

MIECHV Data Collection Manual

Implementation Date:
October 1, 2016

Version 6 Effective: 10/01/2018



Florida
Maternal
Infant &
Early
Childhood
Home
Visiting
Initiative

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Note: When this manual is revised, revisions are highlighted in yellow in the guidance so that users can easily identify changes from previous versions.



Introduction

The Florida Maternal, Infant and Early Childhood Home Visiting (MIECHV) Initiative is funded by the federal government through the Health Resources and Services Administration (HRSA). As such, there are federally mandated reporting requirements, the outcomes of which determine a program's compliance with statutory expectations. Beginning October 1, 2016, the requirements include the followingg:

- 1) Monthly reporting of implementation data to include staffing, enrollment, family retention, and home visits completed. These data are due each month in the Florida Monthly Enrollment Report.
- 2) Quarterly reporting of program capacity, place-based services, family engagement, and staff recruitment and retention. These data are due to HRSA each quarter in Form 4: Quarterly Performance Report.
- 3) Annual reporting of demographics and other characteristics of program enrollees, as well as service utilization data and clinical indicators that focus on health care utilization. These data are due every year by October 30 in Form 1: Demographic, Service Utilization, and Select Clinical Indicators.
- 4) Annual reporting of performance measurement results. These 19 performance measures are summarized in the Performance Measures Summary Tables document. These data are due every year by October 30 in Form 2: Performance Indicators and Systems Outcomes.

This data collection manual, which includes MIECHV Data Collection forms that are required for all Florida MIECHV grantees, details how the data needed to meet the above requirements are collected for entry into the Florida Home Visiting Information System (FLOHVIS). FLOHVIS is a web-based data system that captures all data required for HRSA's performance measures and other federal reporting, as well as data needed to inform Continuous Quality Improvement (CQI) efforts at the state and local levels.

All MIECHV data collection resources can be found on GroupSite: <https://flmiechv.groupsites.com>
To set up an account, click on "Join this Group". Once logged in to your account, click on:
Share> File Cabinet> MIECHV Data Collection.

For questions about MIECHV data collection, contact Virginia Holland at vholland@fahsc.org.

Who is the Focus of MIECHV Data Collection?

To meet federal reporting requirements and to reduce the data collection burden on home visiting staff, MIECHV identifies only one adult caregiver as an enrollee in the program. This person is referred to as the primary caregiver or the **Participant**. In most circumstances, the mother of the child enrollee is the Participant but occasionally, it may be the father, grandparent, or other **long-term caregiver** of the child. Some data collection questions are only relevant to the biological mother of the child, but most apply to all Participants.

Whenever possible, the Participant should remain the same person throughout enrollment. If a change in Participant cannot be avoided, please contact MIECHV data staff to discuss.

The MIECHV child enrollee is referred to as the **Target Child**. HRSA requires that all children enrolled in the program be counted as target children, where the model allows it. For Healthy Families America (HFA) and Nurse-Family Partnership (NFP), the model designates one target child, except when there are multiple births (in which case both twins or all triplets are target children). For Parents as Teachers (PAT), any pregnancy or child under the maximum enrollment age at time of family enrollment (under 1- or 2-years-old, depending on the site) will be enrolled and counted as a target child. Refer to Florida MIECHV Policies for funded Parents as Teachers (PAT) sites for more information.



Timeframes for Completing MIECHV Forms and Assessments

Most forms and assessments will be completed during a specific timeframe, based on the child's age, time after enrollment, or time of year. Some timeframes are determined by whether the family enrolled during pregnancy (**prenatal enrollment**) or after the birth of the youngest target child (**postnatal enrollment**). The table below presents these general timeframes. Timeframes are inclusive of the months stated.

For example: If the form is due when the child is 2-3 months old, then the data collection window begins the day the child turns 2 months old (2 months, 0 days) and continues through the last day the child is 3 months old (3 months, 30 days). This is a 60-day window.

Form/Assessment Name	When Completed	
	Prenatal Enrollment	Postnatal Enrollment
Participant Record	At enrollment	
Target Child Record	At enrollment/ first visit with target child	
Delivery Information Form	ASAP after any delivery	
Home Visit Form	At every visit	
Household Profile Form	At program enrollment, closure, and updated two times each year: 1) Nov-Jan and 2) Jun-Aug	
- Child Wellness Update	At first visit with target child and with every postnatal Household Profile	Same as Household Profile
Infancy Questionnaire	When the child is 0-1 months, 2-3 months, 6-7 months, 10-11 months. If enrolled past the timeframe, that timeframe is skipped.	
IPV Assessment	Screening by 6 months post-enrollment; Also captures IPV disclosures without screening.	
Edinburgh (EPDS)	By 3 months postpartum	By 3 months post-enrollment
Parent-Child Interaction (PCI) Tool	NFP: DANCE When the child is 1-3 mo, 7-10 mo, 14-17 mo, 20-23 mo	
	PAT: HOME Inventory When the child is 5-8 mo, 17-20 mo, 29-32 mo, 41-44 mo If enrolled past the end of age range, that interval is skipped.	
	HFA: CHEERS Check-In (CCI) When the child is 4-7 mo, 16-19 mo, 28-31 mo, 40-43 mo, 52-55 mo	
ASQ-3	10 months old, 18 months old, 30 months old If enrolled past the end of age range, that interval is skipped.	
MIECHV Referral Form	When a referral is needed for a MIECHV Need (tobacco cessation, depression, IPV, or developmental concerns)	
Dismissal Form	At Family Dismissal/Closure	



Home visitors should use an Excel workbook called the **MIECHV Data Planner** to easily plan when data are collected for each family. An example can be viewed in the Appendix of this manual and each program model's tool can be downloaded from the [FLMIECHV GroupSite](#). It is critical for home visitors to use this tool with every family since early or late completion may result in data not meeting HRSA requirements for inclusion in reporting.

In order to assure high quality data, it is strongly recommended that paper forms and assessment tools be completed within 24 hours of the home visit and that they be entered into FLOHVIS within one week.

General Guidelines for Collecting Participant Data

MIECHV recognizes that grantee agencies have extensive experience with data collection protocols. The following tips are meant to cover some basic principles.

Respect Confidentiality

Home visiting staff develop trusting relationships with Participants and sensitive topics are often discussed. Participants should feel comfortable that the information they share will be treated confidentially. They must sign a consent form at enrollment that explains this confidentiality of data. Assure Participants that you will protect their information and remember the following:

- An exception to the confidentiality rule is made when information shared is related to a mandatory reporting issue, such as possible child abuse or other family violence.
- Some personal data is used for program evaluation purposes, but is anonymous when reported.
- Keep completed data collection forms and assessments in locked files when not in use.
- Your FLOHVIS password should be kept private; never allow someone to borrow your password to gain access to FLOHVIS.

Data Collection by Interview

Some assessment tools are filled out by the Participant, assuming she or he can read and understand the questions. However, the MIECHV data collection forms were designed to be completed through home visitor interview of the Participant. Please consider the following when interviewing:

- **Stay Neutral.** Be conscious of behavior that may influence a Participant's response to a question. Stay positive and matter-of-fact as you ask questions and record answers. Read questions slowly and offer to repeat the question if needed. Avoid leading the Participant to a response.
- **Be Consistent.** Ask questions more or less as they are written on the form. If a Participant doesn't understand the question, you may rephrase it as long as the meaning of the question remains the same.
- **I Don't Know?** Sometimes "I don't know" can mean more. The Participant may not understand the question, may be thinking it over, or may be reluctant to share personal information. Clarify the question or give her time to think before accepting that she does not have an opinion or the information requested.
- **Use Probes.** If a Participant does not answer a question thoroughly or does not understand the question, you may use a neutral probe to help clarify and obtain a more complete response. Probes are informal; for example, "Could you say more about that?" or "Can you explain that a little more?" can keep the conversation going. Nonverbal cues like head nodding and silent pauses can communicate that you understand and that you want to hear more.



Face-to-Face or Phone

It is required that screening and assessment tools are completed face-to-face during a home visit. However, some data collection forms and questions can be completed over the phone if it's not possible to collect the data in person in a timely manner. Follow these guidelines:

- **Face-to-face (required!)**

Enrollment forms: Participant Record, Target Child Record, Household Profile/Child Wellness at Enrollment Screenings/Assessments: IPV Assessment, Edinburgh (EPDS), Parent-Child Interaction (PCI) Tool, ASQ-3
Home Visit Form: For a visit to count as a MIECHV home visit, it must occur in-person/face-to-face.
Infancy Questionnaire

- **May be completed by phone (only if necessary)**

Delivery Information Form
Household Profile/Child Wellness UPDATES ONLY
MIECHV Referral Form
To complete a missing data field (or two), e.g. Child SSN or Household income

How to Use this Manual

Each Form is presented first, followed by detailed Guidance of every field in that form. Frequently Asked Questions are included at the end of the manual and do provide more clarification.

The following formatting is used throughout the data collection forms and guidance pages in this manual:

- * An asterisk indicates a field in a form that is required in order to save the form in FLOHVIS. Certain fields must be completed in order for the data entry screens and reports to work correctly.
- *Italics* are used on forms for instructions to the user.
- 👍 Thumbs Up icon on the Participant Record indicates that the field needs to be updated as changes occur.
- → Right arrow indicates a follow-up question. It is asked depending on the answer to the previous question.
- Indented questions in smaller font
There are only three questions with this formatting. This indicates that the question only needs to be completed in the exceptional case that it is relevant to the Participant. It can be skipped over when not applicable.



Participant Record

FLOHVIS: Add Participant/Edit Participant

Program Start Date* ____/____/____ Case ID* _____ Home Visitor Assigned* _____

Participant Enrollment Information		
Name*:	_____ Date of Birth*: ____/____/____	
👉 Address:	_____	
👉 Zip Code:	_____	👉 Phone: _____
Participant Demographics		
Gender*	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Ethnicity	<input type="checkbox"/> Hispanic or Latino/a	<input type="checkbox"/> Not Hispanic or Latino/a
Race (check all that apply)	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> More than one race – not specified <input type="checkbox"/> Declined to identify
Primary Language (check one)	<input type="checkbox"/> English <input type="checkbox"/> Spanish	<input type="checkbox"/> Haitian Creole <input type="checkbox"/> Other language: _____
Pregnancy Status at Enrollment*	<input type="checkbox"/> Pregnant <input type="checkbox"/> Not Pregnant	<input type="checkbox"/> NA (male Participant)
👉 Marital Status (check one)	<input type="checkbox"/> Married <input type="checkbox"/> Not married but living together	<input type="checkbox"/> Never married and not living with partner <input type="checkbox"/> Separated or Divorced <input type="checkbox"/> Widowed

This section can be completed using information from other recent assessments or by asking the questions below. Home visitors may choose to re-word the questions as long as the data recorded meets the definitions in the guidance.

Priority Population Characteristics	Answer Options	"Yes" to any question = "Yes" Answer for that item
👉 Child abuse/ Child welfare system	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does Participant have a history of child abuse or neglect? Has Participant been involved with child welfare system?
👉 Substance Abuse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does Participant have current or previous substance abuse problems?
👉 Tobacco Use in the Home	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are tobacco products used in the home?
👉 Low Student Achievement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you satisfied/dissatisfied with your level of achievement in school? Are you satisfied/dissatisfied with your child's level of achievement in school?"
👉 Developmental Delay or Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does Participant have a child with a developmental delay or disability?
👉 U.S. Armed Forces	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is Participant an active/former member of the U.S. military? Is Participant or child a dependent of an active/former member of the U.S. military?

👉 Denotes a field that should be updated periodically (review at least two times per year).

Re-enrollment with gap in service:	<input type="checkbox"/> Yes <input type="checkbox"/> No	(NFP Only) Transfer from another site:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Guidance for Participant Record

This form is completed for the Participant at the time of enrollment. The first half of the form creates the core record for the family, so it should be completed on the first visit. Home visitors may need more than one visit to assess the Priority Population Characteristics but it is important to have it complete within 30 days of enrollment or Sept. 30, whichever comes first.

Section/Item	Guidance
Program Start Date*	The date of enrollment in the home visiting program, according to the model's definition. *This is a required field in FLOHVIS.
Case ID*	This is the same as the case number used in the model data system. Enter the number carefully! It will be the family's main ID. *This is a required field in FLOHVIS.
Home Visitor Assigned*	The home visitor assigned to the family. This field is required in FLOHVIS because it makes many of the reports more user-friendly, allowing users to filter families by caseload. For a home visitor's name to appear in the FLOHVIS list of home visitors, the home visitor must be added to the MIECHV LMS and the MIECHV data collection training must be completed prior to the new home visitor completing a home visit.
Participant Enrollment Information	
Name*	*First and last names are required fields in FLOHVIS. Middle initial is optional.
Address	Enter street address of Participant's residence.
Zip Code	Enter zip code. (When zip code is entered in FLOHVIS, city, county, and state will auto-populate.)
Phone	Enter main phone number for Participant. With consent, this may be used by the USF evaluation team to contact Participants directly.
Date of Birth*	Enter Participant's date of birth. *This is a required field in FLOHVIS.
Participant Demographics	
Gender*	Enter Participant's gender. *This is a required field in FLOHVIS.
Ethnicity	Allow Participant to identify Hispanic/Latino ethnicity.
Race	Allow Participant to self-identify Race. More than one option may be selected and will be reported as "more than one race". As of 10/1/18, a new option "More than one race – not specified" is available. This may be selected alone or with another race category. "Declined to identify" is an option, but it will be reported as missing data and should be avoided. "Declined to identify" should not be selected with another option.
Primary Language	Record only one language. If more than one language is spoken in the home, ask the Participant which language is spoken more often with the Target Child. If the primary language is not listed on the form, mark "other language" and write in the language.
Pregnancy Status at Enrollment*	Record the pregnancy status of the Participant at the time of enrollment in your agency's program. For a male Participant, mark "NA". *This is a required field in FLOHVIS. <u>Note for NFP:</u> If a Participant transfers from another NFP site after the birth of the target child, complete this field as "Not Pregnant. This a change from previous guidance.
Marital Status	Enter Participant's marital status. If the Participant is divorced and living with another partner, record this as "Separated or Divorced". 👉 Update this field with changes.



Guidance for Participant Record (cont.)

Priority Population Characteristics Update these fields with changes.	
<p>The legislation authorizing MIECHV funding outlines populations for which MIECHV programs should provide priority enrollment. These populations are described by the risk factors or characteristics in the fields below. Priority enrollment should also be given to pregnant women under age 21 and to low income families. Data for those characteristics are recorded elsewhere.</p> <p>On the form, the name of the field used in FLOHVIS is in the left column, the yes/no answer options in the middle column, and questions to clarify the intent of each item or to suggest ways to phrase the question in the right column. The definitions below are the official definitions from HRSA’s guidance.</p>	
Child abuse/child welfare system	Participant has a history of abuse or neglect and has had involvement with child welfare services either as a child or as an adult (based on self-report).
Substance abuse	Participant has a history of substance abuse or has been identified as needing substance abuse services through a substance abuse screening administered upon enrollment (based on self-report).
Tobacco Use in the Home	Participant or other household member uses tobacco products in the home (based on self-report). Tobacco use is defined as combustibles (cigarettes, cigars, pipes, hookahs, bidis) and non-combustibles (chew, dip, snuff, snus, dissolvables), and electronic nicotine delivery systems (ENDS).
Low Student Achievement	Participant perceives themselves or their child/children as having low student achievement (based on self-report).
Developmental Delay or Disability	Participant has a child or children suspected of having a developmental delay or disability (based on self-report or staff observation). If Participant does not have any children yet, mark “No”.
U.S. Armed Forces	Participant is a current or former member of the Armed Forces or Participant/child is a dependent of an active/former member of the Armed Forces. Included in this definition are military members who are deployed outside of the United States. As such, the military member’s dependent may be acquired through marriage, adoption, or other action during the course of a member’s current tour of assigned duty. A pregnant woman whose child will or could be a dependent should be included (based on self-report).
Re-enrollment with gap in service:	If Participant was previously enrolled and dismissed from the program and you are re-enrolling the family again, mark Yes.
(NFP Only) Transfer from another site:	If Participant transferred from another NFP site, mark Yes.



Target Child Record

FLOHVIS: Target Child Record TouchPoint

Participant Name _____

Case ID _____

Date Completed* ____/____/____

Staff Name _____

Complete this form for each MIECHV Target Child at the time of enrollment (first visit with the child).

Target Child Enrollment Information			
1. Child Name*	_____	2. Child DOB*	____/____/____
3. Child Enrollment Date*	____/____/____	➔	<i>If Participant enrolled while pregnant with child: Child DOB If Participant is enrolling with child: Program Start Date</i>
4. Child SSN	____-____-____	5. Gestational Age at Birth	_____ (# weeks)
Child Characteristics			
6. Child Gender* (check one)	<input type="checkbox"/> Female <input type="checkbox"/> Male		
7. Child Ethnicity (check one)	<input type="checkbox"/> Hispanic or Latino/a <input type="checkbox"/> Not Hispanic or Latino/a		
8. Child Race (check all that apply)	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> More than one race – not specified <input type="checkbox"/> Declined to identify		
9. Is the Participant the child's biological mother?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Well-child visits completed to date (check all that apply)	<input type="checkbox"/> Newborn <input type="checkbox"/> 3-7 days old <input type="checkbox"/> 2-4 weeks old <input type="checkbox"/> 2-3 months old <input type="checkbox"/> 4-5 months old	<input type="checkbox"/> 6-7 months old <input type="checkbox"/> 9-10 months old <input type="checkbox"/> 12-13 months old <input type="checkbox"/> 15-16 months old	<input type="checkbox"/> 18-19 months old <input type="checkbox"/> 2 - 2.5 years old <input type="checkbox"/> 3 - 3.5 years old <input type="checkbox"/> 4 - 4.5 years old
Complete this question if the Primary Caregiver was enrolled while pregnant with this child.			
11. What kind of health insurance coverage does your child have? (check one)	<input type="checkbox"/> Medicaid or Florida KidCare <input type="checkbox"/> Private health insurance <input type="checkbox"/> Tri-Care <input type="checkbox"/> No health insurance <input type="checkbox"/> Other health insurance _____*		



Guidance for Target Child Record

This form is completed for each target child at the time of the child’s enrollment into the program. For children enrolling with their primary caregiver, this form is completed at the same time as the Participant Record. For children whose mothers were pregnant with them at time of enrollment, this form is completed at the first visit after the birth of the child. This is recorded in FLOHVIS as a “Target Child Record TouchPoint”.

Section/Item	Guidance
Date Completed*	The date that the data were collected and the form was completed. *In FLOHVIS, this is “Date Taken” and is a required field.
Target Child Enrollment Information	
Child Name*	First and last names are required fields in FLOHVIS. Middle initial is optional.
Child DOB*	Child date of birth is a required field in FLOHVIS.
Child Enrollment Date*	This is one of two possible dates: 1) If the mother enrolled while pregnant with the child, enter the Child DOB. 2) If the child is already born and enrolling with the primary caregiver, enter the same date as the Participant’s Program Start Date. Child Enrollment Date will always be one of the two above. For example: if the mother enrolled while pregnant with the child and the child is born but a home visit is not completed until the child is 3 weeks old, the form is completed on that visit, but the Child Enrollment Date is still the Child DOB. It is very important to record this date accurately. *This is a required field in FLOHVIS.
Child SSN	Social Security Numbers are needed for every MIECHV Target Child. They are used to link data sets required for program evaluation and continued funding of the program. - If the child has not yet been issued a SSN, leave this field blank. When you obtain the SSN, edit this the Target Child Record TouchPoint to record the field.
Gestational Age at Birth	Enter the gestational age of the child at birth in number of weeks. Children delivered at less than 37 weeks are considered pre-term; ASQ-3 screenings will be administered on an adjusted schedule until the child turns two years old.
Child Characteristics	
Child Gender*	Child Gender is a required field in FLOHVIS.
Child Ethnicity	Allow Participant to identify child’s ethnicity.
Child Race	Allow Participant to identify child’s race. More than one option may be selected, and will be reported as “more than one race”. As of 10/1/18, a new option “More than one race – not specified” is available. This may be selected alone or with another race category. “Declined to identify” is an option, but it will be reported as missing data and should be avoided. “Declined to identify” should not be selected with another option.
Participant/ biological mother	This helps to identify which Participants are the focus of postpartum health measures.



Guidance for Target Child Record (cont.)

<p>Well-child visits completed to date</p>	<p>Mark all well-child visits that have been completed in the child’s life. Home visitors have flexibility in how they obtain this information. If caregiver isn’t sure of exact timeframes, a discussion of general timeframes can lead the home visitor to estimate which visits were completed. This will be updated each time a new well-child visit is completed by editing the Target Child Record TouchPoint.</p> <p>If a newborn is in the NICU during the well-child visit timeframes, appropriate care is provided during this time and those timeframes can be marked as completed.</p>
<p>Child health insurance</p>	<p>Indicate what type of health insurance coverage, if any, the child has at time of enrollment. Choose one option.</p> <ul style="list-style-type: none"> - If the child is covered by more than one type of insurance, record the primary insurance. - If the child has no insurance but receives health care services at a safety net health care provider such as a Federally Qualified Health Center, mark “no insurance coverage”. - Before recording “Other insurance”, be sure that it does not fit in one of the other categories. Obamacare and COBRA facilitate access to insurance, but are not insurance itself; insurance obtained through these programs is usually private health insurance. If you select “Other insurance”, you must enter the name of the insurance in FLOHVIS.
<p>Dismissal of Child Prior to Family Dismissal</p>	<p>If one target child in a family with multiple target children needs to be dismissed, this can be done at the end of the Target Child Record TouchPoint in FLOHVIS. The dismissal fields are not included on this form, but they are the following:</p> <p>Child Dismissal Date: ___/___/____</p> <p>Child Dismissal Reason: <input type="checkbox"/> Child aged out (PAT only) <input type="checkbox"/> Child no longer in Participant’s custody <input type="checkbox"/> Child deceased</p> <p>See FAQs on page 46 for more information.</p>



Delivery Information Form

FLOHVIS: Delivery Information TouchPoint

Participant Name _____

Case ID _____

Date Completed* ____/____/_____

Staff Name _____

Complete this form for each delivery that occurs after Participant enrollment, regardless of outcome or whether the child will be enrolled in the program. In the case of multiple births, complete a table for each delivery and enter a separate TouchPoint for each table.

Delivery #1	
1. Estimated Date of Delivery* ____/____/_____	2. Actual Date of Delivery* ____/____/_____
3. Did the delivery result in a live birth?*	<input type="checkbox"/> Yes → Answer #4 <input type="checkbox"/> No (Stop here)
→ 4. If yes, is the newborn enrolled as a MIECHV target child in the program?*	<input type="checkbox"/> Yes <input type="checkbox"/> No

Delivery #2 (twins)	
1. Estimated Date of Delivery* ____/____/_____	2. Actual Date of Delivery* ____/____/_____
3. Did the delivery result in a live birth?*	<input type="checkbox"/> Yes → Answer #4 <input type="checkbox"/> No (Stop here)
→ 4. If yes, is the newborn enrolled as a MIECHV target child in the program?*	<input type="checkbox"/> Yes <input type="checkbox"/> No



Guidance for Delivery Information Form

This form is completed for every delivery/birth that occurs after Participant enrollment, regardless of outcome or whether the child will be enrolled in the program. In the case of multiple births, complete a table for each delivery and record a separate TouchPoint for each table. This is recorded in FLOHVIS as a “Delivery Information TouchPoint”. Please note that all fields are required to be complete in order to be able to save the TouchPoint in FLOHVIS.

This information is primarily used to report on pre-term birth rates among families while enrolled in the program (HRSA Performance Measure #1).

Section/Item	Guidance
Date Completed*	The date that the data were collected. *In FLOHVIS, this is “Date Taken” and is a required field.
Estimated Date of Delivery*	Record the estimated date of delivery (EDD). Home visitors may choose to record this field during pregnancy and then complete the form after the delivery. If so, the EDD should be confirmed at time of form completion. *This is a required field in FLOHVIS.
Actual Date of Delivery*	Record the actual date of delivery (or child’s DOB). *This is a required field in FLOHVIS.
Did the delivery result in a live birth?*	Record live birth status. *This is a required field in FLOHVIS.
→ Is the newborn enrolled as a MIECHV target child in the program?*	Only newborns whose mothers were pregnant with them at the time of enrollment are eligible to be enrolled as MIECHV target children. Subsequent pregnancies and deliveries are important to capture on this form, but those children will not be enrolled as target children. *This is a required field in FLOHVIS.



Home Visit Form

FLOHVIS: Home Visit TouchPoint

(And edit Target Child Record TouchPoint for well-child visits)

Participant Name _____

Case ID _____

Date of Visit* ____/____/_____

Staff Name _____

Complete this form at every completed home visit.

At Every Visit	
1. Do you have health insurance coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
At Every Postnatal Visit (i.e. every visit once a MIECHV target child is enrolled)	
2. Do you have any concerns about your child's development, behavior, or learning?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not ask
3. Since our last visit, have you taken your child to the hospital Emergency Room?	<input type="checkbox"/> Yes → Answer #4 <input type="checkbox"/> No (Skip to #5)
→ 4. If Yes, please note the date(s) and check the reason:	
ER Visit 1 Date: ____/____/_____	ER Visit 1 Reason: <input type="checkbox"/> Injury <input type="checkbox"/> Other reason
ER Visit 2 Date: ____/____/_____	ER Visit 2 Reason: <input type="checkbox"/> Injury <input type="checkbox"/> Other reason
ER Visit 3 Date: ____/____/_____	ER Visit 3 Reason: <input type="checkbox"/> Injury <input type="checkbox"/> Other reason
5. Since our last visit, has your child had any well-child visits?	<input type="checkbox"/> Yes → Record visit(s) below <input type="checkbox"/> No (Stop here)
→ If Yes, complete the section below for the MIECHV target child/children by marking the visit(s) completed. FLOHVIS: Edit Target Child Record TouchPoint	
Child Name: _____	Child Name: _____
<u>Well-child visits completed</u>	<u>Well-child visits completed</u>
<input type="checkbox"/> Newborn	<input type="checkbox"/> Newborn
<input type="checkbox"/> 3-7 days old	<input type="checkbox"/> 3-7 days old
<input type="checkbox"/> 2-4 weeks old	<input type="checkbox"/> 2-4 weeks old
<input type="checkbox"/> 2-3 months old	<input type="checkbox"/> 2-3 months old
<input type="checkbox"/> 4-5 months old	<input type="checkbox"/> 4-5 months old
<input type="checkbox"/> 6-7 months old	<input type="checkbox"/> 6-7 months old
<input type="checkbox"/> 9-10 months old	<input type="checkbox"/> 9-10 months old
<input type="checkbox"/> 12-13 months old	<input type="checkbox"/> 12-13 months old
<input type="checkbox"/> 15-16 months old	<input type="checkbox"/> 15-16 months old
<input type="checkbox"/> 18-19 months old	<input type="checkbox"/> 18-19 months old
<input type="checkbox"/> 2 - 2.5 years old	<input type="checkbox"/> 2 - 2.5 years old
<input type="checkbox"/> 3 - 3.5 years old	<input type="checkbox"/> 3 - 3.5 years old
<input type="checkbox"/> 4 - 4.5 years old	<input type="checkbox"/> 4 - 4.5 years old



Home Visit Form (Matrix Option)

FLOHVIS: Home Visit TouchPoint

(And edit Target Child Record TouchPoint for well-child visits)

Participant Name _____ Case ID _____ Month/Year _____

Complete this form at every completed home visit. This matrix layout may be used instead of the form layout. Use one row for each completed visit. All visits should be entered in FLOHVIS by the end of each month.

At every visit			At every postnatal visit				
Date of Visit*	Staff	1. Health Insurance	2. Parent concerns about child	3. ER Visits	→ 4. ER Visit Dates and Reasons	5. Well-child visits	→ Visit(s) Completed (see list below)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not ask	<input type="checkbox"/> Yes → <input type="checkbox"/> No	Visit 1 Date: _____ Reason: <input type="checkbox"/> Injury <input type="checkbox"/> Other Visit 2 Date: _____ Reason: <input type="checkbox"/> Injury <input type="checkbox"/> Other Visit 3 Date: _____ Reason: <input type="checkbox"/> Injury <input type="checkbox"/> Other	<input type="checkbox"/> Yes → <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not ask	<input type="checkbox"/> Yes → <input type="checkbox"/> No	Visit 1 Date: _____ Reason: <input type="checkbox"/> Injury <input type="checkbox"/> Other Visit 2 Date: _____ Reason: <input type="checkbox"/> Injury <input type="checkbox"/> Other Visit 3 Date: _____ Reason: <input type="checkbox"/> Injury <input type="checkbox"/> Other	<input type="checkbox"/> Yes → <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not ask	<input type="checkbox"/> Yes → <input type="checkbox"/> No	Visit 1 Date: _____ Reason: <input type="checkbox"/> Injury <input type="checkbox"/> Other Visit 2 Date: _____ Reason: <input type="checkbox"/> Injury <input type="checkbox"/> Other Visit 3 Date: _____ Reason: <input type="checkbox"/> Injury <input type="checkbox"/> Other	<input type="checkbox"/> Yes → <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not ask	<input type="checkbox"/> Yes → <input type="checkbox"/> No	Visit 1 Date: _____ Reason: <input type="checkbox"/> Injury <input type="checkbox"/> Other Visit 2 Date: _____ Reason: <input type="checkbox"/> Injury <input type="checkbox"/> Other Visit 3 Date: _____ Reason: <input type="checkbox"/> Injury <input type="checkbox"/> Other	<input type="checkbox"/> Yes → <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not ask	<input type="checkbox"/> Yes → <input type="checkbox"/> No	Visit 1 Date: _____ Reason: <input type="checkbox"/> Injury <input type="checkbox"/> Other Visit 2 Date: _____ Reason: <input type="checkbox"/> Injury <input type="checkbox"/> Other Visit 3 Date: _____ Reason: <input type="checkbox"/> Injury <input type="checkbox"/> Other	<input type="checkbox"/> Yes → <input type="checkbox"/> No	

Well-Child Visits (write in any new visits completed above)

Newborn	2-3 months old	9-10 months old	18-19 months old	4 - 4.5 years old
3-7 days old	4-5 months old	12-13 months old	2 - 2.5 years old	
2-4 weeks old	6-7 months old	15-16 months old	3 - 3.5 years old	



Guidance for Home Visit Form

This form is to be completed at every completed home visit. The visit must be face-to-face for it to count as a MIECHV home visit; telephone or other electronic encounters are not MIECHV home visits. This guidance follows the Home Visit Form layout. Home visitors may instead choose to use the matrix layout to record all the visits completed in a month.

Section/Item	Guidance
Date of Visit*	The date of the completed visit. *In FLOHVIS, this is “Date Taken” and is a required field.
At Every Visit	
Do you have health insurance coverage?	In order to determine the Participant’s health insurance coverage (or lack of) throughout the year, this must be asked/confirmed at each visit.
At Every Postnatal Visit (i.e. every visit once a MIECHV target child is enrolled)	
Do you have concerns about your child’s development, behavior, or learning?	It is recommended that home visitors ask parents about developmental, behavioral, or learning concerns at every visit, even for newborns. HRSA requires that we report the number of postnatal visits where this question was asked. If the home visitor did not ask the question during a visit, mark “Did not ask”.
Emergency Room Visit (Y/N)	Ask this question at every visit to be sure that no visits are missed. If the answer is “Yes”, then record the ER Visit Date(s) and Reason(s). If the answer is “No”, skip to well-child visits. If there is more than one MIECHV target child and one child went to the ER and one did not, record “Yes”. This question only applies to non-fatal ER visits. For the first home visit, it is acceptable to record No since any ER visit referenced would be prior to program enrollment.
→ ER Visit Date	<p>If the Participant answered “Yes” to taking a child to the ER, record the date and reason for the ER Visit. Be careful not to record a visit more than once. You may need to check the last Home Visit Form to confirm that the visit was not documented at the last visit. If there is more than one MIECHV target child and both went to the ER, record all the visit dates and reasons for the children separately. For example, if both children were in a car accident and were seen for their injuries at the ER on the same date, record two visits—one for each child. If the Participant is unsure of the exact date of the visit, record an estimated date.</p> <p>HRSA requires that we report the number of non-fatal ER visits due to injuries. Injuries refer to the following causes or mechanisms of injury: motor vehicle, suffocation, drowning, poisoning, fire/burns, falls, sports and recreation, and intentional injuries, such as child maltreatment.</p> <p>Note: If an ER Visit occurred, ER Visit Date and ER Visit Reason <u>must</u> be complete. If any one element is missing, ER Visit data is reported as missing.</p>
→ ER Visit Reason	
Well-child visits (Y/N)	It is very important that each well-child visit is recorded at the home visit immediately following the well-child visit. For this reason, this question is included at every visit. If the question is not answered at every visit, there could be missing data for the performance measure for this child. If the answer is Yes, then the completed visits are recorded in the following question and then in the Child Record TouchPoint in FLOHVIS. For the first home visit, assuming that this information will have already been captured in the Target Child Record on the same day, it is acceptable to record No as the question will be redundant.
→ Well-child visits completed	If the Participant indicates that a well-child visit was completed, check the box of the age/visit. The age ranges are inclusive, meaning that 6-7 months old includes a two-month period of time, from when the child turned 6 months old until the last day the child was 7 months old. Visit dates and ages do not need to line up exactly; home visitors can use their judgment to determine if a visit a few days earlier or later than the designated age range should be recorded in one age range or another if the age ranges meet.



Household Profile/Child Wellness Update

FLOHVIS: Household Profile TouchPoint and Child Wellness TouchPoint

Participant Name _____

Case ID _____

Date Completed* ____/____/____

Staff Name _____

Note: Review the Participant Record and check any of the following fields that need to be updated.

Update those fields in FLOHVIS by editing the Participant Record.

- | | | |
|---|--|---|
| <input type="checkbox"/> Address | <input type="checkbox"/> Child abuse/child welfare | <input type="checkbox"/> Low student achievement |
| <input type="checkbox"/> Zip code | <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Developmental delay/disability |
| <input type="checkbox"/> Marital Status | <input type="checkbox"/> Tobacco use in the home | <input type="checkbox"/> U.S. Armed Forces |

Timeframe*	
<input type="checkbox"/> Enrollment	<input type="checkbox"/> Update
Participant Information	
1. What kind of health insurance coverage do you have? <i>(check one)</i>	<input type="checkbox"/> Medicaid or Florida KidCare <input type="checkbox"/> Private insurance <input type="checkbox"/> Tri-Care <input type="checkbox"/> No insurance <input type="checkbox"/> Other insurance: _____
2. Do you have a high school diploma or GED?	<input type="checkbox"/> Yes → Answer #3 <input type="checkbox"/> No → (Skip to #4)
→ 3. If Yes, what is the highest level of education completed? <i>(check one)</i>	<input type="checkbox"/> HS diploma/GED <input type="checkbox"/> Some college/training <input type="checkbox"/> Technical training/certification <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree or higher
4. Are you currently enrolled in any type of school or training program?	<input type="checkbox"/> Yes → Mark here if middle/high school/GED prep → <input type="checkbox"/> Yes <input type="checkbox"/> No
5. What is your employment status?	<input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Not employed currently
6. Do you use tobacco?	<input type="checkbox"/> Yes → Answer #7 <input type="checkbox"/> No → (Skip to #8)
→ 7. If Yes, are you currently receiving tobacco cessation services?	<input type="checkbox"/> Yes → Service Provider: _____ <input type="checkbox"/> No → Offer referral and record a MIECHV Referral TouchPoint.
For Female Participants Only	<input type="checkbox"/> Yes (Skip to #10)
8. Are you currently pregnant?	<input type="checkbox"/> No → Answer #9
→ 9. If No, would you like to become pregnant in the next year?	<input type="checkbox"/> Yes (Discuss preconception health.) <input type="checkbox"/> No (Discuss birth control.)
Household Information <small>(This is required only once per reporting year. If these data were completed after the most recent Oct. 1, this section is optional. Skipping this section usually applies to Summer Update.)</small>	
10. During the past 12 months, what was your yearly total household income before taxes? <i>(see guidance for clarification)</i>	\$ _____
If income cannot be determined, indicate the primary reason: <input type="checkbox"/> Key family member(s) would not share <input type="checkbox"/> Participant is in foster care <input type="checkbox"/> Other: _____	
11. How many people depend on this income?	# _____



Household Profile/Child Wellness Update (p.2)

Household Information (cont.)	
12. Which of the following best describes the family's housing situation? (choose only one answer from one column)	
<p><u>Not Homeless</u></p> <input type="checkbox"/> Owns or shares own home <input type="checkbox"/> Rents or shares rented home <input type="checkbox"/> Lives in public housing <input type="checkbox"/> Lives with parent/family member <input type="checkbox"/> Some other arrangement	<p><u>Homeless</u></p> <input type="checkbox"/> Sharing housing <input type="checkbox"/> Lives in a shelter <input type="checkbox"/> Some other arrangement

Child Wellness Update

FLOHVIS: Child Wellness TouchPoint (from Target Child Record TouchPoint Dashboard)

Complete this form for each MIECHV target child at each required timeframe once the child is enrolled.

Target Child		
Child Name: _____ Date Completed*: ____/____/____		
Timeframe*:	<input type="checkbox"/> Enrollment	<input type="checkbox"/> Update
1. What kind of health insurance coverage does your child have? (check one)	<input type="checkbox"/> Medicaid or Florida KidCare <input type="checkbox"/> Private health insurance <input type="checkbox"/> Tri-Care	<input type="checkbox"/> No health insurance <input type="checkbox"/> Other: _____
2. What is your child's usual source of medical care? (check one)	<input type="checkbox"/> Doctor's/Nurse Practitioner's Office <input type="checkbox"/> Hospital Emergency Room <input type="checkbox"/> Hospital Outpatient Clinic <input type="checkbox"/> Federally Qualified Health Center	<input type="checkbox"/> Retail Store or Minute Clinic <input type="checkbox"/> No usual source of care <input type="checkbox"/> Other: _____
3. Does your child have a usual source of dental care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. In a typical week, how often do you or a family member read, tell stories, or sing songs to your child?	<input type="checkbox"/> Some days	<input type="checkbox"/> Every day



Guidance for Household Profile/Child Wellness Update

This form is to be completed for each family at Enrollment and twice per year throughout the family's time in the program. A lot of this information changes over time and HRSA requires that MIECHV collect this information at least once per year and for many items, at least twice per year.

Section/Item	Guidance
Date Completed*	The date that the data were collected. *In FLOHVIS, this is "Date Taken" and is a required field.
Note on updating Demographics in Participant Record	Instead of requiring that the listed fields be recorded anew each time this form is completed, this note is a prompt to the home visitor to review the Participant Record and update any fields that have changed. These fields may also be updated at any time the home visitor learns of a change.
Timeframe*	<p>Mark whether this is the Enrollment timeframe or one of the Updates:</p> <ol style="list-style-type: none"> 1) Enrollment: The first time the form is completed. This should be at the enrollment visit or no later than 30 days after enrollment. Even if the first completion is more than 30 days after enrollment, the Timeframe should be marked Enrollment. 2) Update: Check this if the form is being completed during the Winter Update (Nov-Jan), Summer Update (Jun-Aug), or at Dismissal/Closure (if possible). Following are additional guidance around required timeframes for completing this form: <ul style="list-style-type: none"> - <u>Winter Update:</u> All fields are to be completed again sometime between Nov. 1 and Jan. 31 each year. Due to the possibility that families may leave the program unexpectedly, it is recommended that the Winter Update be completed in November. If the Enrollment timeframe of this form was completed between Oct. 1 and Jan. 31 and all fields were complete including the Child Wellness Update fields, then the Winter Update for that year may be skipped. - <u>Summer Update:</u> This update is to be completed sometime between June 1 and Aug. 31 each year. If the Enrollment timeframe of this form was completed between June 1 and Aug. 31 and all fields were complete including the Child Wellness Update fields, then the Summer Update for that year can be skipped. - <u>Dismissal/Closure:</u> This timeframe is to be completed, if possible, when the family leaves the program. This will not be possible for families who disengage and don't have a known last home visit. This timeframe is most important for families who have not had a completed form since the most recent Oct. 1. <p>*This is a required field in FLOHVIS.</p>
Participant Information	
What kind of health insurance coverage do you have?	<p>Indicate what type of health insurance coverage, if any, the Participant has currently.</p> <ul style="list-style-type: none"> - If Participant is covered by more than one type of insurance, record the primary insurance. - If Participant has no insurance but receives health care services at a safety net health care provider such as a Federally Qualified Health Center, mark "no insurance coverage". - Before recording "Other insurance", be sure that it does not fit in one of the other categories. Obamacare and COBRA are programs that facilitate access to insurance, but are not insurance itself; the coverage obtained through these programs are usually private health insurance.
High school diploma or GED?	Indicate "Yes" or "No" at Enrollment. If the answer is Yes at Enrollment, the home visitor can continue to record Yes at each update without asking the question again. For Participants who answer "No" at Enrollment, it is important to provide support and resources to encourage completion of high school or GED.



Guidance for Household Profile (cont.)

<p>→ Highest level of education completed</p>	<p>If the answer to “High school diploma or GED” is “Yes”, complete this question. Select only one option—the highest level obtained. The answer options are arranged in order by level:</p> <ol style="list-style-type: none"> 1) HS diploma/GED – Diploma or GED was earned in the past. 2) Some college/training – Currently enrolled or attended in the past. 3) Technical training/certification – Received technical training or certification in the past. 4) Associate’s degree – Obtained an Associate’s degree in the past. 5) Bachelor’s degree or higher – Obtained a Bachelor’s degree in the past.
<p>Currently enrolled in school or a training program</p>	<p>A “Yes” answer indicates that the Participant is considered a full-time or part-time student by the institution he/she is attending.</p>
<p>→ Mark here if middle/high school/GED prep:</p>	<p>If the answer to “Currently enrolled in school” is “Yes”, mark this response if the Participant is enrolled in middle school, high school, or a GED prep class. If the Participant has already obtained a high school diploma or GED, this question does not apply.</p>
<p>Employment status</p>	<p>“Employed” refers to whether the Participant is currently working for pay. Employed full-time: an employee who works an average of at least 30 hours per week. Employed part-time: an employee who works an average of less than 30 hours per week. Not employed: a Participant who is not working for pay. May include students, homemakers, and those actively seeking work but currently not employed.</p>
<p>Do you use tobacco?</p>	<p>Does the Participant use any type of tobacco? Tobacco use includes combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and ENDS.</p>
<p>If Yes, are you currently receiving tobacco cessation services?</p>	<p>If the answer to “Do you use tobacco?” is “Yes”, the home visitor should determine if the Participant is currently receiving adequate cessation services. If the answer is “Yes”, record the name of that Service Provider. If the Participant is not currently receiving adequate cessation services, mark “No” and offer a referral to tobacco cessation services as soon as possible and always within 7 days. (Of course, a late referral is better than no referral.) Record a MIECHV Referral Form and TouchPoint for Tobacco Cessation Services.</p>
<p>Are you currently pregnant?</p>	<p>This question is only for female Participants. It can be skipped for male Participants or for female Participants beyond reproductive age.</p>
<p>→ Would you like to become pregnant in the next year?</p>	<p>If the answer to “currently pregnant” is “No”, ask this question. For more info about this question and follow-up resources, visit: https://powertodecide.org/one-key-question</p> <ul style="list-style-type: none"> - If “Yes”, discuss preconception health. www.cdc.gov/preconception/planning.html - If “No”, discuss birth control options and provide support for accessing it. www.reproductiveaccess.org/resource/birth-control-choices-fact-sheet



Guidance for Household Profile (cont.)

Household Information	
<p>Yearly total household income</p> <p>Unable to determine income</p>	<p>Refer to the "Guidance on Reporting Household Income" in the Appendix. To summarize:</p> <ul style="list-style-type: none"> - Include "money income" that supports the family enrolled in home visiting services—before taxes. Do not include noncash benefits (such as public housing, Medicaid, and food stamps). Examples of "money income" are wages/earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, rents, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources. <p>If the yearly total household income question must be left blank, complete this question to explain why income could not be determined. Do not complete this question if both income questions are complete.</p> <p>* Note that if the question on yearly total household income is left blank, this family will be reported as having missing data for income and poverty level, even if the "unable to determine income" question has been completed.</p>
<p>How many people depend on this income?</p>	<p>Refer to the "Guidance on Reporting Household Income" in the Appendix. To summarize:</p> <ul style="list-style-type: none"> - Include people in the household who are part of the family enrolled in home visiting services and who depend upon the income reported in Question 10. Non-relatives such as housemates should not be included. - The answer to this question must be at least 2 and no more than 14.
<p>Which best describes the family's housing situation?</p>	<p>For families who are homeless or might be homeless, the home visitor may need to ask multiple questions to determine the housing status. Because this can be a sensitive topic, home visitors are encouraged to understand the definitions presented below and then to have an unscripted conversation with the Participant. Mark only one box.</p> <p>Notes about Not Homeless Categories:</p> <p>Housing choice vouchers (also known as section 8) are separate from public housing. Participants using these vouchers should be categorized as "Not Homeless – Rents or shares rented home". Public housing is managed by local housing agencies that receive federal aid from HUD.</p> <p>Definitions of Homeless Categories¹: (according to McKinney-Vento Homeless Assistance Act)</p> <p><u>Homeless</u>: individuals who lack a fixed, regular, and adequate nighttime residence</p> <ul style="list-style-type: none"> - Fixed - stationary, permanent, and not subject to change - Regular - used on a predictable, routine, or consistent basis - Adequate - sufficient for meeting both the physical and psychological needs typically met in home environments <p><u>Homeless - sharing housing</u>: sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason</p> <p><u>Homeless - lives in a shelter</u>: living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement</p> <p><u>Homeless - some other arrangement</u>: living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.</p> <p>¹ https://www.acf.hhs.gov/sites/default/files/ecd/homelessness_definition.pdf</p>



Guidance for Child Wellness Update

This form is to be completed for each target child every time the Household Profile is completed. For families enrolled while pregnant with a target child, it is important to also complete this form at the first visit with the newborn. In FLOHVIS, record this as a Child Wellness Update TouchPoint from the Target Child Record TouchPoint Dashboard.

Target Child	
Date Completed*	The date that the data were collected. *In FLOHVIS, this is “Date Taken” and is a required field.
Timeframe*	<p>Mark whether this is the Enrollment timeframe or one of the Updates:</p> <ol style="list-style-type: none"> Enrollment: The first time the form is completed. This should be at the enrollment visit or no later than 30 days after enrollment. Update: Check this if the form is being completed during the Winter Update (Nov-Jan), Summer Update (Jun-Aug), or at Dismissal/Closure (if possible). Following are additional guidance around required timeframes for completing this form: <ul style="list-style-type: none"> <u>Winter Update:</u> Sometime between Nov. 1 and Jan. 31 each year. Due to the possibility that families will leave the program unexpectedly, it is recommended that the Winter Update is completed in November. If the Enrollment timeframe of this form was completed between Oct. 1 and Jan. 31 and all fields were complete, then the Winter Update for that year may be skipped. <u>Summer Update:</u> Sometime between June 1 and Aug. 31 each year. If the Enrollment timeframe of this form was completed between June 1 and Aug. 31 and all fields were complete, then the Summer Update for that year can be skipped. <u>Dismissal/Closure:</u> This timeframe is to be completed, if possible, when the family leaves the program. This will not be possible for families who disengage and don’t have a known last home visit. This timeframe is most important for children who have not had a completed form since the most recent Oct. 1. <p>*This is a required field in FLOHVIS.</p>
Child health insurance	<p>Indicate what type of health insurance coverage, if any, the child has at time of completion of the form. Choose one option.</p> <ul style="list-style-type: none"> - If the child is covered by more than one type of insurance, record the primary insurance. - If the child has no insurance but receives health care services at a safety net health care provider such as a Federally Qualified Health Center, mark “no insurance coverage”. - Before recording “Other insurance”, be sure that it does not fit in one of the other categories. Obamacare and COBRA are programs that facilitate access to insurance, but are not insurance itself; insurance obtained through these programs are usually private health insurance. If you select “Other insurance”, you must enter the name of the insurance in FLOHVIS.
What is your child’s usual source of medical care?	<p>While a child may receive medical care from different sources at different times, this question intends to identify the <u>usual</u> source of care, if there is one.</p> <p><u>Usual source of care:</u> the particular medical professional, doctor’s office, clinic, health center, or other place where a person would usually go if sick or in need of advice about his or her health.</p> <ul style="list-style-type: none"> - How should urgent care be recorded? Urgent care does not necessarily describe a particular setting of care. Try to determine which category most closely aligns with the setting where urgent care was received and record it. - If the child has a usual source of care but no category closely aligns, record “Other” and describe the setting in the space provided.



Guidance for Child Wellness Update (cont.)

<p>Does your child have a usual source of dental care?</p>	<p>A usual source of dental care, or dental home, means that a child’s oral health care is delivered in a comprehensive, continuously accessible, coordinated and family-centered way by a licensed dentist. It is recommended that a child has an established dental home no later than 12 months of age. www.aapd.org/advocacy/dentalhome</p>
<p>In a typical week, how often do you or a family member read, tell stories, or sing songs to your child?</p>	<p>Participants should be asked to reflect on a typical week and determine how often their child was 1) read to, 2) told stories to, and/or 3) sang songs. Any combination of these activities over the week can be put together. These early language and literacy activities can be conducted by a combination of family members (mother, father, grandmother, etc.)</p>



Infancy Questionnaire

FLOHVIS: Infancy Questionnaire TouchPoint (from Target Child Record TouchPoint Dashboard)

Participant Name _____

Case ID _____

Date Completed* ____/____/____

Staff Name _____

Child Name*: _____

Complete this form for each MIECHV target child when timeframe is reached. Skip timeframes prior to enrollment.

Timeframe*	
<input type="checkbox"/> Birth – 1 month old	<input type="checkbox"/> 2 – 3 months old <input type="checkbox"/> 6 – 7 months old <input type="checkbox"/> 10 – 11 months old
Questions for all timeframes	
1. Do you always place your baby to sleep on his or her back?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you always place your baby to sleep alone without bed sharing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you always place your baby to sleep without soft bedding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. In a typical week, how often do you or a family member read, tell stories, or sing songs to your child?	<input type="checkbox"/> Some days <input type="checkbox"/> Every day
Is the Participant the biological mother of the child?*	<input type="checkbox"/> Yes (Continue with additional questions) <input type="checkbox"/> No (Stop here)
<input type="checkbox"/> Birth – 1 month old (Additional questions)	
5. Have you been to <u>your</u> medical provider for a postpartum check-up since the birth of your baby?	<input type="checkbox"/> Yes → Answer #6 <input type="checkbox"/> No (Skip to #7)
→ 6. If Yes, date of postpartum visit	____/____/____
7. Has your baby ever had breast milk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(If mother could not initiate or continue breastfeeding due to medical conditions, mark Yes):	<input type="checkbox"/> Yes
<input type="checkbox"/> 2 – 3 months old (Additional questions)	
5. Have you been to <u>your</u> medical provider for a postpartum check-up since the birth of your baby?	<input type="checkbox"/> Yes → Answer #6 <input type="checkbox"/> No (Skip to #7)
→ 6. If Yes, date of postpartum visit	____/____/____
7. When your baby turned 2 months old, was he/she getting any breast milk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(If mother could not initiate or continue breastfeeding due to medical conditions, mark Yes):	<input type="checkbox"/> Yes
<input type="checkbox"/> 6 – 7 months old (Additional questions)	
7. When your baby turned 6 months old, was he/she getting any breast milk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(If mother could not initiate or continue breastfeeding due to medical conditions, mark Yes):	<input type="checkbox"/> Yes
<input type="checkbox"/> 10 – 11 months old (No additional Questions)	

Is this child's Social Security Number recorded in FLOHVIS? If not, now may be a great time to ask for it!

Record it here: _____ and then enter in FLOHVIS by editing the Target Child Record.



Guidance for Infancy Questionnaire

This form is to be completed for each MIECHV target child when the child reaches each timeframe. If the child is enrolled after a timeframe has passed, skip those timeframes and complete only the current and future timeframes.

Section/Item	Guidance
Date Completed*	The date that the data were collected. *In FLOHVIS, this is “Date Taken” and is a required field.
Timeframe*	Each timeframe is <u>two months</u> long, but home visitors are encouraged to complete the form at the beginning of the timeframe as much as possible. Do <u>not</u> complete the forms early. <u>Birth-1 month old</u> : After the child is born – the last day the child is 1 month old. (Ideally, the child will be at least 2 weeks old when the form is completed.) <u>2-3 months old</u> : From the day the child turns 2 mo. old – the last day the child is 3 mo. old <u>6-7 months old</u> : From the day the child turns 6 mo. old – the last day the child is 7 mo. old <u>10-11 months old</u> : From the day the child turns 10 mo. old – the last day the child is 11 mo. old. This is the only timeframe not requiring additional questions for biological mothers. *This is a required field in FLOHVIS.
Questions for all timeframes	
Safe sleep questions 1, 2, and 3	All three safe sleep questions should be asked at each timeframe. The American Academy of Pediatrics recommends that babies sleep on their backs, alone, and with no soft bedding throughout the first year of life. If a Participant answers “No” to any of the questions, the home visitor can use this as an opening to revisit safe sleep practices with the family. For resources on safe infant sleep, visit: www.ounce.org/safe_sleep.html <u>Note</u> : If the baby is still in the NICU when these questions are asked, you may record all three as “Yes”. The intent of the questions is to determine if the Participant is aware of and practicing these safe sleep practices. Be sure to educate the Participant and re-visit the topic when the baby goes home.
In a typical week, how often do you or a family member read, tell stories, or sing songs to your child?	Participants should be asked to reflect on a typical week and determine how often their child was 1) read to, 2) told stories to, and/or 3) sang songs. Any combination of these activities over the week can be put together. These early language and literacy activities can be conducted by a combination of family members (mother, father, grandmother, etc.)
Is the Participant the biological mother of the child?*	This question identifies those MIECHV Participants who should be asked additional questions related to postpartum health and breastfeeding. If the answer is “No”, then none of the additional questions apply to this Participant and child and the form is complete. If the answer is “Yes”, continue to the additional questions for the appropriate timeframe. *This is a required field in FLOHVIS.



Guidance for Infancy Questionnaire (cont.)

Additional questions for specific timeframes	
Postpartum check-up	<p><u>Postpartum check-up/visit</u>: visit between the woman and her medical provider to:</p> <ul style="list-style-type: none"> - assess the mother’s current physical health, including the status of pregnancy-related conditions like gestational diabetes - screen for postpartum depression - provide counseling on infant care and family planning - provide screening and referrals for the management of chronic conditions. <p>A provider may also conduct a breast exam and discuss breastfeeding.</p> <p>The American College of Obstetricians and Gynecologists recommends that mothers receive a postpartum care visit 4-6 weeks after delivery. HRSA is looking for the visit to occur no later than 8 weeks postpartum. When asked at the Birth-1 month timeframe, there is usually still time for the home visitor to emphasize the importance of the visit and to address barriers if the mother has not had a visit and/or does not have plans to complete it.</p> <p><u>A note about twins</u>: Because this form is completed for both children at the same time, this question on postpartum check-up may seem redundant. Please complete these fields the same way for both children.</p>
→ Date of postpartum visit	Record the date of the completed postpartum visit.
Has your baby ever had breast milk?	This may include breastfeeding or the feeding of breast milk by pumping.
Breastfeeding at 2 months old	This may include breastfeeding or the feeding of breast milk by pumping. If the home visitor knows for certain that the mother never fed her baby breastmilk or stopped well before the 2-month birthday, she may mark “No” without asking the question.
Breastfeeding at 6 months old	This may include breastfeeding or the feeding of breast milk by pumping. If the home visitor knows for certain that the mother never fed her baby breastmilk or stopped well before the 6-month birthday, she may mark “No” without asking the question.
No breastfeeding due to medical conditions	Mothers with certain medical conditions are not recommended to breastfeed. Mark “Yes” if the mother did not initiate or continue breastfeeding due to one of the medical conditions listed here: http://www.cdc.gov/breastfeeding/disease/ . Skip this question if it does not apply.
Child SSN Reminder	Most children will have received their Social Security Number by the time the home visitor completes the 2-3 months old timeframe. This is a good time to follow up and be sure the Child SSN is recorded in FLOHVIS. You may record it on this form for convenience and then enter it in FLOHVIS by editing the Target Child Record.



IPV Assessment Form

FLOHVIS: IPV TouchPoint

Participant Name _____

Case ID _____

Date Completed* ___/___/_____

Staff Name _____

Complete this form when a screen for Intimate Partner Violence (IPV) is completed and/or when a Participant discloses IPV outside of an IPV screen.

IPV Screening		
1. IPV Screening Date	___/___/_____	
2. Screening Tool Used	<input type="checkbox"/> Relationship Assessment Tool (PAT and HFA) <input type="checkbox"/> Clinical IPV Assessment/HITS (NFP)	
3. Total Score	# _____	<i>If the score indicates a positive screen, offer the Participant a referral to the certified DV Center and record it in FLOHVIS, even if the Participant declines the referral.</i>
IPV Disclosure		
4. Participant was not screened but disclosed current IPV.	<input type="checkbox"/> Yes	<i>If Participant discloses IPV, offer the Participant a referral as stated above.</i>
5. IPV Disclosure Date	___/___/_____	
Notes		



Guidance for IPV Assessment Form

This form is completed when a screen for Intimate Partner Violence (IPV) is completed and/or when a Participant discloses IPV outside of an IPV screen.

Section/Item	Guidance
Date Completed*	The date the form was completed. *In FLOHVIS, this is "Date Taken" and is a required field.
IPV Screening	
IPV Screening Date	The date the IPV screening was completed.
Screening Tool Used	Indicate which IPV screening tool was used. <ul style="list-style-type: none"> - Relationship Assessment Tool (RAT) is used by PAT and HFA programs. - Clinical IPV Assessment is used by NFP programs and includes the HITS screen.
Total Score	Record the total score from the screening tool. <ul style="list-style-type: none"> - If the RAT score is 20 or higher, the screen is positive and a referral to the certified domestic violence center should be made. - If the HITS score is 9 or higher, the screen is positive and a referral to the certified domestic violence center should be made. Referrals for positive screens should be offered as soon as possible and always within 7 calendar days after the screen. (Of course, a late referral is better than no referral.)
IPV Disclosure	
Participant was not screened but disclosed current IPV.	The purpose of this field is to document that a Participant disclosed to the home visitor that she/he is currently experiencing intimate partner violence. We know that some people may not complete the IPV screen accurately, but that over time they may feel more comfortable/safe revealing these experiences to the home visitor. By documenting this disclosure, the program can more easily track those Participants who need continued follow-up. Additionally, if a Participant discloses IPV prior to completion of the IPV screen, the home visitor may not find it appropriate to complete the screen. Having the disclosure documented, we are better able to explain why some Participants were not screened. Note that this field would not be completed if the IPV screening data above were complete.
IPV Disclosure Date	The date that the Participant made the disclosure.
Notes	
This is an optional field for use by the Home Visitor, as needed. If a Participant screens positive and is already receiving services from the certified DV Center, the home visitor may determine that making another referral is not helpful. In this case, document this information here to include the name of Service Provider, the type of services provided, and when services began.	

A Note on Referrals

A referral should always be offered as soon as possible and always within seven days if the screen is positive or a disclosure is made. If the Participant declines the referral immediately, the home visitor should still record the MIECHV Referral Form for IPV, including the referral offered. At least one referral should be made to the local, certified Domestic Violence (DV) Center. If the Participant is hesitant to follow through with the referral, the home visitor may encourage her to start by just calling the local hotline number to speak with someone. They are the experts on assessing the complex needs and wishes of the survivor, can provide in-depth safety planning, and are knowledgeable on appropriate community providers to address the needs.

For families experiencing IPV, referrals for anger management, couples counseling, and batterers' intervention programs should never be made by a home visitor. They could cause more harm than good. A referral for individual counseling should only be made if there are specific mental health needs (such as depression) and is not a substitute for services provided by certified DV Centers.



Edinburgh Postnatal Depression Scale (EPDS) Results Form

FLOHVIS: Edinburgh (EPDS) Results TouchPoint

Participant Name _____

Case ID _____

Date Completed* ___/___/_____

Staff Name _____

Complete this form to record the results of the EPDS required for MIECHV.

EPDS Results	
Timeframe*	<input type="checkbox"/> Prenatal (not required for MIECHV) <input type="checkbox"/> Postnatal
Answer to #10	<input type="checkbox"/> Yes, quite often <input type="checkbox"/> Sometimes <input type="checkbox"/> Hardly ever <input type="checkbox"/> Never
Total Score	# _____ <i>If results indicate a positive screen, offer a referral to appropriate mental health services and record it in FLOHVIS.</i>
Notes	



Guidance for Edinburgh Postnatal Depression Scale (EPDS) Results

This form is completed when the Edinburgh Postnatal Depression Scale (EPDS) is completed. Some program models require multiple administrations of depression screening tools. MIECHV measures completion of one administration and the timing coordinates with all program model requirements, i.e. if the model requirements are met, then the MIECHV requirement will be met. MIECHV requires that the screen be completed by 3 months postpartum for women enrolling during pregnancy and by 3 months post-enrollment for Participants enrolling postnatally.

Programs should also record follow-up administrations that occur after a positive screen.

Section/Item	Guidance
Date Completed*	The date the screening was completed. *In FLOHVIS, this is "Date Taken" and is a required field.
Timeframe*	Indicate if the screen was completed during the prenatal or postnatal period. This field is essential for creating reports to assist programs in tracking EPDS screening data. It is not required to record prenatal screening in FLOHVIS.
Answer to #10	Record the Participant's answer to #10, which is an assessment of suicidal ideation or self-harm. Any answer other than "Never" indicates a positive screen for depression and should be referred for services immediately. The immediate safety of the Participant should also be assessed and an appropriate response completed.
Total Score	Record the total score from the EPDS screening results. - If the score is 10 or higher, the screen is positive and a referral to mental health services should be made. If the score is 10 or higher or if the answer to #10 is anything but "Never", a referral should be offered as soon as possible and always within 7 calendar days of the screen. (Of course, a late referral is better than no referral.) If the Participant declines the referral immediately, the home visitor should still record the MIECHV Referral Form for Depression with the referral offered. The home visitor is to continue encouraging the Participant to pursue that referral or offer another one.
Notes	
<p>This is an optional field for use by the Home Visitor, as needed.</p> <p>If a Participant screens positive and is already receiving <i>recommended services</i> to address depression, the home visitor may determine that making another referral is not helpful. In this case, document this information here to include the name of Service Provider, the type of services provided, and when services began.</p> <p>See MIECHV Referral Form Guidance for more detail about <i>recommended services</i> for depression.</p>	



Parent-Child Interaction (PCI) Completion Form

FLOHVIS: PCI Completion TouchPoint (from Target Child Record TouchPoint Dashboard)

Participant Name _____

Case ID _____

Date Completed* ____/____/_____

Staff Name _____

Child Name* _____

Complete this form to record the completion of Parent-Child Interaction (PCI) Tool at the timeframes required.

Parent-Child Interaction Tool Results	
PCI Tool Used*	<input type="checkbox"/> CHEERS Check-In/CCI (HFA) <input type="checkbox"/> DANCE (NFP) <input type="checkbox"/> HOME (PAT)



Guidance for Parent-Child Interaction (PCI) Completion Form

This form is completed when the Parent-Child Interaction (PCI) Tool designated for the home visiting program model is completed at the required timeframes:

- CHEERS Check-In/CCI (HFA): 4-7 months old, 16-19 months, 28-31 months old, 40-43 months old, 52-55 months old.
- DANCE (NFP): 1-3 months old, 7-10 months old, 14-17 months old, 20-23 months old.
- HOME (PAT): 5-8 months old, 17-20 months old, 29-32 months old, 41-44 months old.

Section/Item	Guidance
Date Completed*	The date the screening was completed. *In FLOHVIS, this is “Date Taken” and is a required field.
PCI Tool Used*	Indicate which screening tool was completed. *This is a required field in FLOHVIS.

Notes on timeframes:

- HFA describes these same timeframes as 4-8 months, 16-20 months, etc. They are the same period of time: 4 months long. HFA and MIECHV just describe them differently.
- NFP timeframes are described as 1-3 months old, 8-10 months old, 15-17 months old, and 21-23 months old. Except for the first timeframe (1-3 months old), all of these timeframes open a month earlier than stated. For example, 15-17 months is a four-month timeframe that opens at 14 months old and closes the last day of 17 months old.
- To avoid confusion, use the MIECHV Data Planner for the appropriate program model.



ASQ-3 Results & Follow-Up

FLOHVIS: ASQ-3 Results TouchPoint (from Target Child Record TouchPoint Dashboard)

Participant Name _____

Case ID _____

Date Completed* ___/___/_____

Staff Name _____

Child Name* _____

Complete this form when an ASQ-3 Questionnaire required by MIECHV is administered (10-mo, 18-mo, and 30-mo).

ASQ-3 Administration and Results		
Questionnaire Used*	<input type="checkbox"/> 2 month <input type="checkbox"/> 4 month <input type="checkbox"/> 6 month <input type="checkbox"/> 8 month <input type="checkbox"/> 9 month <input checked="" type="checkbox"/> 10 month <input type="checkbox"/> 12 month	<input type="checkbox"/> 14 month <input type="checkbox"/> 16 month <input checked="" type="checkbox"/> 18 month <input type="checkbox"/> 20 month <input type="checkbox"/> 22 month <input type="checkbox"/> 24 month <input type="checkbox"/> 27 month
	<input checked="" type="checkbox"/> 30 month <input type="checkbox"/> 33 month <input type="checkbox"/> 36 month <input type="checkbox"/> 42 month <input type="checkbox"/> 48 month <input type="checkbox"/> 54 month <input type="checkbox"/> 60 month	
Was age adjusted for prematurity?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If child is less than 24 months old and was born premature (less than 37 weeks gestation), the timing of ASQ-3 administration should be adjusted according to ASQ guidelines.</i>
Communication Score: _____	<input type="checkbox"/> Score not recorded for this subscale because child is currently receiving services in this area	
Gross Motor Score: _____	<input type="checkbox"/> Score not recorded for this subscale because child is currently receiving services in this area	
Fine Motor: _____	<input type="checkbox"/> Score not recorded for this subscale because child is currently receiving services in this area	
Problem Solving: _____	<input type="checkbox"/> Score not recorded for this subscale because child is currently receiving services in this area	
Personal-Social: _____	<input type="checkbox"/> Score not recorded for this subscale because child is currently receiving services in this area	
Follow-Up		
Follow-up Action Taken* <i>(check all that apply)</i>	<input type="checkbox"/> Provide developmental support activities → <i>Describe activities below (required)</i> <input type="checkbox"/> Rescreen at next interval <i>(Record rescreen in FLOHVIS)</i> <input type="checkbox"/> Refer to Early Steps <i>(Record in MIECHV Referral)</i> <input type="checkbox"/> Refer to other community agency/provider <i>(Record in MIECHV Referral)</i> <input type="checkbox"/> No further action taken at this time	
→ Describe activities provided (Include date delivered, name/description of activity, and area of concern addressed.)		
Notes		



Guidance for ASQ-3 Results & Follow-Up

This form is completed when the home visitor administers one of the ASQ-3 Questionnaires required by MIECHV.

Section/Item	Guidance
Date Completed*	The date the ASQ-3 was completed. *In FLOHVIS, this is "Date Taken" and is a required field.
ASQ-3 Administration & Results	
Questionnaire Used*	<p>Indicate which questionnaire was used. MIECHV is only required to report on the 10-month, 18-month, and 30-month questionnaires so those are the only ones required in FLOHVIS. All questionnaires are included in the list and should be recorded in FLOHVIS for the following reasons, if applicable:</p> <ul style="list-style-type: none"> To track additional ASQ-3 screenings after a previous ASQ-3 score was below the cut-off or in the monitoring zone. <u>A rescreen after a low score should be recorded in FLOHVIS.</u> To track ASQ-3 completion and follow-up for CQI purposes. If the child was not screened during the required timeframe, home visitors should use the questionnaire for the next interval to screen the child.
Was age adjusted for prematurity?	If the child is less than 24 months old and was born premature (less than 37 weeks gestation), the ASQ-3 User's Guide provides guidance on how to adjust the age of the child so that the required Questionnaire is completed at the appropriate time. Be sure that you have entered the child's gestational age at birth in the Target Child Record and that you check this field "Was age adjusted for prematurity?" so that MIECHV can report timely screening accurately.
Subscale Scores Communication Gross Motor Fine Motor Problem Solving Personal-Social	<p>Record the score for each subscale.</p> <p>If the child has already been identified as having a delay in one or more areas and is currently receiving services to address the area(s) of concern, do not complete the screen for that area/subscale and mark the box "Score not recorded for this subscale because child is currently receiving services in this area". You should still complete the screen for other areas, unless the child's service provider provides documentation they have screened in those areas at the required interval or that it is clinically inappropriate to screen in other areas. If the child is receiving services for all five areas, complete the form and TouchPoint and mark all five of the "Score not recorded..." boxes.</p>
ASQ-3 Administration & Results	
Follow-up Action Taken* <i>(check all that apply)</i>	<p>This field is required in FLOHVIS. If the child scored in the white zone and there are no concerns about the child's development, mark "No further action taken at this time".</p> <p>If the child scored in the grey zone (monitoring), the home visitor should (at a minimum) provide in-home developmental support activities that specifically address the area(s) of concern and then rescreen the child at the next ASQ-3 interval. If the activities option is marked, you will be required to describe the activities provided in order to save the TouchPoint in FLOHVIS.</p> <p>If the child scored below the cut-off (black zone) on one or more subscales, complete a MIECHV Referral Form. A referral to Early Steps should always be offered to the parent as soon as possible and always <u>within 7 calendar days</u>. Referrals should always be recorded, even if the parent declines. Other referrals may also be made, e.g. another community agency or primary health care provider. The home visitor should also provide in-home developmental support activities, at least until the child receives an Early Steps evaluation, service from another community provider, or scores above the cutoff when re-screened. If the activities option is marked, you will be required to describe the activities provided in order to save the TouchPoint in FLOHVIS.</p>



Guidance for ASQ-3 Results & Follow-Up (cont.)

<p>→ Describe activities provided</p>	<p>Briefly document the developmental support activities provided, which may include:</p> <ul style="list-style-type: none"> • <u>Activities from model curriculum</u>: Program activities and resources from the home visiting model’s curriculum or recommended approaches. • <u>ASQ Learning Activities</u>: An activity set from Brookes Publishing for use with parents and children to support any of the five developmental areas of the ASQ-3. • <u>CDC materials and activities</u>: The Centers for Disease Control (CDC) provide a multitude of resources on child development: www.cdc.gov/ncbddd/childdevelopment. The “Learn the signs. Act early.” campaign focuses on children birth to age 5 and offers materials to help parents understand the importance of early intervention, age-specific milestones, and activities for supporting children’s development. www.cdc.gov/ncbddd/actearly • <u>Birth to 5 Watch Me Thrive</u>: This campaign encourages healthy child development, universal screening, and support for the families and providers who care for them. For tips and resources for families to help promote their child’s development: www.acf.hhs.gov/ecd/child-health-development/watch-me-thrive/families/tips-and-resources • Other activities specifically designed to impact development in the area(s) of concern. <p>According to HRSA, developmental support activities are defined as “a home visitor-delivered, specific developmental promotion to address the area of concern.” In order for these requirements to be clearly met, we ask that the name of the activity/activities be listed in FLOHVIS, as well as the date(s) delivered and area(s) of concern being addressed.</p> <p>It is not enough to tell the parent about an activity. The home visitor must lead or support the parent in completing the activity with the child.</p> <p>Here are some examples of sufficient documentation:</p> <ul style="list-style-type: none"> • 5/22 Sing a Song activity for communication • 6/29 Zip Top bag book (motor, language), 7/17 Drumming up Fun (motor, social emotional) • 2/18 Gross motor: Walking practice- Baby held on chair and pushed around room. Problem Solving: Scarf pull- put scarf into cardboard tub and baby pulled it out. <p>Here are some examples of insufficient documentation and the reason why it’s not sufficient:</p> <ul style="list-style-type: none"> • Will complete scarf pull at next visit (<i>activity not completed yet, no area identified</i>) • 11/8 ASQ Activities – Fine Motor (<i>specific name of activity or description not provided</i>) • 12/2 Advised mom to try Cheerios pincer grab for fine motor (<i>advising is not enough; home visitor must lead or support parent in the activity</i>) <p>Do not use this field to record other notes or information! See below.</p>
<p>Notes</p>	<p>This is an optional field for use by the Home Visitor, as needed.</p> <p>Do not use this field to record developmental activities! See above.</p>



MIECHV Referral Form

FLOHVIS: MIECHV Referral TouchPoint

Participant Name _____

Case ID _____

Date Completed* ____/____/_____

Staff Name _____

Complete this form when a referral for a MIECHV Need is indicated. Update the Service Status, Referral Status, and Notes by editing the TouchPoint.

MIECHV Need Identified	
MIECHV Need*: (choose one)	<input type="checkbox"/> Depression <input type="checkbox"/> Developmental Concerns <input type="checkbox"/> Intimate Partner Violence <input type="checkbox"/> Tobacco Cessation Services
Referral Information	
Date of Referral*:	____/____/_____
Service Provider*:	_____ <input type="checkbox"/> Mark here for Early Steps
Service Status*: (choose one)	<input type="checkbox"/> Service pending <input type="checkbox"/> Service received → Date service began*: ____/____/_____ <input type="checkbox"/> No service received → Reason*: <input type="checkbox"/> Service was not accessible <input type="checkbox"/> Declined referral/did not take action <input type="checkbox"/> Need was addressed in another way
Referral Status*:	<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
<u>Notes:</u>	



Guidance for MIECHV Referral Form

This form is completed when a referral for a MIECHV Need is indicated. MIECHV Needs are those that are identified through a required screening tool (ASQ-3, EPDS, IPV) or data collection question (tobacco). MIECHV Needs require a referral within seven days and Service Status is reported to HRSA for ASQ-3 and EPDS.

* **Note:** Only referrals that address a MIECHV Need are required to be entered in FLOHVIS. Other referrals can just be recorded and tracked in the model’s data system, per usual.

Section/Item	Guidance
MIECHV Need Identified	
Date Completed*	The date that the form was completed. *In FLOHVIS, this is “Date Taken” and is a required field.
MIECHV Need*	<p>1) Depression</p> <ul style="list-style-type: none"> • If the results of the EPDS indicate a positive screen for depressive symptoms (total score is 10 or greater or the answer to #10 is anything but “never”), then a referral is required. A referral should be offered as soon as possible and always <u>within 7 days</u> (immediately if the answer to #10 is anything but “never”). • Performance Measure #17 tracks the percentage of primary caregivers who receive <i>recommended services</i> after a positive EPDS. • <i>Recommended services</i> include specific techniques and intervention models that have, through rigorous evaluations, demonstrated positive outcomes for the client. Examples of these types of services/referrals are the following: <ul style="list-style-type: none"> - Community mental health centers & other programs offering Moving Beyond Depression. - Internal referral to self or other staff member trained in Mothers and Babies Course. - Licensed or licensed-eligible mental health provider (LMHC, LCSW, or LMFT) using cognitive behavioral therapy or another evidence-based treatment. - Medication therapy from a primary care provider, psychiatrist, or women’s health provider. • <u>Already receiving services?</u> If a Participant is already receiving recommended services to address depression at the time of the positive screen, the home visitor may determine that making another referral is not helpful. Document this in the Notes field of the EPDS Results TouchPoint.
	<p>2) Developmental Concerns</p> <ul style="list-style-type: none"> • If a target child scores below the cut-off score on a required ASQ-3 (10, 18, or 30 months), then a referral is required. • A referral to Early Steps should always be offered to the parent as soon as possible and always <u>within 7 days</u>. Other referrals may also be made, e.g. another community agency or primary health care provider. • Performance Measure #18 tracks the percentage of target children who receive at least one of the following <i>recommended services</i>: 1) a referral to an Early Steps provider that results in an evaluation or individualized service plan within 45 days of referral; 2) a referral to another community provider that results in some type of service receipt within 30 days of referral; or 3) if neither #1 or #2 will be met, it is imperative that the home visitor provide in-home developmental support activities to address the area(s) of concern and record them in the ASQ-3 Results and Follow-Up TouchPoint. • <u>Already receiving services?</u> If a child is receiving services for a developmental domain, then there is no need to record the subscale for that domain in the ASQ-3 and there is no need to record a referral. However, if a child scores below the cut-off score on a subscale domain that he or she is not receiving early intervention services for, then a referral should be made ASAP.



Guidance for MIECHV Needs and Referrals (cont.)

MIECHV Need* (cont.)	<p>3) Intimate Partner Violence</p> <ul style="list-style-type: none"> • If a Participant screens positive on an IPV screen or if a Participant discloses IPV to the home visitor outside of a screening, then a referral is required. • If the IPV screen is positive, a referral should be offered as soon as possible and always <u>within 7 days</u> of the screen (or disclosure). At least one referral should be made to the local, certified Domestic Violence (DV) Center. If the Participant is hesitant to follow through with the referral, the home visitor may encourage her to start by just calling the local hotline number to speak with someone. Hotline representatives are the experts on assessing the complex needs and wishes of the survivor, can provide in-depth safety planning, and are knowledgeable on appropriate community providers to address the needs. For families experiencing IPV, referrals for anger management, couples counseling and batterers' intervention programs should never be made by a home visitor; they could cause more harm than good. A referral for individual counseling should only be made if there are specific mental health needs (such as depression) and is not a substitute for services provided by certified DV Centers. • Performance Measure #19 tracks the percentage of Participants who received a referral following a positive screen for IPV. • <u>Already receiving services?</u> If a Participant is already receiving services from the certified DV Center at the time of the positive screen, the home visitor may determine that making another referral is not helpful. Document this in the Notes field of the IPV Assessment TouchPoint.
	<p>4) Tobacco Use</p> <ul style="list-style-type: none"> • If a Participant acknowledges current tobacco use on the Household Profile Form at enrollment and she/he is not currently receiving tobacco cessation services, then a referral should be offered <u>within 7 days</u>. Examples of the types of services/referrals that are recommended include: <ul style="list-style-type: none"> - Internal referral to self or other staff member trained in SCRIPT (Smoking Cessation & Reduction in Pregnancy Treatment). - Referral to Tobacco Free Florida's tobacco cessation services and resources. • Performance Measure #6 tracks the percentage of Participants who were tobacco users at enrollment and who received a referral for tobacco cessation services promptly. • <u>Already receiving services?</u> If a Participant is already receiving services to address tobacco use at the time Household Profile question 6 is asked, then another referral is not required. Home visitors must be sure to document this in question 7 of the Household Profile.
Referral Tracking	
Referral Definition	<i>A referral should be recorded any time the home visitor provides referral information. If the Participant declines to pursue the referral, the referral should still be entered to document that the home visitor offered the appropriate referral.</i>
Date of Referral*	The date the referral was offered to the Participant and/or information was sent to the agency receiving the referral. *This field is required in FLOHVIS.
Service Provider*	This is an open text field to record the name of the agency or individual (or self). *This field is required in FLOHVIS.
Mark here for Early Steps	If the MIECHV Need is Developmental Concerns and the referral is to Early Steps, mark this box. By knowing that the referral is to Early Steps, MIECHV can more easily determine if an evaluation was received within 45 days of the referral.



<p>Service Status*</p>	<p>Record the current status of the referral/receipt of services.</p> <ul style="list-style-type: none"> • Service pending Many new referrals will have this status until updated with one of the two options below. • Service received If any service is received, mark “Service received”, even if the services are still underway or only partially completed. Then complete the “Date service began” field. You may continue tracking the service all the way to completion, but the essential data entry for MIECHV reporting is now complete. • No service received If no service has been received and enough time has passed and effort been made for the home visitor to reasonably conclude that the service will not be received, mark “No service received”. Then complete the “Reason” field.
<p>→ Date service Began*</p>	<p>*This field is required if Service Status is “Service received”. Enter the date that the Participant first received a service. For a referral to Early Steps, this is the date of the evaluation.</p>
<p>→ Reason* (No service received)</p>	<p>*This field is required if the Service Status is “No service received”. Select the answer option(s) that best describe why the service was not received.</p> <ul style="list-style-type: none"> • Service was not accessible The Participant made an effort to receive the service but encountered barriers such as transportation, service was full, not eligible, no child care, etc. • Declined referral or did not take action The Participant declined to pursue the referral or ultimately did not make an effort to get the service (not due to barriers mentioned above). • Need was addressed in another way This indicates that this particular referral was not completed but another resource became available that adequately addressed the need. Document how the need was addressed in the Notes field below. <p>If no service was received and the need has not been addressed, the home visitor should continue encouraging the Participant to pursue a service. Record another referral in a new MIECHV Referrals TouchPoint.</p>
<p>Referral Status*</p>	<p>This field is used in FLOHVIS to prioritize MIECHV Referral TouchPoints that need to be monitored and updated. This makes reviewing FLOHVIS reports and FLOHVIS dashboards easier. Use the following guidance for determining Referral Status:</p> <ul style="list-style-type: none"> • OPEN Any referral with a Service Status of “Pending” is still OPEN. Home Visitors may choose to leave a referral open even after some service is received if they want to continue to monitor it. • CLOSED A referral with a Service Status of “Service Received” or “No Service Received” can be classified as CLOSED. This will make it clear which referrals still need follow-up and which ones do not.
<p>Notes</p>	<p>This is an open text field to record any notes, as needed.</p>



Dismissal Form

FLOHVIS: Dismiss Participant

Participant Name _____

Case ID _____

Child Name _____

Staff Name _____

Dismiss Participant	
Program End Date*	___/___/_____
Dismissal Reason*	<input type="checkbox"/> Completed program <input type="checkbox"/> Moved out of service area <input type="checkbox"/> Participant in school/work full-time <input type="checkbox"/> Regularly missed scheduled visits <input type="checkbox"/> No longer interested/dissatisfied with program <input type="checkbox"/> Unable to contact/locate <input type="checkbox"/> Refused new home visitor <input type="checkbox"/> Change in primary caregiver/custody <input type="checkbox"/> Fetal/child death <input type="checkbox"/> Other reason



Guidance for Dismissal Form

This form is completed when the Participant/family is dismissed from the program for any reason (also known as closed out of the program, discharged, no longer enrolled).

Section/Item	Guidance
Program End Date*	The date the Participant/family is dismissed/closed/discharged from the program, according to model guidance. *This field is required in FLOHVIS.
Dismissal Reason*	<p>MIECHV staff compared dismissal reasons from HFA, NFP, and PAT and identified common reasons across all three. Additional reasons common across two models were included, as well as any other reasons that were used often by any model. This list is the end result. Choose the reason that most closely aligns with the reason used in your model’s data system. If none are close to a match, choose “Other reason”.</p> <ul style="list-style-type: none"> • Completed program • Moved out of service area • Participant in school/work full-time • Regularly missed scheduled visits • No longer interested/dissatisfied with program • Unable to contact/locate • Refused new home visitor • Change in primary caregiver/custody • Fetal/child death • Other reason <p>*This field is required in FLOHVIS.</p>

APPENDIX

Assessment Tools

MIECHV Data Collection Planner (Excel Planner)

Guidance on Reporting Household Income

Frequently Asked Questions (FAQs)

Assessments and Screening Tools

Many of the assessments and screening tools required by MIECHV are proprietary and must be obtained directly from the tool developer or in some cases, through home visiting program model developers, including:

Developmental Screening

- Ages and Stages Questionnaire-3/ASQ-3 (Brookes Publishing)

Parent-Child Interaction (PCI) Observation Tools

- Dyadic Assessment of Naturalistic Caregiver-Child Experiences/DANCE (NFP)
- Home Observation Measurement of the Environment/HOME Inventory (L. Coulson: lrcoulson@ualr.edu)
- CHEERS Check-In/CCI (HFA)

Intimate Partner Violence (IPV) Screening

- Clinical IPV Assessment/HITS (NFP)

The following tools are non-proprietary and available in the public domain.

Depression Screening

- Edinburgh Postnatal Depression Scale/EPDS

Intimate Partner Violence (IPV) Screening

- Relationship Assessment Tool/RAT

Copies in English and Spanish can be downloaded from the [FLMIECHV GroupSite](#).

MIECHV Data Planner

Home visitors should use an Excel workbook called the MIECHV Data Planner to easily plan when data should be collected for each family. Each program model has its own version since enrollment and certain screening tool timeframes vary. Users simply select the correct spreadsheet, enter Participant Name, enrollment date, child name, and child date of birth. Formulas automatically calculate the exact data collection windows. These Excel files can be downloaded from the [FLMIECHV GroupSite](#).

Example Data Planner:

	A	B	C	D
1	Nurse-Family Partnership - Prenatal Enrollment			
3	Participant Name	Mama Fake		
4	Enrollment Date	01/01/17		
5	ENROLLMENT			<i>Completed</i>
6	Form/Assessment	Start	Deadline	
7	Participant Record	01/01/17	01/01/17	
8	Household Profile	01/01/17	02/01/17	
9	BY 6 MONTHS POST-ENROLLMENT			
10	Form/Assessment	Start	Deadline	
11	IPV Assessment	01/01/17	07/01/17	
12				
13	Child Name	Baby Fake		
14	Child DOB	05/01/17		
15	<i>If child was born preterm, enter # weeks gestation</i>		35	
16	ONCE CHILD IS BORN			
17	Form/Assessment	Start	Deadline	
18	Target Child Record	05/01/17	1st visit with child	
19	Delivery Information	05/01/17	ASAP	
20	Child Wellness Update	05/01/17	1st visit with child	
21	Infancy Questionnaire: 0-1 mo old	05/01/17	07/01/17	

Guidance on Reporting Household Income

This guidance was developed in 2015 through the work of the MIECHV Data Quality Group with the aim of helping home visitors to more easily obtain complete and consistent data on household income.

Question 1: During the past 12 months, what was your yearly total household income before taxes?

- Include “money income” that supports the family enrolled in home visiting services—before taxes.
- Do not include noncash benefits (such as public housing, Medicaid, and food stamps).
- If the family cannot estimate yearly total, ask about the last month and multiply by 12.

Examples of “money income”:

Wages/earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, rents, educational assistance, alimony, child support, assistance from outside the household, and other miscellaneous sources.

Question 2: How many people depend on this income?

- Include people in the household who are part of the family enrolled in home visiting services and who depend upon the income reported in Question 1.
- Non-relatives such as housemates should not be included.
- The answer to this question must be at least 2 and no more than 14.

Family enrolled in home visiting services:

Includes primary caregiver, spouse or partner, target child and any other dependents.

If income cannot be determined

- In rare circumstances, it may not be possible to determine household income. If Question 1 is left blank, complete this question to explain why income could not be determined:

If income cannot be determined, indicate the primary reason:

<input type="checkbox"/>	Key family member(s) would not share
<input type="checkbox"/>	Participant is in foster care
<input type="checkbox"/>	Other: _____

- Do not complete this question if both income questions are complete.
- If either Question 1 or Question 2 are left blank, this family will be reported as having missing data for income and poverty level, even if the “income cannot be determined” question has been completed.

Frequently Asked Questions/Concerns on Income Data

Q: Do we count a pregnant woman as one or two people?

A: A pregnant woman should be counted as two people.

Q: How do we count families who are homeless and staying with friends/family?

A: Only include the people who are considered part of the family enrolled in home visiting services. Include any money those people receive to support themselves, including cash from friends or family. Do not count housing costs or food expenses provided by others.

Q: What if the Participant and child live in a home with the Participant’s parents or other family members?

A: We are looking at economic self-sufficiency for the family enrolled in home visiting services. If the Participant’s parents provide housing and food, this is similar to the non-cash benefits provided by housing assistance and food stamps. Therefore, only include money income that the Participant receives and only include the Participant and child (plus partner and other children, if applicable) in the count of people dependent on the income.

Q: What if the family claims to have \$0 income?

A: This would be accurate in few scenarios, e.g. a minor Participant who is financially dependent upon her parent(s). However, any money income such as a cash allowance provided to the Participant could be counted.

Q: Participants don't disclose income because they don't think it's relevant.

A: Devise some helpful language for explaining why this information is needed and how it will be used. Key points would be that the funder of the program wants to know the economic situation of the families served. Emphasize that a goal of the program is to improve the family's economic situation during the time they are enrolled. We will ask about income each year to see how things have changed over time. Reiterate that the information will not affect their participation in the program. If families are completing the information themselves on a paper form and do not complete these questions, then the home visitor will need to review them in conversation.

Q: It's very challenging to get income information on the first visit because the family does not feel comfortable with the home visitor yet.

A: Our funding requires that these questions are completed on every family enrolled. If you are providing weekly visits in the beginning, you could consider delaying these questions until the second or third visit after the family is more comfortable with the home visitor. The risk to this approach is that if the family disengages from the program before these questions are complete, then these data will be missing.

Q: Income changes from month to month. It's not reflective of the entire year to only ask about income from the previous month.

A: If the family cannot estimate an annual amount, you may ask about the previous month and multiply by 12 as a way to make it easier for the family to respond. While using the previous month times 12 may not accurately reflect the entire year's income, it is a common way to estimate annual income and is an acceptable way to complete these questions if an annual estimate cannot be given.

Tips from the Field for Income Collection

- ❖ Ask the income questions in the same manner you would ask any other demographic question. If you show discomfort or apologize for asking, you may unintentionally introduce doubt or mistrust into the exchange.
- ❖ Help the Participant to calculate weekly or monthly income and then multiply by the appropriate amount to estimate annual income.
- ❖ When contacting the Participant to schedule the intake visit, tell them it would be helpful if they would gather some personal information in preparation for the visit. The enrollment paperwork includes basic information about the family, such as recent income.

Frequently Asked Questions

Q: If the Participant gets pregnant again after enrollment, can we enroll the new baby as a MIECHV target child?

A: No, target children are determined at the time of enrollment. If the Participant is pregnant at enrollment, then the new baby born from that pregnancy is a target child. But if she becomes pregnant later, then that baby may be served according to the program model guidelines, but she/he is not enrolled as a MIECHV target child. However, information about this new baby's delivery should be recorded as a Delivery Information TouchPoint.

Q: In my Parents as Teachers program, we serve all children in the home under 3 years old and any new babies born. Are you saying that all of those children are not enrolled as MIECHV Target Children?

A: Yes, that is correct. Only the pregnancy at enrollment and/or children who are under the maximum enrollment age at enrollment (12 months of age if you serve children up to age 3) are MIECHV Target Children. You may still serve those other children as PAT allows. For more information, refer to the [Florida MIECHV Policies for funded Parents as Teachers \(PAT\) sites](#).

Q: The mother is currently the Participant but she started working again and doesn't have much time for home visits. Can I make the father the Participant since he is able to attend more of the visits?

A: Refer to your home visiting model guidelines for how to handle this with your model data collection. However, for MIECHV data collection, it is not recommended to change the Participant if it can be avoided. It can be done in cases where the Participant passes away, goes to prison for an extended period of time, or loses custody of the child if the new primary caregiver wishes to continue with the program.

Q: I missed a deadline on a data collection form. Should I skip it or complete it late?

A: If the family or child was enrolled at any time during the data collection window, the form should be completed, even if it's late. Some data can be included in reporting if collected late.

Q: Can we incorporate the MIECHV data collection forms into our model data forms to streamline the process?

A: You can design a revision to the forms, but MIECHV staff need to review it and sign off to be sure that the data will be collected as intended. HRSA is very specific about how and when and how often data are to be collected and we have to maintain the integrity of the data collection plan approved by HRSA. We encourage teams to design their local process as efficiently as possible, so we will work with you on this. Please be aware that data collection trainings, materials, and discussions will refer to the MIECHV version of forms.

Q: On the Participant Record, many of the Priority Population Characteristics cover very personal and sensitive information. It may not be possible or appropriate to complete these on the enrollment visit.

A: Agreed. It is important to complete the top two sections (Participant Enrollment Information and Participant Demographics) on the first visit and enter into FLOHVIS so that the core Participant Record can be created. It is acceptable to complete the Priority Population Characteristics within 30 days of enrollment, as long as they are completed prior to September 30. These can also be updated at any time when new information is revealed.

Q: My NFP program received a transfer from another NFP site. How will MIECHV know that we enrolled her later than 28 weeks gestation for a good reason?

A: FLOHVIS for NFP sites will include a field in the Participant Record for sites to designate if a Participant transferred from another site.

Q: If my PAT program enrolls a family with a pregnant mother and a 10-month old, the 10-month old will age out of the program before the soon-to-be-newborn ages out. How do we dismiss the older child but continue serving the younger one?

A: FLOHVIS includes a field in the Target Child Record to designate if the child was dismissed prior to the family being dismissed. This field will only be used in this circumstance described, if the child is no longer in the Participant's custody, or in a scenario where one child dies (see next question). See guidance on page 10 for more information.

Q: What if a family has twin target children and one of the twins dies? How do we document that when we will continue serving the rest of the family?

A: See answer above.

Q: We enrolled an NFP Client who transferred from another NFP site after she had already given birth to the target child. By the time we enrolled her in our site, her baby was already born. How do we answer the Pregnancy Status at Enrollment question on the Participant Record?

A: As of December 2017, we are asking NFP sites to record the Pregnancy Status of the Participant at the time she enrolls in YOUR site. So in the case described here, you would record "Not Pregnant". There is now a separate tab in the NFP Data Planner for Postnatal Transfers to help NFP home visitors with this relatively rare, but sometimes confusing situation.

Q: On the Home Visit Form, there are two questions that start: "Since our last visit..." How do we answer these on the first home visit if the target child is already born and it's the first visit with target child also?

A: You may answer "No" for both of these questions.

Q: In the IPV Assessment that our site uses, the Participant is asked to think about her most recent relationship. What if her most recent relationship was three years ago? Or what if she is a teenager who only had a onetime sexual encounter with no relationship?

A: The term relationship is used very loosely here. The Participant can answer the questions based on an older relationship if that is the most recent, or based on a sexual partner. Even if the violence was in the distant past or happened with someone who was only a sexual partner, she could still be at risk and could benefit from the discussion.

Q: On the Child Wellness Update and on the Infancy Questionnaire, there is a question asking if the child is read to, told stories, or sang songs every day in a typical week. What if the mother does not read to her child at all? There is no option for Never—only some days and every day.

A: This question has a lot going on! It's asking if anyone in the family (Mom, Dad, Grandma, etc.) is doing any of these activities during a typical week. It could be Mom singing songs a couple days and Dad telling stories once every few days. That would be some days. If you put all the family members together and all the different activities together, is anyone doing any activity at all? If so, that would be some days. If the child is getting at least one of those activities from someone each day, it is every day.