UVHV Client Demographics Report

Date Range:

Program(s):

***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
Child Health Plus		N/A
Private Insurance		N/A
Other		N/A
Uninsured		N/A
Unknown / Unrecorded		N/A

Note: Each client is assigned one primary insurance category

UVHV 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

UVHV Client Demographics Report

Definitions	
Age Group	
Age of client is calculated relative to Intake Date.	
Insurance Type Insurance category based on the client's most recent UVHV insurance record before or on the report end date. Each client is assigned one primary insurance category.	
Medicaid (Fee for Service or Managed Care)	Client's primary insurance is Medicaid.
Child Health Plus	Client's primary insurance is Child Health Plus.
Private Insurance	Client's primary insurance is Private insurance.
Other	Client's primary insurance is Other, based on text entered in the "Other" field when no higher-priority insurance type is selected.
Uninsured	Client does not have health insurance ("Has Health Insurance?" = "no").
Unknown / Unrecorded	Client's insurance is Unknown, or no insurance type is selected and "Has Health Insurance?" is not "no".
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)"

Referrals by UVHV Client Enrollment Status

Date Range:

Program(s):

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

UVHV Referrals	UVHV Clients (post-enrollment)		
	Issued	Completed	%
Adult primary care	0	0	N/A
Alcohol/Substance Use	0	0	N/A
Child primary care	0	0	N/A
Dental services	0	0	N/A
Early Intervention	0	0	N/A
Family Planning	0	0	N/A
Health Insurance	0	0	N/A
Immunization	0	0	N/A
Lead Testing	0	0	N/A
Mental Health Services	0	0	N/A
Other, Specify	0	0	N/A
Postpartum Care	0	0	N/A
Prenatal Care	0	0	N/A
Breastfeeding	0	0	N/A
Child Development	0	0	N/A
Child Support	0	0	N/A
Childcare	0	0	N/A
Domestic Violence	0	0	N/A
Doula	0	0	N/A
Early Head Start	0	0	N/A
Educational Attainment	0	0	N/A
Employment / Vocational Services	0	0	N/A

Referrals by UVHV Client Enrollment Status

Date Range:

Program(s):

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

English as a Second Langauge (ESL)	0	0	N/A
Environmental Health / Safety	0	0	N/A
Family Resource Center	0	0	N/A
Head Start	0	0	N/A
Healthy Families New York	0	0	N/A
Healthy Start	0	0	N/A
HEAP	0	0	N/A
Home Instruction for Parents of Preschool Youngsters	0	0	N/A
Immigration Services	0	0	N/A
Legal Services	0	0	N/A
Nurse-Family Partnership	0	0	N/A
Nutrition, General	0	0	N/A
Other Home Visiting Program, Specify	0	0	N/A
Other, Specify	0	0	N/A
Parent Child Home Program	0	0	N/A
Parents as Teachers	0	0	N/A
Public Health Nurse / LHD	0	0	N/A
Safe Sleep	0	0	N/A
Smoking Cessation	0	0	N/A
Support Groups	0	0	N/A
Translation	0	0	N/A
Car Seat	0	0	N/A
Clothing / Baby Care Items	0	0	N/A
Food Pantry	0	0	N/A

Referrals by UVHV Client Enrollment Status

Date Range:

Program(s):

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

Furniture	0	0	N/A
Housing	0	0	N/A
SNAP (Food Stamps)	0	0	N/A
TANF/DSS Cash Assistance	0	0	N/A
Transportation	0	0	N/A
WIC	0	0	N/A
Totals	**0**	**0**	**N/A**

Referrals by UVHV Client Enrollment Status

Date Range:

Program(s):

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

UVHV Referrals by Insurance Type

Category	Medicaid Referrals	Medicaid Referral %	Private Referrals	Private Referral %	Other Referrals	Other Referral %
Adult primary care	0	%	0	%	0	%
Alcohol/Substance Use	0	%	0	%	0	%
Child primary care	0	%	0	%	0	%
Dental services	0	%	0	%	0	%
Early Intervention	0	%	0	%	0	%
Family Planning	0	%	0	%	0	%
Health Insurance	0	%	0	%	0	%
Immunization	0	%	0	%	0	%
Lead Testing	0	%	0	%	0	%
Mental Health Services	0	%	0	%	0	%
Other, Specify	0	%	0	%	0	%
Postpartum Care	0	%	0	%	0	%
Prenatal Care	0	%	0	%	0	%
Breastfeeding	0	%	0	%	0	%
Child Development	0	%	0	%	0	%
Child Support	0	%	0	%	0	%
Childcare	0	%	0	%	0	%
Domestic Violence	0	%	0	%	0	%
Doula	0	%	0	%	0	%
Early Head Start	0	%	0	%	0	%
Educational Attainment	0	%	0	%	0	%
Employment / Vocational Services	0	%	0	%	0	%

Referrals by UVHV Client Enrollment Status

Date Range:

Program(s):

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

English as a Second Langauge (ESL)	0	%	0	%	0	%
Environmental Health / Safety	0	%	0	%	0	%
Family Resource Center	0	%	0	%	0	%
Head Start	0	%	0	%	0	%
Healthy Families New York	0	%	0	%	0	%
Healthy Start	0	%	0	%	0	%
HEAP	0	%	0	%	0	%
Home Instruction for Parents of Preschool Youngsters	0	%	0	%	0	%
Immigration Services	0	%	0	%	0	%
Legal Services	0	%	0	%	0	%
Nurse-Family Partnership	0	%	0	%	0	%
Nutrition, General	0	%	0	%	0	%
Other Home Visiting Program, Specify	0	%	0	%	0	%
Other, Specify	0	%	0	%	0	%
Parent Child Home Program	0	%	0	%	0	%
Parents as Teachers	0	%	0	%	0	%
Public Health Nurse / LHD	0	%	0	%	0	%
Safe Sleep	0	%	0	%	0	%
Smoking Cessation	0	%	0	%	0	%
Support Groups	0	%	0	%	0	%
Translation	0	%	0	%	0	%
Car Seat	0	%	0	%	0	%
Clothing / Baby Care Items	0	%	0	%	0	%
Food Pantry	0	%	0	%	0	%

Referrals by UVHV Client Enrollment Status

Date Range:

Program(s):

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

Furniture	0	%	0	%	0	%
Housing	0	%	0	%	0	%
SNAP (Food Stamps)	0	%	0	%	0	%
TANF/DSS Cash Assistance	0	%	0	%	0	%
Transportation	0	%	0	%	0	%
WIC	0	%	0	%	0	%

UVHV Clients by Insurance Type

Category	Medicaid Clients	Medicaid Client %	Private Clients	Private Client %	Other Clients	Other Client %
Adult primary care	0	N/A	0	N/A	0	N/A
Alcohol/Substance Use	0	N/A	0	N/A	0	N/A
Child primary care	0	N/A	0	N/A	0	N/A
Dental services	0	N/A	0	N/A	0	N/A
Early Intervention	0	N/A	0	N/A	0	N/A
Family Planning	0	N/A	0	N/A	0	N/A
Health Insurance	0	N/A	0	N/A	0	N/A
Immunization	0	N/A	0	N/A	0	N/A
Lead Testing	0	N/A	0	N/A	0	N/A
Mental Health Services	0	N/A	0	N/A	0	N/A
Other, Specify	0	N/A	0	N/A	0	N/A
Postpartum Care	0	N/A	0	N/A	0	N/A
Prenatal Care	0	N/A	0	N/A	0	N/A
Breastfeeding	0	N/A	0	N/A	0	N/A
Child Development	0	N/A	0	N/A	0	N/A

Referrals by UVHV Client Enrollment Status

Date Range:

Program(s):

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

UVHV Clients by Insurance Type

Category	Medicaid Clients	Medicaid Client %	Private Clients	Private Client %	Other Clients	Other Client %
Child Support	0	N/A	0	N/A	0	N/A
Childcare	0	N/A	0	N/A	0	N/A
Domestic Violence	0	N/A	0	N/A	0	N/A
Doula	0	N/A	0	N/A	0	N/A
Early Head Start	0	N/A	0	N/A	0	N/A
Educational Attainment	0	N/A	0	N/A	0	N/A
Employment / Vocational Services	0	N/A	0	N/A	0	N/A
English as a Second Langauge (ESL)	0	N/A	0	N/A	0	N/A
Environmental Health / Safety	0	N/A	0	N/A	0	N/A
Family Resource Center	0	N/A	0	N/A	0	N/A
Head Start	0	N/A	0	N/A	0	N/A
Healthy Families New York	0	N/A	0	N/A	0	N/A
Healthy Start	0	N/A	0	N/A	0	N/A
HEAP	0	N/A	0	N/A	0	N/A
Home Instruction for Parents of Preschool Youngsters	0	N/A	0	N/A	0	N/A
Immigration Services	0	N/A	0	N/A	0	N/A
Legal Services	0	N/A	0	N/A	0	N/A
Nurse-Family Partnership	0	N/A	0	N/A	0	N/A
Nutrition, General	0	N/A	0	N/A	0	N/A
Other Home Visiting Program, Specify	0	N/A	0	N/A	0	N/A
Other, Specify	0	N/A	0	N/A	0	N/A

Referrals by UVHV Client Enrollment Status

Date Range:

Program(s):

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

UVHV Clients by Insurance Type

Category	Medicaid Clients	Medicaid Client %	Private Clients	Private Client %	Other Clients	Other Client %
Parent Child Home Program	0	N/A	0	N/A	0	N/A
Parents as Teachers	0	N/A	0	N/A	0	N/A
Public Health Nurse / LHD	0	N/A	0	N/A	0	N/A
Safe Sleep	0	N/A	0	N/A	0	N/A
Smoking Cessation	0	N/A	0	N/A	0	N/A
Support Groups	0	N/A	0	N/A	0	N/A
Translation	0	N/A	0	N/A	0	N/A
Car Seat	0	N/A	0	N/A	0	N/A
Clothing / Baby Care Items	0	N/A	0	N/A	0	N/A
Food Pantry	0	N/A	0	N/A	0	N/A
Furniture	0	N/A	0	N/A	0	N/A
Housing	0	N/A	0	N/A	0	N/A
SNAP (Food Stamps)	0	N/A	0	N/A	0	N/A
TANF/DSS Cash Assistance	0	N/A	0	N/A	0	N/A
Transportation	0	N/A	0	N/A	0	N/A
WIC	0	N/A	0	N/A	0	N/A

Referrals by UVHV Client Enrollment Status

Date Range:

Program(s):

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

Definitions:	
UVHV Client Referrral (post-enrollment)	Referral for UVHV client where encounter occurs after enrollment.
Issued	Count of Service Referrals entered into system.
Completed	Count of Issued Service Referrals where Client Contacted is "y" and Date Closed is entered.
Insurance Category	Insurance Category Based on the client's most recent insurance record before or on the report end date.
Medicaid	Client's primary insurance is Medicaid.
Private	Client's primary insurance is Private insurance.
Other	Client's primary insurance is Child Health Plus, Unknown, or Other.
Client Count	Number of unique clients in that category.
Referral Count	Number of referrals in that category.
Client %	Clients in group ÷ total clients × 100.
Referral %	Referrals in group ÷ total referrals × 100.
N/A	Only shown when a category has zero clients or zero referrals.

UVHV Performance Measures Report

Point In Time

Program(s):

1	UVHV Client Enrollment	Total	Percentage
a.	**Postpartum individuals who accepted a hospital referral to UVHV home visiting program**	0	N/A
b.	**Postpartum individuals enrolled as clients by UVHV home visiting staff**	0	0 / 0 (NA)
c.	**Screenings entered in window**	0	0 / 0 (NA)
d.	**Clients active in window**	0	'N/A'

X

2	UVHV Client Visits	Total	Percentage
a.	**Clients who completed at least one virtual visit**	0	0 / 0 (NA)
b.	**Clients who completed at least two virtual visits**	0	0 / 0 (NA)
c.	**Clients who completed at least three virtual visits**	0	0 / 0 (NA)
d.	**Clients who completed at least four virtual visits**	0	0 / 0 (NA)
e.	**Clients who completed five virtual visits**	0	0 / 0 (NA)

3	UVHV Client Screenings	Total	Percentage
a.	**Clients screened for mental health**	0	0 / 0 (NA)
b.	**Clients screened for alcohol or substance use**	0	0 / 0 (NA)
c.	**Clients screened for social determinants of health**	0	0 / 0 (NA)
d.	**Clients screened for all of the above**	0	0 / 0 (NA)

X

4	UVHV Client Referrals	Total	Percentage
a.	**Clients referred for mental health care/services**	0	0 / 0 (NA)
b.	**Clients referred for alcohol and/or substance use care/services**	0	0 / 0 (NA)
c.	**Clients referred for healthcare-related care/services**	0	0 / 0 (NA)
d.	**Educational referrals**	0	0 / 0 (NA)
e.	**Other referrals related to Social Determinants of Health (e.g., food, housing, transportation, etc.)**	0	0 / 0 (NA)

5	UVHV Client Postpartum Visits	Total	Percentage
a.	**Clients who have scheduled a postpartum visit with their provider**	0	0 / 0 (NA)
b.	**Clients who attended their postpartum visit within 8 weeks**	0	0 / 0 (N/A)

Point In Time Program(s):			
c.	**Clients who attended their postpartum visit within 12 weeks**	0	0 / 0 (N/A)

6	UVHV Client Discharges	Total	Percentage
a.	**Clients who have been discharged**	0	0 / 0 (NA)
b.	**Clients who have successfully completed services and been discharged**	0	0 / 0 (NA)
c.	**Clients referred for long-term home visiting support**	0	0 / 0 (NA)
d.	**Clients who have been otherwise discharged**	0	0 / 0 (NA)
e.	**Clients who have been transferred to the PICHC Home Visiting Program**	0	0 / 0 (NA)

UVHV Performance Measures Report

Point In Time

Program(s):

*Active Clients include all clients with an intake date before the end date and no discharge date/discharge date after the start date

1	UVHV Client Enrollment
a.	**Total number of Initial Contact forms entered within the window**
b.	**Total number of clients who either entered Initial Contact forms within the window with contact detail selection "Decided to enroll" or Denominator is 1a.**
c.	**Total number of screening forms entered in window. Denominator is 1b.**
d.	**Total number of Active Clients* who have completed a screening assessment. No denominator.**

X

2	UVHV Client Visits
a.	**Active Clients who have completed at least 1 encounter form. Denominator is 1d**
b.	**Active Clients who have completed at least 2 encounter forms. Denominator is 1d**
c.	**Active Clients who have completed at least 3 encounter forms. Denominator is 1d**
d.	**Active Clients who have completed at least 4 encounter forms. Denominator is 1d**
e.	**Active clients who have completed 5 encounter forms. Denominator is 1d**

3	UVHV Client Screenings
a.	**Clients who answered "Positive" or "Negative" on any PHQ9 Assessments, or answered "Yes" or "No" for "Depression", "Stress or Emotional Difficulties", or "Other Mental Illness/Disability" on the "Is currently experiencing" section of Q59 on the Screening Assessment. Denominator is 1d**
b.	**Clients who answered "Positive" or "Negative" on any AUDIT-C or NIDA screenings, or answered "Yes" or "No" for "Alcohol Use" or "Substance Use" on the "Is currently experiencing" section of Q59 on the Screening Assessment. Denominator is 1d**
c.	**Clients who answered "Yes" or "No" for "Unemployment (Self or Partner)", "Financial Difficulties", "Homelessness / Inadequate Housing", "Inadequate Food, Clothing, Household Items", "Social Isolation", "Stress or Emotional Difficulties", or "Accessing Dental Care"on the "Is currently experiencing" section of Q59 on the Screening Assessment. Denominator is 1d**
d.	**Clients who meet the requirements for 3a, 3b, and 3c. Denominator is 1d**

X

4	UVHV Client Referrals
a.	**Clients who received a referral, either standalone or in an encounter, for Service Code 8. Denominator is 1d**
b.	**Clients who received a referral, either standalone or in an encounter, for Service Code 45. Denominator is 1d**
c.	**Clients who received a referral, either standalone or in an encounter, for Service Codes 1-7, 9-11, or 26. Denominator is 1d**
d.	**Clients who received a referral, either standalone or in an encounter, for Service Codes 12, 14-16, 18-23, 27-37, 39-43, 46, 48, 50 or 52. Denominator is 1d**
e.	**Clients who received a referral, either standalone or in an encounter, for Service Codes 13, 17, 24, 25, 38, 44, 47, 49 or 50. Denominator is 1d**

UVHV Performance Measures Report

Point In Time

Program(s):

5	UVHV Client Postpartum Visits
a.	**Clients who answered "Yes" or "Has Already Attended" on the Child/Pregnancy Form for Q25a. Denominator is 1d**
b.	**Denominator: Clients with a live birth who reached 8 weeks postpartum and were not discharged before that time. Numerator: Clients in the denominator with a postpartum visit between 8 and 56 days after birth (excluding visits on the birth date or within the first 7 days).**
c.	**Denominator: Clients with a live birth who reached 12 weeks postpartum and were not discharged before that time.** **Numerator: Clients in the denominator with a postpartum visit between 8 and 84 days after birth (excluding visits on the birth date or within the first 7 days).**

6	UVHV Client Discharges
a.	**Clients with a Date of Discharge recorded. Denominator is 1c**
b.	**Clients with the Discharge form Q3a Discharge Reason coded as "Client Has Met Their Goals". Denominator is 6a.**
c.	**Clients with the Discharge form Q3a Discharge Reason coded as "Transferred/Referred to a Prevention/Home Visiting Program". Denominator is 6a.**
d.	**Clients with the Discharge form Q3a Discharge Reason coded as anything other than "Client Has Met Their Goals" or "Transferred/Referred to a Prevention/Home Visiting Program". Denominator is 6a.**
e.	**Discharged clients who completed the transfer process to PICHC using the in-site transfer feature. Denominator is 6a.**

UVHV Performance Measures Report

Point In Time

Program(s):

*OOW Indicates an Out of Report Window Postpartum Visit

Case Number	Intake Date	Birth Date	Postpartum Eligible 8 / 12 Weeks	Postpartum Visit 8 / 12 Weeks	Postpartum Visit Dates	Discharge Date	CHW
			N/A / N/A	N/A / N/A			

UVHV Client Visits by Discharge Status

Date Range:

Program(s):

*INCLUDES CLIENTS HAVING ENCOUNTER DATES WITHIN SPECIFIED DATE RANGE

UVHV Client Visits	Total Clients with At Least N Virtual Visits	Clients who have successfully completed services and been discharged		Clients who have been transferred to the PICHC Home Visiting Program		Clients referred for long-term home visiting support		Clients who have been otherwise discharged	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
1+	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%
2+	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%
3+	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%
4+	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%
5	0	0	0.00%	0	0.00%	0	0.00%	0	0.00%

UVHV Client Visits by Discharge Status

Date Range:
Program(s):

*INCLUDES CLIENTS HAVING ENCOUNTER DATES WITHIN SPECIFIED DATE RANGE

Definitions:	
Clients Included in Report	UVHV Clients with a recorded Discharge Date and a Discharge Reason (Discharge Form – Question 3a) and at least one Encounter Date within the selected reporting window.
Virtual Visit Count:	Number of Encounter records with Encounter Date (Encounter Form – Question 1) between the selected start and end dates.
Visit Buckets (1+, 2+, 3+, 4+, 5) :	Clients are grouped based on having ≥ N virtual visits within the reporting window.
Total Discharged (Denominator):	Clients with ≥ N virtual visits in the reporting window
Successfully Completed:	Clients with Discharge Reason = "Client has met their goals" (Discharge Form – Question 3a) AND ≥ N virtual visits. Percentage calculated as: CompletedNum ÷ TotalDischarged.
Transferred to PICHC:	Clients with Discharge Reason = "Transferred/referred to another PICHC program" (Discharge Form – Question 3a) AND ≥ N visits.
Transferred to Long-Term Home Visiting:	Clients with Discharge Reason = "Transferred/referred to a prevention/home visiting program" (Discharge Form – Question 3a) AND ≥ N visits.
Other:	All other Discharge Reasons (Discharge Form – Question 3a) not included above.

UVHV Completed Client Visits by Postpartum Visit Type

Date Range:

Program(s):

*INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE

UVHV Client Visits	Number of Clients	Scheduled Postpartum Visit Rate (%)	Completed 8-Week Postpartum Visit Rate (%)	Completed 12-Week Postpartum Visit Rate (%)
Clients who completed at least 1 virtual visit	0	N/A	N/A	N/A
Clients who completed at least 2 virtual visits	0	N/A	N/A	N/A
Clients who completed at least 3 virtual visits	0	N/A	N/A	N/A
Clients who completed at least 4 virtual visits	0	N/A	N/A	N/A
Clients who completed 5 virtual visits	0	N/A	N/A	N/A

UVHV Completed Client Visits by Postpartum Visit Type

Date Range:

Program(s):

*INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE

Definitions:	
Clients Included	Clients enrolled in selected program(s) who were active during the specified date range (based on intake and discharge dates) and who have ≥1 cumulative virtual encounter as of the report end date. Visit buckets reflect total cumulative encounters through the report end date.
UVHV Client Visits	Clients grouped by cumulative number of virtual encounters (Q1), categorized as 1+, 2+, 3+, 4+, 5.
Scheduled Postpartum Visit Rate (%)	Numerator: Clients with Post-partum visit scheduled = Yes or Has already attended (Q25a). Denominator: Clients in visit bucket with Birth Date recorded (Child Form Q10).
Completed 8-Week Postpartum Visit Rate (%)	Numerator: Clients who met any of the following: Q25b = Yes OR Postpartum Visit Date (Q25d) ≤ 56 days from Birth Date (Q10) OR postpartum medical visit within 56 days. Denominator: Clients with Birth Date ≤ report end date − 56 days.
Completed 12-Week Postpartum Visit Rate (%)	Numerator: Clients meeting 8-week criteria OR Q25c = Yes OR Postpartum Visit Date (Q25d) ≤ 84 days from Birth Date (Q10) OR postpartum medical visit within 84 days. Denominator: Clients with Birth Date ≤ report end date − 84 days. Note: Eligible 8-week and 12-week denominators may be equal if no births occurred between 56 and 84 days prior to the report end date.

UVHV Client Referral Type by Postpartum Visit Rate

Date Range:

Program(s):

*INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE

UVHV Client Referral Type	Postpartum Visit within 8 Weeks		Postpartum Visit within 12 Weeks	
	Number of Clients	Percent	Number of Clients	Percent
Clients referred for mental health care/services	0	N/A	0	N/A
Clients referred for alcohol and/or substance use care/services	0	N/A	0	N/A
Clients referred for healthcare-related care/services	0	N/A	0	N/A
Educational referrals	0	N/A	0	N/A
Other referrals related to Social Determinants of Health (e.g., food, housing, transportation, etc.)	0	N/A	0	N/A

UVHV Client Referral Type by Postpartum Visit Rate

Date Range:	
Program(s):	

*INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE

Definitions:	
Clients Included:	Clients enrolled in selected program(s) who were active during the reporting window and had a recorded Birth Date.
UVHV Client Referral Type:	Clients grouped by referral types recorded for the client. Referral types include mental health care/services, alcohol and/or substance use care/services, healthcare-related care/services, educational referrals, and other referrals related to Social Determinants of Health.
Postpartum Visit within 8 Weeks:	Clients who had a postpartum visit within 56 days of the recorded Birth Date, based on postpartum visit fields or a recorded postpartum medical visit.
Postpartum Visit within 12 Weeks:	Clients who had a postpartum visit within 84 days of the recorded Birth Date, based on postpartum visit fields or a recorded postpartum medical visit.
Postpartum Visit Rate (%):	Percentage of clients who completed a postpartum visit within the specified timeframe among eligible clients.

UVHV Client Demographics by Postpartum Visit Rate

Date Range:

Program(s):

*INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE

Category	Postpartum Visit within 8 Weeks		Postpartum Visit within 12 Weeks	
	Number of Clients	Percent	Number of Clients	Percent
Age Group				
< 15	0	N/A	0	N/A
15-17	0	N/A	0	N/A
18-19	0	N/A	0	N/A
20-24	0	N/A	0	N/A
25-29	0	N/A	0	N/A
30-34	0	N/A	0	N/A
35-39	0	N/A	0	N/A
40-44	0	N/A	0	N/A
45+	0	N/A	0	N/A
Unrecorded Age	0	N/A	0	N/A
Total	0	N/A	0	N/A
Insurance Type				
Medicaid	0	N/A	0	N/A
Child Health Plus	0	N/A	0	N/A
Private Insurance	0	N/A	0	N/A
Other	0	N/A	0	N/A
Uninsured	0	N/A	0	N/A
Unknown	0	N/A	0	N/A
Race / Ethnicity				
Hispanic / Latinx	0	N/A	0	N/A
Not Hispanic / Latinx, American Indian / Alaska Native	0	N/A	0	N/A
Not Hispanic / Latinx, Asian	0	N/A	0	N/A
Not Hispanic / Latinx, Black / African-American	0	N/A	0	N/A
Not Hispanic / Latinx, Native Hawaiian / Pacific Islander	0	N/A	0	N/A
Not Hispanic / Latinx, White	0	N/A	0	N/A
Not Hispanic / Latinx, Other / Multi-racial	0	N/A	0	N/A
Not Hispanic / Latinx, Declined / Unspecified Race	0	N/A	0	N/A
Unspecified Hispanic / Latinx, American Indian / Alaska Native	0	N/A	0	N/A
Unspecified Hispanic / Latinx, Asian	0	N/A	0	N/A
Unspecified Hispanic / Latinx, Black / African-American	0	N/A	0	N/A

UVHV Client Demographics by Postpartum Visit Rate

Date Range:

Program(s):

*INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE

Unspecified Hispanic / Latinx, Native Hawaiian / Pacific Islander	0	N/A	0	N/A
Unspecified Hispanic / Latinx, White	0	N/A	0	N/A
Unspecified Hispanic / Latinx, Other / Multi-racial	0	N/A	0	N/A
Unspecified Race / Ethnicity	0	N/A	0	N/A

UVHV Client Demographics by Postpartum Visit Rate

Date Range:	
Program(s):	

*INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE

Definitions:	
Clients Included:	Clients enrolled in the selected program(s) who were active during the reporting window (based on intake and discharge dates) and who have a recorded Birth Date.
Age Group:	Clients grouped based on their age at the end of the reporting period, calculated using the client's Birth Date.
Insurance Type:	Clients grouped based on the primary health insurance recorded for the client during the reporting period. Insurance categories include Medicaid, Family Planning Medicaid, Child Health Plus, Private Insurance, Other Insurance, Uninsured, and Unknown.
Race / Ethnicity:	Clients grouped according to the recorded race and ethnicity information for the client.
Completed 8-Week Postpartum Visit:	Clients who completed a postpartum visit within 56 days of the recorded Birth Date. This may be determined based on postpartum visit fields or a recorded postpartum medical visit within the specified timeframe.
Completed 12-Week Postpartum Visit:	Clients who completed a postpartum visit within 84 days of the recorded Birth Date. This includes clients meeting the 8-week criteria or those with a postpartum visit recorded within the 12-week timeframe.
Postpartum Visit Rate (%):	The percentage of clients who completed a postpartum visit within the specified timeframe among eligible clients.
Eligibility for Postpartum Visit Measures:	Clients are considered eligible for the 8-week measure if their Birth Date occurred at least 56 days prior to the report end date. Clients are considered eligible for the 12-week measure if their Birth Date occurred at least 84 days prior to the report end date.

UVHV Client Demographics by Referral Type

Date Range:

Program(s):

*INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE

Category	Total Clients	Clients referred for mental health care/services		Clients referred for alcohol and/or substance use care/services		Clients referred for healthcare-related care/services		Educational referrals		Other referrals related to Social Determinants of Health	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Age Group											
< 15	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
15-17	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
18-19	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
20-24	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
25-29	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
30-34	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
35-39	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
40-44	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
45+	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Unrecorded Age	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Insurance Type											
Medicaid	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Child Health Plus	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Private Insurance	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Other	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Uninsured	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Unknown	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Race / Ethnicity											
Hispanic / Latinx	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Not Hispanic / Latinx, American Indian / Alaska Native	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Not Hispanic / Latinx, Asian	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Not Hispanic / Latinx, Black / African-American	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Not Hispanic / Latinx, Native Hawaiian / Pacific Islander	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Not Hispanic / Latinx, White	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A

UVHV Client Demographics by Referral Type

Date Range:

Program(s):

*INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE

Not Hispanic / Latinx, Other / Multi-racial	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Not Hispanic / Latinx, Declined / Unspecified Race	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Unspecified Hispanic / Latinx, American Indian / Alaska Native	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Unspecified Hispanic / Latinx, Asian	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Unspecified Hispanic / Latinx, Black / African-American	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Unspecified Hispanic / Latinx, Native Hawaiian / Pacific Islander	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Unspecified Hispanic / Latinx, White	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Unspecified Hispanic / Latinx, Other / Multi-racial	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Unspecified Race / Ethnicity	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A

UVHV Client Demographics by Referral Type

Date Range:
Program(s):

*INCLUDES CLIENTS ACTIVE WITHIN SPECIFIED DATE RANGE

Definitions:	
Clients Included:	Clients enrolled in selected program(s) who were active during the specified date range (based on intake and discharge dates).
Age Group / Insurance Type / Race & Ethnicity:	Clients are grouped based on their demographic characteristics recorded in the system, including age at the end of the reporting period, primary health insurance type, and race/ethnicity.
Total Clients:	Total number of unique clients within each demographic category who were active during the reporting window.
Clients referred for mental health care/services:	Clients with at least one referral for mental health care/services recorded within the reporting window.
Clients referred for alcohol and/or substance use care/services:	Clients with at least one referral for alcohol and/or substance use-related services recorded within the reporting window.
Clients referred for healthcare-related care/services:	Clients with at least one referral for healthcare-related services (e.g., primary care, specialty care) recorded within the reporting window.
Educational referrals:	Clients with at least one referral related to educational services (e.g., early childhood education, parenting classes, school readiness) recorded within the reporting window.
Other referrals related to Social Determinants of Health:	Clients with at least one referral related to social determinants of health (e.g., housing, food, transportation, employment) recorded within the reporting window.
Percent of Clients (%):	Percentage of clients within each demographic category who received at least one referral of the specified type. Calculated as: (Number of clients with referral type ÷ Total clients in category)

UVHV DMIS Screenshots of Dashboards

Admin Dashboard

Programs 2

Search:

Program Name	Counties Served	Manager	# Cases	# Workers

Program Dashboard

Admin Dashboard

Program: [redacted]

Manager: [redacted]

Counties Served:
-

Program Detail

Pending Cases 0 | Enrolled Cases 6 | Supervisors 7 | Workers 8

Search:

Client Name	Worker	Referral Source	

Program Dashboard

Admin Dashboard

Program: [redacted]

Manager: [redacted]

Counties Served:
-

Program Detail

Pending Cases 0 | Enrolled Cases 6 | Supervisors 7 | Workers 8

Search:

Client Name	Case #	Intake Date	CHW	Current Life Course	

Program Dashboard

Admin Dashboard

Program: [redacted]

Manager: [redacted]

Counties Served:
-

Program Detail

Pending Cases 0 | Enrolled Cases 6 | Supervisors 7 | Workers 8

Search:

Supervisor Name	# Supervisees	# Form Approvals

Program Dashboard

Admin Dashboard

Program: [redacted]

Manager: [redacted]

Counties Served:
-

Program Detail

Pending Cases 0 | Enrolled Cases 6 | Supervisors 7 | Workers 8

Name	Supervisor	# Cases	# Open Referrals	# Encounters

Supervisor Dashboard

Admin Dashboard

Supervisor:
[redacted]

Program:
[redacted]

Supervisor Detail

Pending Cases 0 | Supervisees 0 | Form Approvals 0

Search:

Client Name	Worker	Referral Source	

Supervisor Dashboard

Admin Dashboard

Supervisor:
[redacted]

Program:
[redacted]

Supervisor Detail

Pending Cases 0 | Supervisees 0 | Form Approvals 0

\

Search:

Supervisee Name	# Pending Cases	# Cases	# Open Referrals	# Encounters	# Births

Supervisor Dashboard

Admin Dashboard

Supervisor:
[redacted]

Program:
[redacted]

Supervisor Detail

Pending Cases 0 | Supervisees 0 | Form Approvals 0

Search:

Client	CHW	Form Date

CHW Dashboard

Admin Dashboard

CHW:
[redacted]

Supervisor:
-

Program:
[redacted]

Worker Detail

Pending Cases 0 | Enrolled Cases 3 | Open Referrals 1 | Encounters 3 | Births 0

Postpartum Visits 0

Search:

Client Name	Referral Source

CHW Dashboard

Admin Dashboard

CHW:
[redacted]

Supervisor:
-

Program:
[redacted]

Worker Detail

Pending Cases 0 | Enrolled Cases 3 | Open Referrals 1 | Encounters 3 | Births 0

Postpartum Visits 0

Search:

Client Name	Case #	Intake Date	Current Life Course

CHW Dashboard

Admin Dashboard

CHW:
[redacted]

Supervisor:
-

Program:
[redacted]

Worker Detail

Pending Cases 0 | Enrolled Cases 3 | Open Referrals 1 | Encounters 3 | Births 0

Postpartum Visits 0

Search:

Client	# Referrals

CHW Dashboard

Admin Dashboard

CHW:
[redacted]

Supervisor:
-

Program:
[redacted]

Worker Detail

Pending Cases 0 | Enrolled Cases 3 | Open Referrals 1 | Encounters 3 | Births 0

Postpartum Visits 0

Search:

Client	Due Date

CHW Dashboard

Admin Dashboard

CHW:
[redacted]

Supervisor:
-

Program:
[redacted]

Worker Detail

Pending Cases 0 | Enrolled Cases 3 | Open Referrals 1 | Encounters 3 | Births 0

Postpartum Visits 0

Search:

Client	Due Date

CHW Dashboard

Admin Dashboard

CHW: [redacted]

Supervisor:
-

Program: [redacted]

Worker Detail

Pending Cases 0 | Enrolled Cases 3 | Open Referrals 1 | Encounters 3 | Births 0

Postpartum Visits 0

Search:

Client	8 Week Due Date	12 Week Due Date

Case Detail

Case #: [redacted]
Client Name: [redacted]
Birth Date: [redacted]
Edit

Intake Date: [redacted]
Discharge Date:
-
Current CHW: [redacted]
CHW History

Currently Pregnant: [redacted]
Expected Delivery Date:
-
Gestational Age:
-
Primary Language: [redacted]

Insurance Status: [redacted]
Life Course (Current): [redacted]
Life Course (At Enrollment): [redacted]
Well Visit:

Medical Care Source: [redacted]
Birth Plan Completed: [redacted]
Breastfeeding Education: [redacted]

Enrolled

Contact Info
Case Notes
Forms
Screenings
Referrals

Addresses — History — + Add

Phones — History — + Add

E-Mails — History — + Add

Case Detail

Case #: [redacted]
Client Name: [redacted]
Birth Date: [redacted]
Edit

Intake Date: [redacted]
Discharge Date: -
Current CHW: [redacted]
CHW History

Currently Pregnant: [redacted]
Expected Delivery Date: -
Gestational Age: -
Primary Language: [redacted]

Insurance Status: [redacted]
Life Course (Current): [redacted]
Life Course (At Enrollment): [redacted]
Well Visit:

Medical Care Source: [redacted]
Birth Plan Completed: [redacted]
Breastfeeding Education: [redacted]

Enrolled

- Contact Info
- Case Notes
- Forms
- Screenings
- Referrals

Case Notes

+ Add

Case Detail

Case #: [redacted]
Client Name: [redacted]
Birth Date: [redacted]
Edit

Intake Date: [redacted]
Discharge Date: -
Current CHW: [redacted]
CHW History

Currently Pregnant: [redacted]
Expected Delivery Date: -
Gestational Age: -
Primary Language: [redacted]

Insurance Status: [redacted]
Life Course (Current): [redacted]
Life Course (At Enrollment): [redacted]
Well Visit:

Medical Care Source: [redacted]
Birth Plan Completed: [redacted]
Breastfeeding Education: [redacted]

Enrolled

- Contact Info
- Case Notes
- Forms
- Screenings
- Referrals

Forms

- Initial Contact
- Screening/Assessment
- Discharge

Encounters +Add

Children & Pregnancies +Add

Case Detail

Case #: [redacted]
Client Name: [redacted]
Birth Date: [redacted]
Edit

Intake Date: [redacted]
Discharge Date: -
Current CHW: [redacted]
CHW History

Currently Pregnant: [redacted]
Expected Delivery Date: -
Gestational Age: -
Primary Language: [redacted]

Insurance Status: [redacted]
Life Course (Current): [redacted]
Life Course (At Enrollment): [redacted]
Well Visit:

Medical Care Source: [redacted]
Birth Plan Completed: [redacted]
Breastfeeding Education: [redacted]

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	
[redacted]	[redacted]		[redacted]		Edit/View

Case Detail

Case #: [redacted]
Client Name: [redacted]
Birth Date: [redacted]
Edit

Intake Date: [redacted]
Discharge Date: -
Current CHW: [redacted]
CHW History

Currently Pregnant: [redacted]
Expected Delivery Date: -
Gestational Age: -
Primary Language: [redacted]

Insurance Status: [redacted]
Life Course (Current): [redacted]
Life Course (At Enrollment): [redacted]
Well Visit:

Medical Care Source: [redacted]
Birth Plan Completed: [redacted]
Breastfeeding Education: [redacted]

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	Alternate Tool	
[redacted]	[redacted]			Edit/View

Case Detail

Case #: [redacted]
Client Name: [redacted]
Birth Date: [redacted]
Edit

Intake Date: [redacted]
Discharge Date: -
Current CHW: [redacted]
CHW History

Currently Pregnant: [redacted]
Expected Delivery Date: -
Gestational Age: -
Primary Language: [redacted]

Insurance Status: [redacted]
Life Course (Current): [redacted]
Life Course (At Enrollment): [redacted]
Well Visit:

Medical Care Source: [redacted]
Birth Plan Completed: [redacted]
Breastfeeding Education: [redacted]

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	
[redacted]	[redacted]		[redacted]		Edit/View

Case Detail

Case #: [redacted]
Client Name: [redacted]
Birth Date: [redacted]
Edit

Intake Date: [redacted]
Discharge Date: -
Current CHW: [redacted]
CHW History

Currently Pregnant: [redacted]
Expected Delivery Date: -
Gestational Age: -
Primary Language: [redacted]

Insurance Status: [redacted]
Life Course (Current): [redacted]
Life Course (At Enrollment): [redacted]
Well Visit:

Medical Care Source: [redacted]
Birth Plan Completed: [redacted]
Breastfeeding Education: [redacted]

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	
[redacted]	[redacted]		[redacted]		Edit/View

Case Detail

Case #: [redacted]

Client Name: [redacted]

Birth Date: [redacted]

Edit

Intake Date: [redacted]

Discharge Date: -

Current CHW: [redacted]

CHW History

Currently Pregnant: [redacted]

Expected Delivery Date: -

Gestational Age: -

Primary Language: [redacted]

Insurance Status: [redacted]

Life Course (Current): [redacted]

Life Course (At Enrollment): [redacted]

Well Visit:

Medical Care Source: [redacted]

Birth Plan Completed: [redacted]

Breastfeeding Education: [redacted]

Enrolled

- Contact Info
- Case Notes
- Forms
- Screenings
- Referrals

Service Referrals

+ Add

Referral Date	Service Name	Family Member Referred	Service Agency	Client Contacted	Date Closed