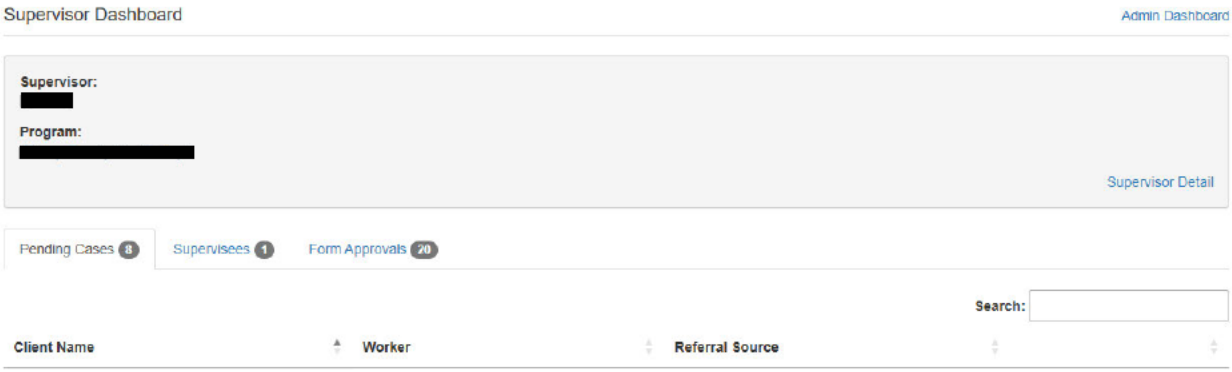
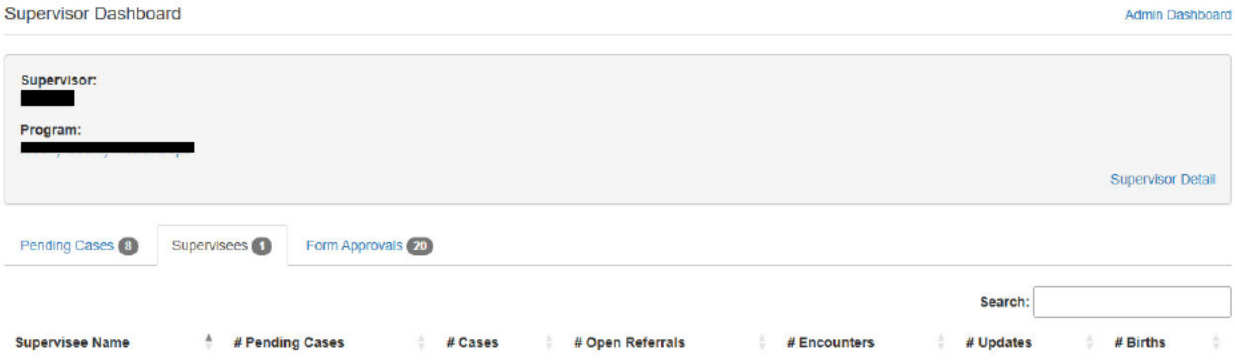
Enrolled Cases 61
Supervisors 11
Workers 13
Outreach Events 24
Trainings 1
Search:
Date
Topic
Type
Attendees


Supervisor Dashboard
Admin Dashboard
Supervisor:
[redacted]
Program:
[redacted]
Supervisor Detail
Pending Cases 8
Supervisees 1
Form Approvals 20
Search:
Client Name
Worker
Referral Source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Admin Dashboard
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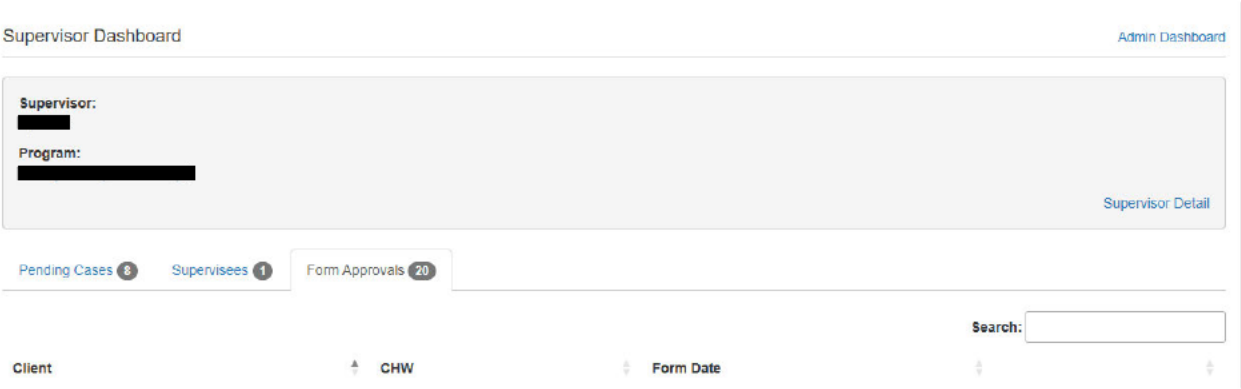
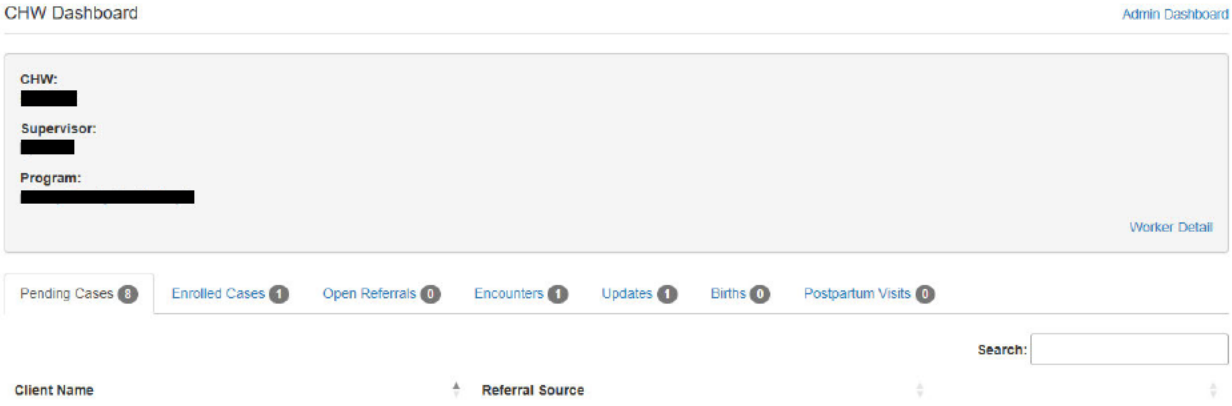
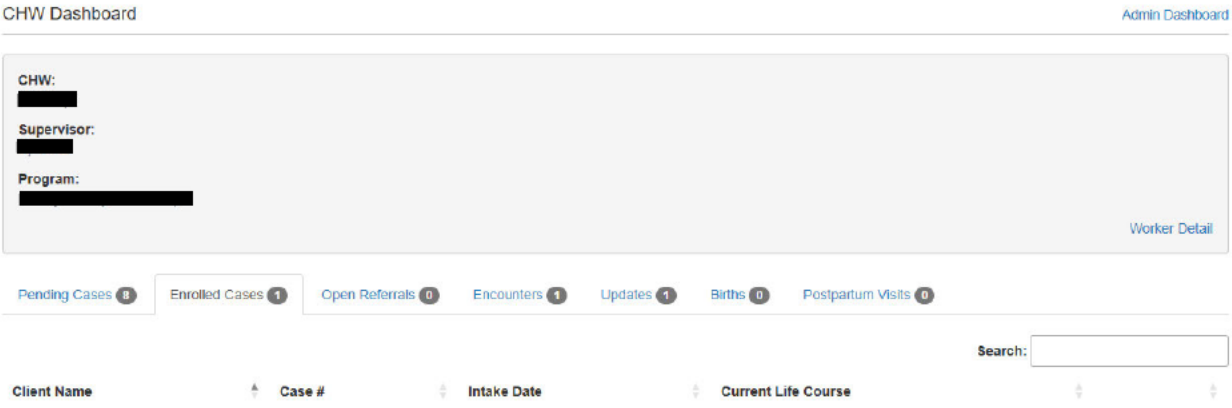
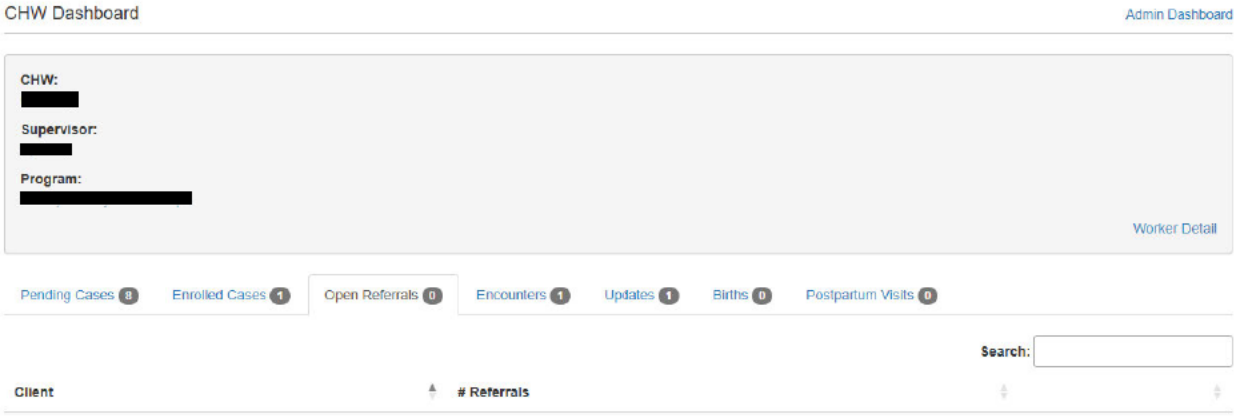
[redacted]
Program:
[redacted]
Supervisor Detail
Pending Cases 8
Supervisees 1
Form Approvals 20
Search:
Supervisee Name
Pending Cases
Cases
Open Referrals
Encounters
Updates
Births


Supervisor Dashboard
Admin Dashboard
Supervisor:
[redacted]
Program:
[redacted]
Supervisor Detail
Pending Cases 8
Supervisees 1
Form Approvals 20
Search:
Client
CHW
Form Date


CHW Dashboard
Admin Dashboard
CHW:
Supervisor:
Program:
Worker Detail
Pending Cases 8
Enrolled Cases 1
Open Referrals 0
Encounters 1
Updates 1
Births 0
Postpartum Visits 0
Search:
Client Name
Referral Source


CHW Dashboard
Admin Dashboard
CHW:
Supervisor:
Program:
Worker Detail
Pending Cases 8
Enrolled Cases 1
Open Referrals 0
Encounters 1
Updates 1
Births 0
Postpartum Visits 0
Search:
Client Name
Case #
Intake Date
Current Life Course


CHW Dashboard
Admin Dashboard
CHW:
Supervisor:
Program:
Worker Detail
Pending Cases 8
Enrolled Cases 1
Open Referrals 0
Encounters 1
Updates 1
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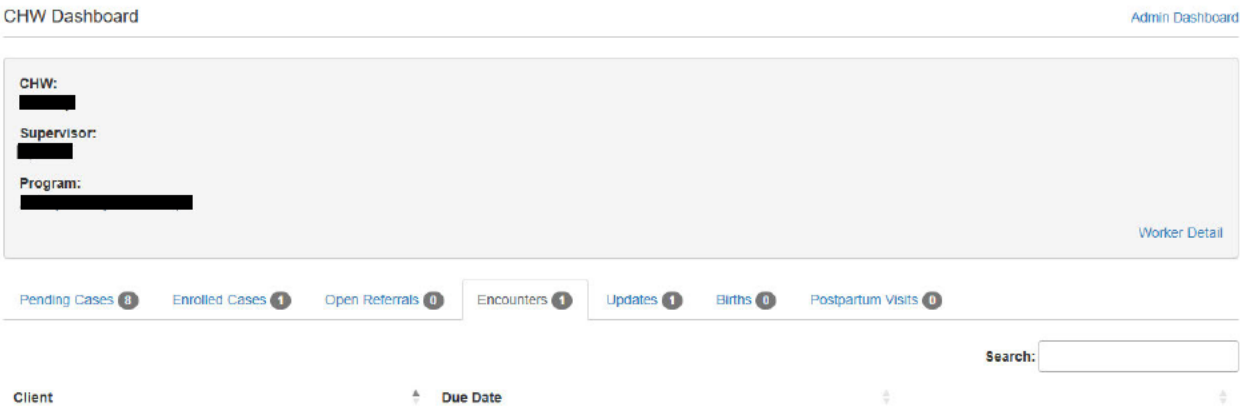
Postpartum Visits 0
Search:
Client
Referrals


CHW Dashboard
Admin Dashboard
CHW:
[redacted]
Supervisor:
[redacted]
Program:
[redacted]
Worker Detail
Pending Cases 8
Enrolled Cases 1
Open Referrals 0
Encounters 1
Updates 1
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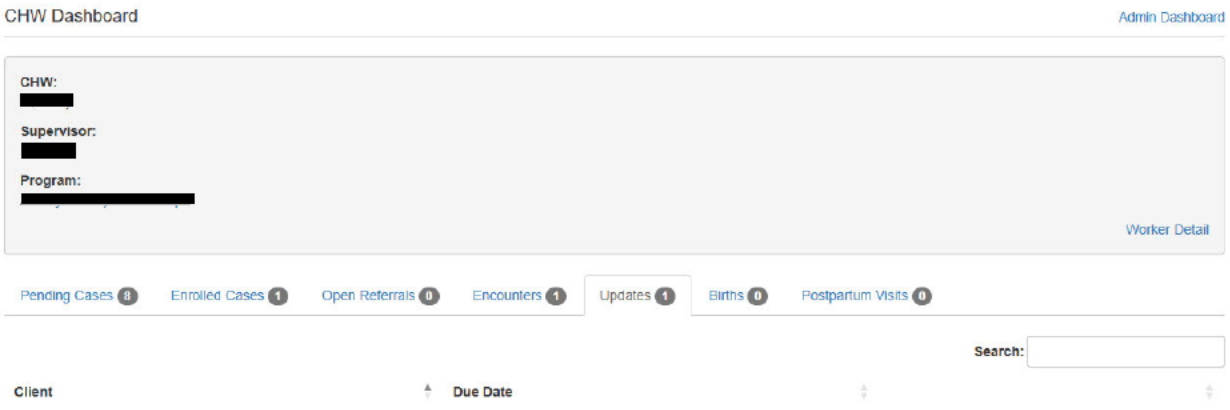
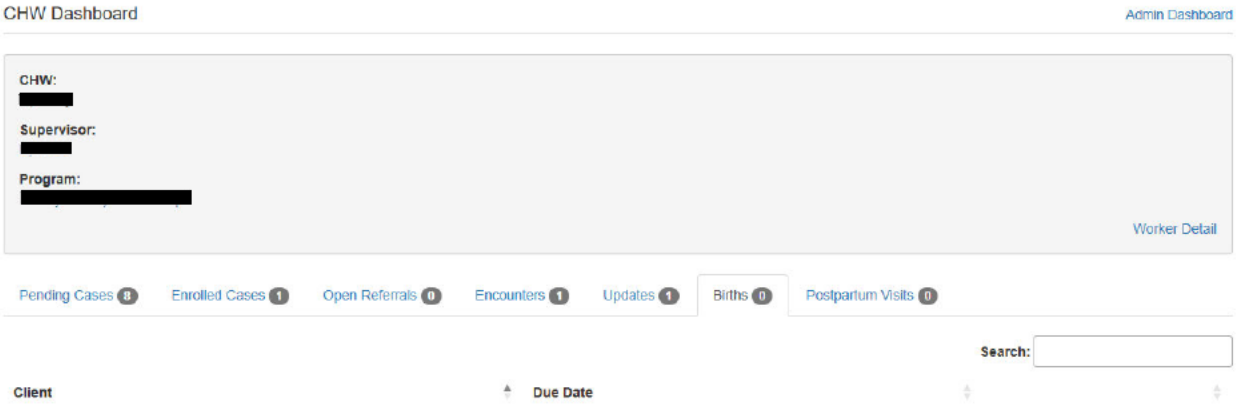
Postpartum Visits 0
Search:
Client
Due Date


CHW Dashboard
Admin Dashboard
CHW:
[redacted]
Supervisor:
[redacted]
Program:
[redacted]
Worker Detail
Pending Cases 8
Enrolled Cases 1
Open Referrals 0
Encounters 1
Updates 1
Births 0
Postpartum Visits 0
Search:
Client
Due Date


CHW Dashboard
Admin Dashboard
CHW:
[redacted]
Supervisor:
[redacted]
Program:
[redacted]
Worker Detail
Pending Cases 8
Enrolled Cases 1
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Encounters 1
Updates 1
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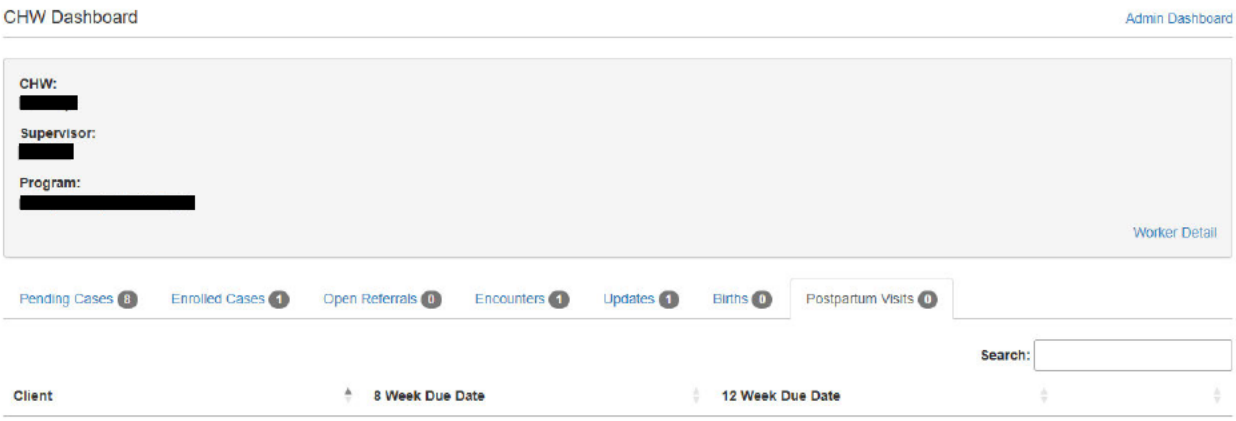
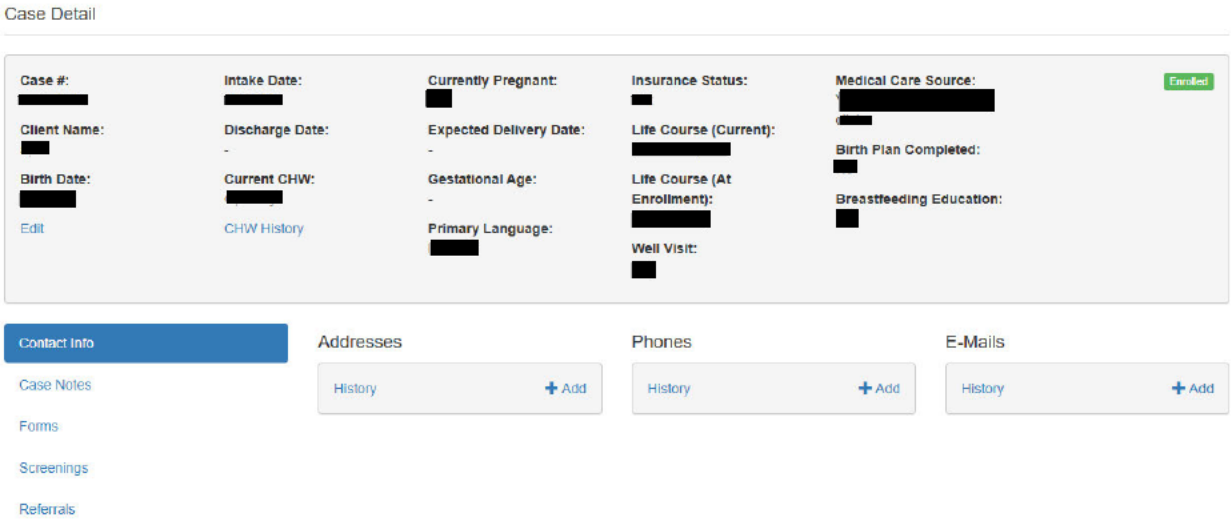
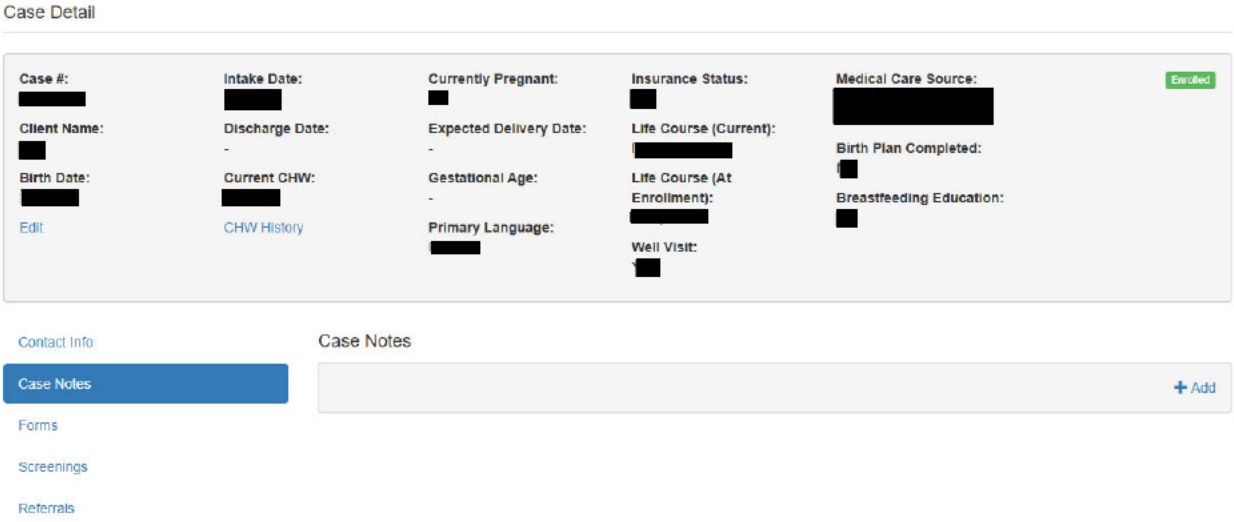
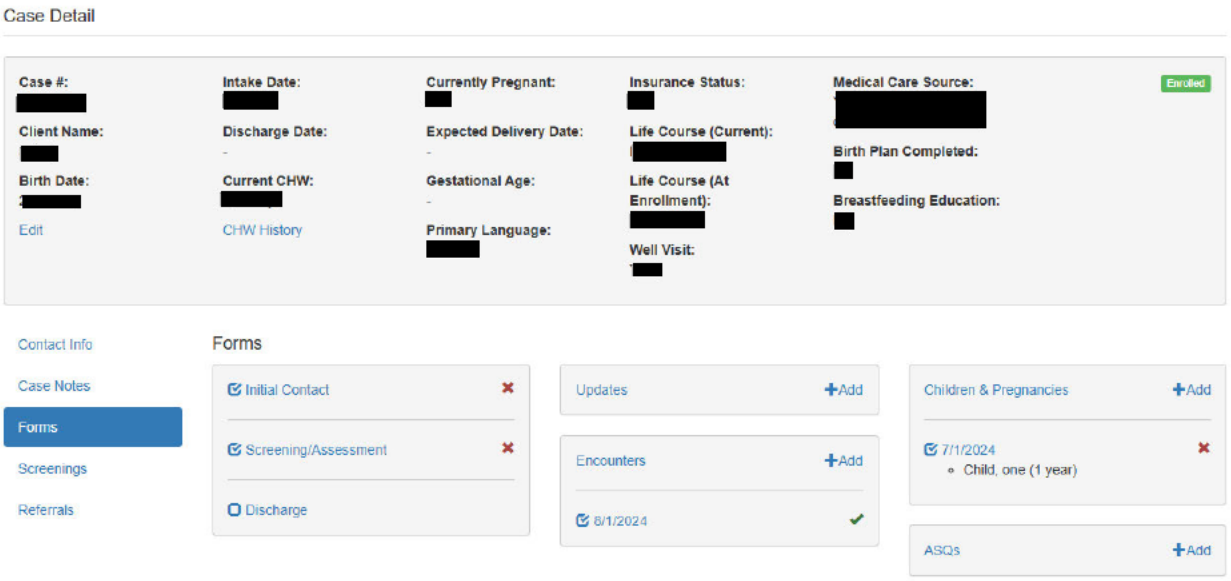
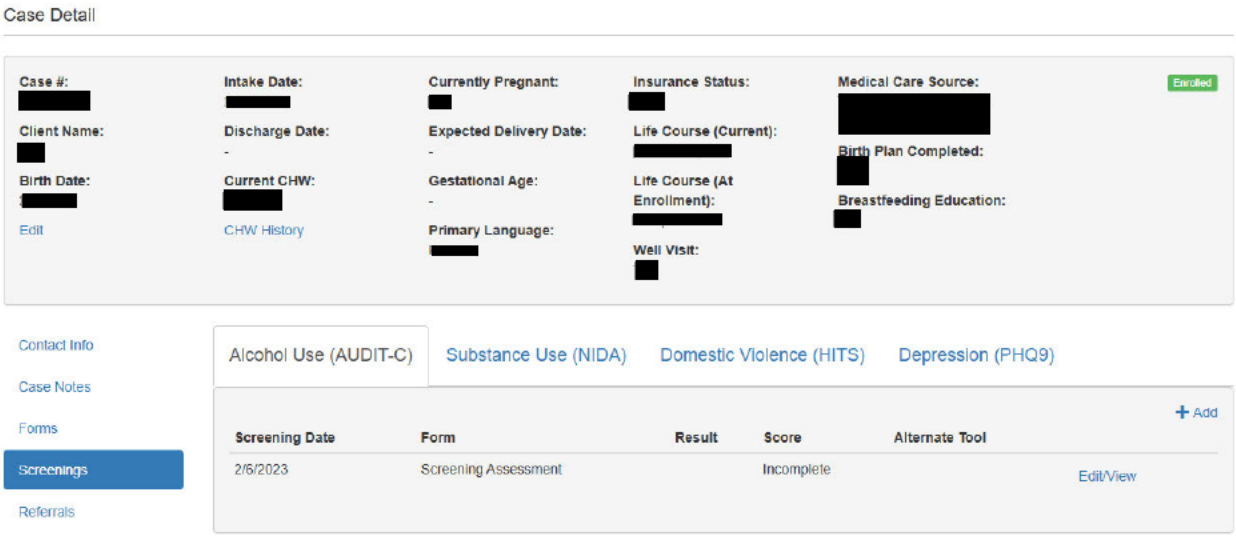
Postpartum Visits 0
Search:
Client
Due Date


CHW Dashboard
Admin Dashboard
CHW:
[redacted]
Supervisor:
[redacted]
Program:
[redacted]
Worker Detail
Pending Cases 8
Enrolled Cases 1
Open Referrals 0
Encounters 1
Updates 1
Births 0
Postpartum Visits 0
Search:
Client
8 Week Due Date
12 Week Due Date

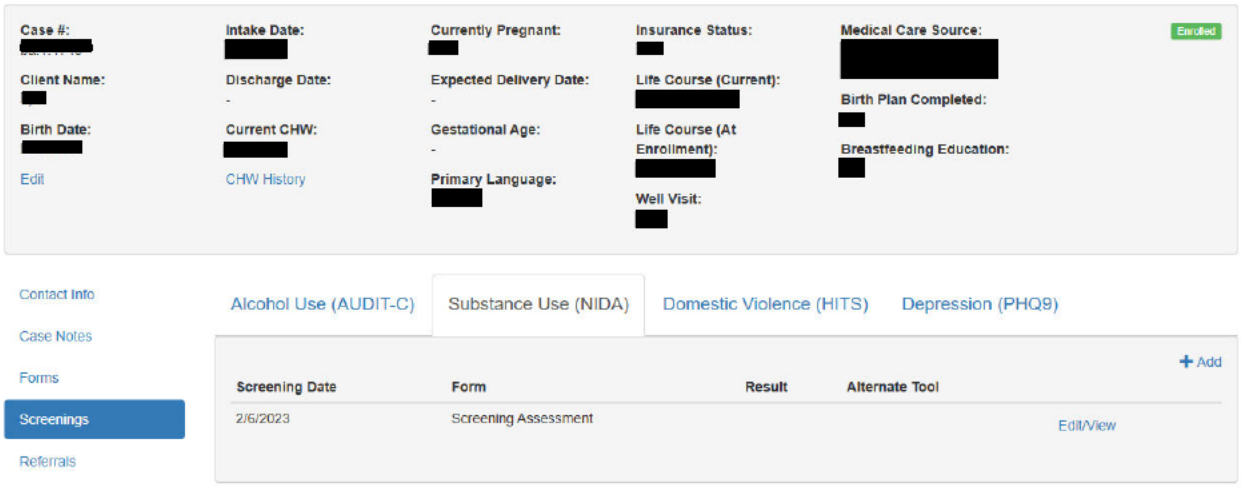

Case Detail
Case #:
Client Name:
Birth Date:
Edit
Intake Date:
Discharge Date:
Current CHW:
CHW History
Currently Pregnant:
Expected Delivery Date:
Gestational Age:
Primary Language:
Insurance Status:
Life Course (Current):
Life Course (At Enrollment):
Well Visit:
Medical Care Source:
Birth Plan Completed:
Breastfeeding Education:
Enrolled
Contact Info
Case Notes
Forms
Screenings
Referrals
Addresses
History
Add
Phones
History
Add
E-Mails
History
Add


Case Detail
Case #:
Client Name:
Birth Date:
Edit
Intake Date:
Discharge Date:
Current CHW:
CHW History
Currently Pregnant:
Expected Delivery Date:
Gestational Age:
Primary Language:
Insurance Status:
Life Course (Current):
Life Course (At Enrollment):
Well Visit:
Medical Care Source:
Birth Plan Completed:
Breastfeeding Education:
Enrolled
Contact Info
Case Notes
Forms
Screenings
Referrals
Case Notes
Add

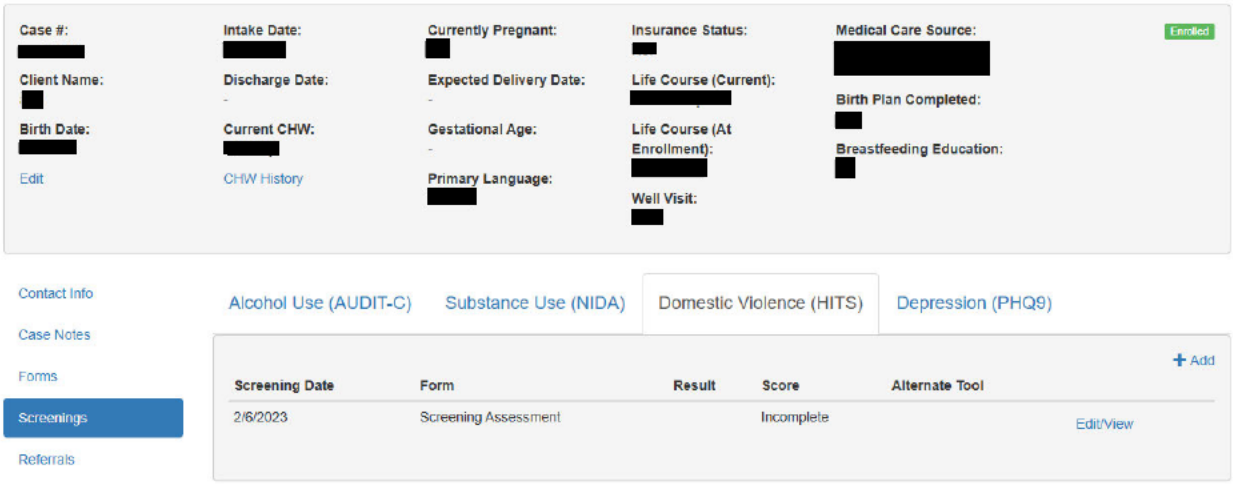

Case Detail
Case #:
Client Name:
Birth Date:
Edit
Intake Date:
Discharge Date:
Current CHW:
CHW History
Currently Pregnant:
Expected Delivery Date:
Gestational Age:
Primary Language:
Insurance Status:
Life Course (Current):
Life Course (At Enrollment):
Well Visit:
Medical Care Source:
Birth Plan Completed:
Breastfeeding Education:
Enrolled
Contact Info
Case Notes
Forms
Screenings
Referrals
Forms
Initial Contact
Screening/Assessment
Discharge
Updates
+Add
Encounters
+Add
8/1/2024
Children & Pregnancies
+Add
7/1/2024
Child, one (1 year)
ASQs
+Add


Case Detail
Case #:
Client Name:
Birth Date:
Edit
Intake Date:
Discharge Date:
Current CHW:
CHW History
Currently Pregnant:
Expected Delivery Date:
Gestational Age:
Primary Language:
Insurance Status:
Life Course (Current):
Life Course (At Enrollment):
Well Visit:
Medical Care Source:
Birth Plan Completed:
Breastfeeding Education:
Enrolled
Contact Info
Case Notes
Forms
Screenings
Referrals
Alcohol Use (AUDIT-C)
Substance Use (NIDA)
Domestic Violence (HITS)
Depression (PHQ9)
+Add
Screening Date
Form
Result
Score
Alternate Tool
2/6/2023
Screening Assessment
Incomplete
Edit/View

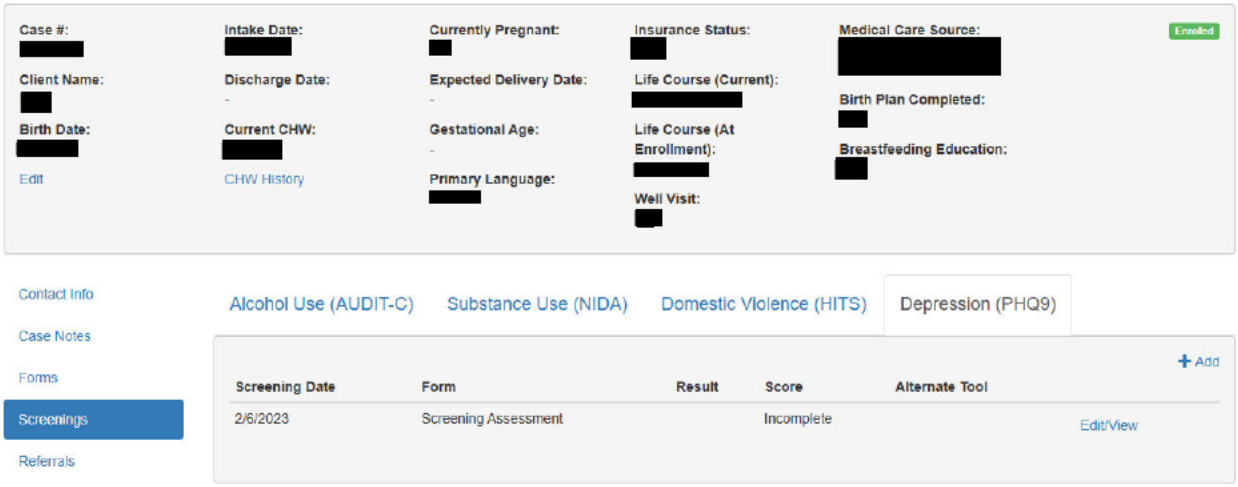
Case Detail



Case Detail



Case Detail



Case Detail

