

MIHP Outcomes Survey – Home Visitor Section

What is the name of your MIHP agency?

What do you identify as your race / ethnic background? *(Check all that apply)*

- Asian
- American Indian or Alaskan Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White / Caucasian
- Arab / Chaldean
- Hispanic / Latino
- Other (please specify)

- I prefer not to answer

Please select the type of beneficiary served during this visit.

- Maternal beneficiary
- Infant beneficiary

What race / ethnic background is listed for this beneficiary in the Risk Identifier on file? *(Check all that apply)*

- Asian
- American Indian or Alaskan Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White / Caucasian
- Arab / Chaldean
- Hispanic / Latino
- Other (please specify)

- I prefer not to answer

To the best of your knowledge, did you or other assigned Home Visitors make referrals or connect this beneficiary with resources for any of the following? This includes any information, handouts, or connections with other services, groups, or resources.

	Resource connection made?		If resource connection wasn't made, please indicate why.		
	Yes	No	Resource Unneeded	Resource Unavailable/ Waitlisted	Other
Food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Finding a job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Furthering their education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance misuse and/or smoking cessation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Relationship with Beneficiary

How would you rate your relationship with this beneficiary?

- Excellent
- Very good
- Good
- Okay
- Poor

If you would like to provide more detail on your relationship with this beneficiary, please do so in the following field.

What is the reason the family is ending MIHP services?

- End of eligibility
- Transitioned into infant services
- Completed plan of care and beneficiary/caregiver goals
- Transitioned to another program
- No longer interested in MIHP services
- Lost to service

If beneficiary was not lost to service, did transition planning occur with the beneficiary/caregiver?

- Yes
- No

If transition planning occurred, when did it occur?

- At enrollment
- During the course of care
- At discharge

If transition planning occurred, what best describes the family's transition plan?

- Family enrolled in another home visiting program
- Family enrolled in a community-based program (e.g., childcare)
- Family desired care but no community program was available
- MIHP services met beneficiary / family needs – no additional external resources needed
- Beneficiary declined all transition options provided
- Unsure of the family's plan or need
- Other (please specify)

Which activities were completed during the discharge visit? *(Check all that apply)*

- Reviewed MCIR report and discussed immunizations, lead screening results, hearing screening
- Discussed beneficiary / caregiver support systems and resources
- Discussed Healthy Michigan plan and options for accessing free or reduced-price medical care
- Discussed continuation with WIC and/or Early On
- Reviewed social determinants of health and discussed resources and emergency plans
- Reviewed Safety Plan(s)
- Other (please specify)

- None of the above

Thank you for participating in the MIHP Outcomes Survey!