

Washington State MIECHV Performance Measures (Benchmarks 2.0) Frequently Asked Questions (FAQs) for NFP

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Washington State Department of Health



MIECHV Frequently Asked Questions (NFP)

TOPICS INCLUDED IN FAQ:

- ✓ Screenings
- ✓ Referrals
- ✓ Demographics
- ✓ CPS Consents
- ✓ Funding Code, Program Exit
- ✓ Appendix A: Benchmark Transition Period
- ✓ Appendix B: Instructions, Script, and Form for Obtaining CPS Consents

Screenings

IPV SCREENING TOOL:

Q: As an NFP program, am I required to use both the NFP required tool and the Relationship Assessment Tool (RAT) for IPV screening?

A: Based on conversations with the NFP NSO, the RAT/WEB has been approved for all clients in Washington State and should be used for all of your clients to assess IPV for both MIECHV and NFP requirements

Q: What score on the RAT constitutes a positive screen?

A: A higher score indicates a higher likelihood of IPV, scores **greater than 20** are considered positive for IPV.

Consideration: *IPV is a very nuanced and complex, please note that the data collection requirements should never outweigh safety of the family.*

DEVELOPMENTAL SCREENING (ASQ-3):

Q: For NFP programs, what time points are required for the ASQ-3 screens?

A: For MIECHV clients, screenings are required at **10** and **18** and optional at **24** months. Given that a child may age out of the program within the window of the 24 month screening, this time point is optional for NFP.

MATERNAL DEPRESSION SCREENING (PHQ-9):

Q: What score on the PHQ-9 tool constitutes a positive screen?

A: A total score of 10+, OR score greater than zero to the question: "Thoughts that you would be better off dead or of hurting yourself in some way"

Referrals

Q: I have a client that has graduated from the program, but was recently referred for services. Given that they are no longer in the program, I may not know if the referral was completed within the time window, how does this affect my data collection?

A: Be sure to record that the referral was provided. If the referral was not completed by the client prior to graduation, then this referral will be recorded as provided but not completed.

Q: Which referrals are required to be completed versus provided (meaning, home visitor provides a client with a referral but is not required to follow-up on whether the client has followed through on the referral)?

Tobacco Cessation – a referral need only be provided

IPV – a referral need only be provided (this includes leaving a ‘safety card’ with the client, does not need to include referral to a shelter or other formal provider)

Child Development – for positive screens warranting a referral, a referral needs to be provided and then completed by the client. Please also record individualized developmental support from a home visitor as a referral.

Maternal Depression – for positive screens warranting a referral, a referral needs to be provided and then completed by the client

Q: What if my client declines a referral? Does it still count as provided?

A: If a referral is provided to a client, but the client does not follow through on the referral or declines to receive the referral it is still counted as provided. Please record that the referral was given, but not completed.

Demographics

Q: How often do I need to update demographic information for each client?

A: MIECHV requires demographic data to be collected at enrollment and at least annually thereafter, while the client is enrolled. Insurance and Education status must be collected for primary guardians every 6 months (regardless of if there is a change). All other demographic data (employment, marital status, housing, income, etc.) must be collected every 12 months. Use the Demographics Update form.

Q: My client is homeless, how do I record this under demographics?

A: First, it is most important to distinguish if clients are homeless or not homeless. For subcategories – choose a category that best fits their situation even if the category doesn’t fully capture the experience of your clients. For clients currently in an institution (hospital, shelter, treatment center, etc.) – considered homeless if they do not have another home to return to upon leaving the institution.

Q: Does income include all sources of income?

A: According to NFP guidelines income includes all sources of income for the primary guardian and the child.

CPS Consents

Q: I am concerned about asking my client for CPS consent, how do I approach this question?

A: We have provided a script in the MIECHV Benchmark manual that may be a useful tool. Other NFP programs have established protocols to help the home visitor with this. If needed, the state can help transfer that information to other programs.

**Script and additional information regarding CPS consents included in the appendix*

Q: What should I do if my client declines to give consent?

A: If a client declines to give consent, please record this as a “declined” consent, otherwise it will appear as missing data.

Q: Which children need a CPS consent?

A: CPS consents are required for all index children regardless of age and should be collected within six months of enrollment. Previously CPS consents were only needed for children less than 12 months of age.

Funding Code, Program Exit

Q: I have a client that was enrolled as non-MIECHV, but is now being rolled over to an open MIECHV slot. How does this affect data collection?

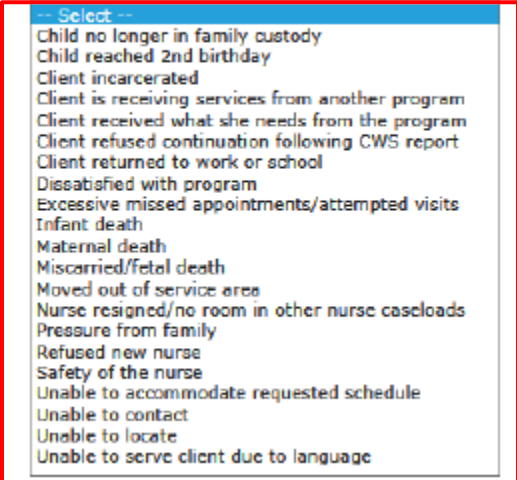
A: For MIECHV clients, all benchmarks need to be completed each report year. Please ensure that necessary assessments, such as the HOME inventory, are completed within the report year. *(The HOME inventory is the only assessment not already integrated into NFP practice)*

Q: If my client exits the program, do I need to provide a reason for their exit?

A: When a client exits the program, you need to provide an exit reason.

7 Make a selection from the Dismissal Reason drop-down menu.

Dismissal Reason:



The screenshot shows a drop-down menu for "Dismissal Reason" with the following options:

- Select --
- Child no longer in family custody
- Child reached 2nd birthday
- Client incarcerated
- Client is receiving services from another program
- Client received what she needs from the program
- Client refused continuation following CWS report
- Client returned to work or school
- Disatisfied with program
- Excessive missed appointments/attempted visits
- Infant death
- Maternal death
- Miscarried/fetal death
- Moved out of service area
- Nurse resigned/no room in other nurse caseloads
- Pressure from family
- Refused new nurse
- Safety of the nurse
- Unable to accommodate requested schedule
- Unable to contact
- Unable to locate
- Unable to serve client due to language

Appendix A: MIECHV Benchmark Transition Period between FY16 and FY17

We recognize there may be questions about how to collect data for clients who enrolled prior to the beginning of the new benchmarks (Oct. 1, 2016). There may be instances where a client enrolled before Oct. 1st 2016 will still be eligible for the construct in the FY17 MIECHV report year (which follows the federal fiscal year of Oct. 1 – Sept. 30th). We've provided guidance on eligibility for each construct. * In some cases, data may need to be back entered.

1. **Prenatal – Q:** Which women need data on prenatal care?

A: Data is only needed for women who were still pregnant at the beginning of this reporting year (Oct. 1st 2016).

2. **Breastfeeding – Q:** For which clients do I need to collect data on breastfeeding?

A: Data needed for any infant who was enrolled prenatally who reached 6 months of age on Oct. 1st 2016.

3. **Depression Screening – Q:** Which clients need to have a depression screening?

A: Any primary guardian who enrolled after June 30th 2016 (less than 3 months from the start of the reporting year, Oct. 1st 2016) and remained enrolled for at least 90 days need to have a depression screen recorded.

4. **Well-Child Visits – Q:** Which visits need to be recorded?

A: Only well-child visits that occurred within the MIECHV reporting year (after Oct. 1st 2016) AND aligned with the AAP scheduled timeline.

5. **Postpartum Care – Q:** For which women do I need to record postnatal visit?

A: All women who gave birth after July 1st 2016 (which would place them within 6 months of the FY17 reporting period) need to have a postnatal visit recorded. For these women, visits that occurred before Oct. 1st 2016 will still count, but the visit must be recorded to count as complete.*

6. **Tobacco Cessation Referral – Q:** Which clients need a tobacco cessation referral recorded?

A: Any primary guardian who enrolled after June 30th 2016 (less than 3 months from Oct. 1st 2016) and remained enrolled for 90 days, needs to have documentation of a tobacco cessation referral (if reported to use tobacco in enrollment tobacco survey).

7. **Safe Sleep – Q:** Which infants need to receive a safe sleep survey?

A: All infants who were less than 12 months of age on Oct. 1st 2016 need to have a safe sleep survey.

8. **Child Injury – Q:** Do I need to record ER visits that occurred before Oct. 1st 2016?

A: No, only ER visits that occurred during the reporting year (Oct 1st 2016 and after).

Q: Do urgent care visits count as an ER visit?

A: No, only ER visits will count toward this construct.

9. **Child Maltreatment – Q:** For which clients do I need to collect CPS consents?

A: CPS consents should be requested for all children enrolled during the reporting year.

10. **Parent-Child Interaction – Q:** Who needs a HOME assessment?

A: All clients need at least one HOME assessment per year.

11. **Early Language and Literacy Activities – Q:** When do I collect data for language and literacy activities?

A: Data collection must have begun on Oct. 1st 2016 for all index children.

12. **Developmental Screening – Q:** What do I do if the new reporting year falls in the middle of a screening window?

A: Need to follow the age-appropriate screening guidelines; if the time window for an ASQ-3 screening included Oct. 1st 2016 then the child was eligible for that ASQ screening in this reporting year (will be included in the denominator).

13. **Behavioral Concerns – Q:** When do I need to start collect data on behavioral concerns?

A: Data collection must have begun on Oct. 1st 2016 for all clients.

14. **IPV Screening – Q:** Who is eligible for an IPV screening?

A: Same practice, IPV screens should be completed within 6 months of enrollment. If a client enrolled after May 1st 2016, they will be considered as eligible for an IPV screen in the FY17 reporting year. For these clients, if the screen occurred before Oct. 1st 2016 it still counts.

15. **Primary Caregiver Education – Q:** For updating education, does it matter when a client enrolled?

A: Follow the time points for updating education on all clients (regardless of when enrolled).

16. **Continuity of Insurance Coverage – Q:** For updating insurance, does it matter when a client enrolled?

A: Follow the time points for updating insurance status on all clients (regardless of when enrolled)

17. **Completed Depression Screenings – Q:** What if a client was screened for depression prior to the start of the reporting year?

A: Need completed depression referral for all clients active in the reporting year who screened positive for depression (screening may have taken place before the reporting year).

18. **Completed Development Screenings – Q:** What if a developmental screening took place prior to the start of the reporting year?

A: Need completed developmental referral for all clients (children) active in the reporting year who screened positive for developmental delays (screening may have taken place before the reporting year)

19. **IPV Referrals – Q:** What if a client was screened for IPV prior to the start of the reporting year started?

A: All active clients with a positive screen for IPV needed to have received a referral, even if the screen took place before the reporting year.

Appendix B: Instructions, Script, and Form for Obtaining CPS Consents

INSTRUCTIONS:

This draft script is for use by MIECHV Home Visiting Staff when requesting parental authorization to share CPS information. The script portion is in italics.

We offer this script to help protect your client relationships, client confidentiality, and to support your clients' participation.

1. Prioritize your relationship with your families; assess for safety before making the request for parental authorization to share CPS information.
 - a. Suggested timeline for requesting the authorization: six months after enrollment
2. In a home visit approximately six months after enrollment, explain that all families are being asked if they are willing to volunteer identifiable information to permit a search of CPS records.
 - a. DO NOT persuade, pressure, or coerce
 - b. Ask client for permission to continue

SCRIPT:

“As you may know, these home visiting services are being provided as part of a federal and state effort to improve services for families like yours. We are asking all of our families if they would be willing to volunteer personal information to allow a search of CPS records to see if your child (NAME OF YOUNGEST CHILD) has any contact with CPS while you are in (NAME OF PROGRAM). Your agreement is completely voluntary and you can refuse without any consequences and still receive home visiting services. We are asking all families we serve in home visiting if they are willing to volunteer and I am not asking you because of any concern I have about your family. Do I have your permission to continue explaining?”

IF NO: STOP. Thank the caregiver for listening. DO NOT make any other effort to involve the caregiver.

IF THE CAREGIVER HAS QUESTIONS:

- You are not expected to defend this request. Calmly explain the reasons below for why you have been asked to make this request.
 - If a caregiver has specific questions you can't answer, contact your supervisor who will contact the DOH team to help answer the question or you can directly contact Roxie Zarate at DOH at roxie.zarate@doh.wa.gov or 360-236-3567. Provide answers to questions you haven't been able to answer in subsequent visit.
3. If the family agrees to keep discussing the request, explain why their information is being requested, why it is important, and how it may help others.
 - a. Federal data requirements about the impact of home visiting on child maltreatment
 - b. Family participation could help Washington State meet its reporting responsibilities
 - c. Building the case in Washington State for sustained home visiting services
 - o *“While we do not see direct benefit to you if you share this information, this information may help support the program for others.”*
 - d. *“As part of the state and federal data requirements, we are asking for your help to evaluate and show the benefit of these home visiting services you're receiving from us. Specifically, we would like you to consider*

completing a voluntary authorization to share CPS information. The purpose of the authorization is to help show if home visiting services help reduce CPS referrals and involvement.”

4. Clearly and consistently explain that the authorization is voluntary
 - a. Support free choice and voluntary consent—they can refuse at any time with no risk. If they refuse, their personal information will not be shared.
 - b. Explain that their information will be kept confidential and they can withdraw participation at any time
 - c. *“The request is completely voluntary. We will keep your personal information confidential and your information will not be used for any reason other than this check of CPS records. Your agreement will only apply during the time you’re enrolled in the MIECHV Home Visiting program. When you leave the program, we will destroy your personal information. You also have the right to not participate or withdraw your participation at any time. Would you be willing to look at the authorization with me?”*

5. If the family agrees, read the authorization, address questions, and ask if they are willing to participate
 - a. The information requested of the family is to help DSHS do a search of their electronic records for CPS contacts. The only purpose for the family’s personal information is for this search. The family’s personal information will not be kept by DSHS after the family leaves the home visiting program. There will be no permanent record of their personal information provided by this authorization.
 - b. *“Thanks for being willing to look at the form together. Let’s look at and read through the authorization together, so you can think about it and ask me any questions you have.”*
 - c. After all questions are addressed ask, *“Are you willing to complete the authorization and provide us this permission?”*

6. If the client agrees, help the parent complete the authorization form, ensuring the parent signs the authorization.
 - a. Please print information and otherwise make sure the information is easy to read. This will help avoid DOH coming back to staff with questions about how to read what is on the authorization form.
 - b. Thank the family for helping to contribute to state-wide lessons.
 - c. *“We appreciate your willingness to participate. Thank you.”*

7. Back at the office, please handle the return of completed forms as confidential information.
 - a. For families that declined participation please write ‘declined’ on the form and the client’s name.
 - b. Provide signed and declined authorizations to your supervisor as you receive them.
 - c. Secure all signed and declined authorizations in envelopes with your name and the date of the authorization. DO NOT put any identifying information about the family on the envelope.

Instructions for Supervisors:

- Please submit all authorizations to DOH on a quarterly basis, starting June 2015.
 - Confidential authorizations can be sent to DOH using Secure File Transfer (SFT). If you do not already have a SFT, please contact Roxie Zarate at roxie.zarate@doh.wa.gov to request set-up.

For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).