Kansas MIECHV

Frequently Asked Questions

September 1, 2016

Disclaimer:

This document contains information that is specific to MIECHV data collection and reporting. It is separate from the requirements of individual home visiting programs and is not intended to replace or override the data collection practices of programs. For instance, a screening may only need to be done once for MIECHV purposes; however, additional screenings can and should occur as part of the program model or simply as necessary.

Overview:

This compilation of frequently asked questions is designed to provide Kansas MIECHV home visiting agencies with answers to common questions in the MIECHV data lifecycle, including data collection and reporting. For additional information, please refer to the latest version of the DAISEY Solutions website for Kansas MIECHV, kshv.daiseysolutions.org.

Further inquiries should be directed to the DAISEY Helpdesk for Kansas MIECHV, daisey.kshv@ku.edu.

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Acknowledgements

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General Data Collection FAQ

- [Q]: Which instruments have (repeat) data collection times?
  - [A]: For a complete list of all benchmark measures that involve multiple points of data collection, please refer to the Benchmark Time Table document, located at http://kshv.daiseysolutions.org/find-answers/ in the "Benchmark Measures" section.

- [Q]: Do I need to keep track of events (e.g. prenatal care visits, ER visits, primary care visits, etc.) that occurred before a client enrolled?
  - [A]: No; this is not necessary. Only dates for events occurring after program enrollment will be counted for MIECHV purposes. If you provide dates for any events that occurred prior to enrollment, they will not be counted for MIECHV reporting purposes.

- [Q]: What is the difference between a "systems outcome" and "performance indicator"?
  - [A]: Of the 19 benchmark measures, 13 are shown to be sensitive to change as the result of home visiting alone. These measures are referred to as "performance indicators" and will be monitored for performance improvement. The other 6 measures are less sensitive to change as the result of home visiting alone and will not be monitored for performance improvement. These are deemed "systems outcomes".
    The 6 systems outcomes are listed below:
    - Preterm Birth
    - Breastfeeding
    - Child Injury
    - Child Maltreatment
    - Primary Caregiver Education
    - Continuity of Insurance Coverage

- [Q]: When are clients eligible to be counted for a given measure?
  - [A]: For reporting purposes, data collection dates apply to the quarter in which the deadline for a given measure falls. For example, measure 3 indicates that mothers must be screened for depression within 90 days of enrollment (if enrolled postnatally). A mother who enrolled on February 1st would reach her "90 days enrollment" on May 2nd, which falls in quarter 3. Therefore, the mother would be counted for this measure during quarter 3 of the year.

- [Q]: How is "improvement" defined for the revised MIECHV benchmarks?
  - [A]: We have not yet received specific guidance from HRSA regarding expectations for improvement; however, we know that improvement will be based on the performance indicators, not systems outcomes. We will notify all home visiting organizations on improvement requirements as HRSA makes them available.

- [Q]: What is an index child?
  - [A]: Effective October 1st 2016, an index child is any child who is eligible, enrolled, and receiving MIECHV-funded services in accordance with the home visiting program model. There may be more than one index child per household for whom data should be collected and submitted, including subsequent pregnancies."

- [Q]: What data is needed on children other than the index child?
  - [A]: No individual-level information is needed on kids in a household except the index children.

- [Q]: What is the difference between ***providing*** and ***completing*** a referral?
  - [A]: Several benchmark measures involve providing or completing a referral. The key distinction is the role of the home visitor and client for each; that is, ***referral provision*** depends on the home visitor's actions (e.g., the home visitor providing contact information for a local mental health center), whereas ***referral completion*** depends on the client's actions (e.g., the client making contact with the recommended service entity).

- [Q]: Can a referral be made to an internal source?
  - [A]: Yes; as long as your agency possesses the capacity to address the needs of a given referral. Examples of this may be minor developmental delays for which supplemental support from a home visitor or other specialist on staff is an appropriate course of action, or if the agency has other program services which fits the family's needs.

- [Q]: Which children are expected to have a usual source of dental care?
  - [A]: This question applies to all children, regardless of age or (lack of) teeth. This question does not look at whether a child has regular visits; it looks at whether a family has, if/when necessary, a source of dental care for the child.

- [Q]: Where can I find additional information?
  - [A]: Additional information for Kansas MIECHV can be found in the Find Answers section of the DAISEY Solutions website (http://kshv.daiseysolutions.org/find-answers/).
  - [A]: Additional information for MIECHV can be found on HRSA's website (http://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-technical-assistance/performance-reporting-and-evaluation-resources).

Benchmarks FAQ

[Measure 1] – Preterm Birth

- [Q]: How is "preterm birth" defined?
  - [A]: Preterm birth is defined as fewer than 37 weeks gestation based on mother's self-report.

[Measure 2] – Breastfeeding

- [Q]: What counts as "breastfeeding" for this measure?
  - [A]: For the purposes of this measure, children may be counted as a "Yes" if they receive any amount of breastmilk at age 6 months. This does not need to be exclusive breastfeeding, can be supplemented with formula, and does not require direct contact (i.e., pumping is okay).
- [Q]: What constitutes a medical reason for not breastfeeding?
  - [A]: A medical reason is one based on a doctor's recommendation.
    - Medical reasons to stop breastfeeding include medication, contagious diseases, etc.
    - Non-medical reasons to stop breastfeeding include disinterest, inconvenience, etc.

[Measure 3] – Depression Screening

- [Q]: Should we screen all primary caregivers, or only mothers?
  - [A]: All primary caregivers should receive a screening. This includes all female and all male caregivers even if they are receiving mental health services when enrolled in home visiting.

[Measure 4] – Well Child Visit

- [Q]: What counts as a well-child visit?
  - [A]: Any visit to a doctor that aligns with AAP recommendations, https://www.aap.org/en-us/Documents/periodicity_schedule.pdf. This includes the first couple of visits that occur immediately after a child is born.

[Measure 5] – Postpartum Care

- [Q]: What type of visit counts for this measure?
  - [A]: The visit must be specifically a postpartum visit.

[Measure 6] – Tobacco Cessation Referrals

- [Q]: Does this measure include anyone in the household?
  - [A]: No; this only pertains to the primary caregiver.

[Measure 7] – Safe Sleep

- [Q]: What counts as safe sleep?
    - [A]: All 3 of the following conditions must be met:
        - Child always placed to sleep on back.
        - No bed-sharing.
        - No soft bedding.

[Measure 8] – Child Injury Emergency Department (ED) Visits

- [Q]: What types of ED visits count for this measure?
    - [A]: Only injury-related ED visits should be counted for this measure. For example, an ED visit due to a broken bone should be counted, but an ED visit due to flu should not be counted.

[Measure 9] – Child Maltreatment

- [Q]: What do we need to collect for this measure?
    - [A]: Nothing; we receive this information once or twice annually from the Department for Children and Families via a secure data transfer.

[Measure 10] – Parent-Child Interaction

- [Q]: How many times and when should we administer this assessment?
    - [A]: The timing of this assessment depends on the instrument that your program has chosen. Additional assessments should occur and be reported annually.

[Measure 11] – Early Language and Literacy Activities

- [Q]: If a family has a bad week and misses a day of activities, do they no longer meet the requirements of this measure?
    - [A]: Not necessarily; although the measure specifies that learning activities must occur every day, it notes that this expectation is for a "typical week." Therefore, if missing a day is not typical for the family, it would not count against them.

[Measure 12] – Developmental Screening

- [Q]: How much time do we have to screen children at each age interval (9mo, 18mo, & 24mo)?
    - [A]: For MIECHV reporting purposes, the ASQ-3 (BINS-TIES) should be administered according to the tool instructions regarding age ranges (for example, within one month of the target age).

[Measure 13] – Behavioral Concerns

- [Q]: How often do we need to ask about concerns?
    - [A]: This must be asked at every home visit (excluding prenatal visits).

[Measure 14] – Intimate Partner Violence Screening

- [Q]: If my home visiting client screened positive for domestic violence but no longer has contact with her abuser, do I still have to refer for a positive screen?
    - [A]: Yes; due to the nature of domestic violence, any positive screen should be counted as such, regardless of it being in the past, the abuser being gone, etc.

[Measure 15] – Primary Caregiver Education

- [Q]: What happens if a client enrolls without a high school degree or equivalent, but is already enrolled in a program to obtain it?
    - [A]: The client would already meet the measure's requirements.

[Measure 16] – Continuity of Insurance Coverage

- [Q]: Do we need to continue asking about this after a client reaches 6 months of continuous coverage?
    - [A]: Yes; this should be continually monitored (quarterly) for all clients.

[Measure 17] – Completed Depression Referrals

- [Q]: What constitutes a completed referral for depressive symptoms?
    - [A]: To complete a referral for depressive symptoms, the client must make contact with recommended service(s).

[Measure 18] – Completed Developmental Referrals

- [Q]: What constitutes a completed referral for developmental delays?
    - [A]: To complete a referral for developmental delays, the client must engage in the recommended service(s). These services may include:
        - Individualized developmental support from a home visitor.
        - Early intervention services.
        - Other community services.

[Measure 19] – Intimate Partner Violence Referrals

- [Q]: What constitutes a referral?
    - [A]: To count as a referral, the home visitor must provide the client with one or more appropriate resources (e.g., hotline number, shelter info).

Cutoff Scores for MIECHV Screening Instruments:

To assist home visitors in determining when a screening indicates a need, we have provided cutoff scores for each instrument. Home visitors should refer to the score on the instrument and then make a referral or other connection to services if the score indicates a need.

Measure 3 – Screening for Depressive Symptoms

1. Edinburgh Postnatal Depression Scale (EPDS)
    - EPDS: Score is greater than or equal to 10, or any time item #10 (suicidal ideation) is marked yes.

Measure 12 – Screening for Child Developmental Delays

2. Ages & Stages Questionnaire (ASQ)
    - ASQ-3: (refer to ASQ-3 User's Guide)
3. *Bayley Infant Neurodevelopment Screen (BINS)
    - BINS*: Score is Moderate or High.

Measure 14 – Screening for Intimate Partner Violence

4. Abuse Assessment Screen (AAS)
    - AAS: Score is greater than or equal to 1.

Other – Screening for Substance Abuse

5. UNCOPE ("UNCOPE" is a pneumonic; not an acronym)
    - UNCOPE: Score is greater than or equal to 2.
6. *Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)
    - ASSIST 3.0: Alcohol score is greater than or equal to 11 *OR* any other drug score is greater than or equal to 4.

TIES-specific measure.

Benchmarks & Measures:

The MIECHV benchmarks are 6 overarching areas, determined by HRSA, intended to assess the impact of home visiting on client outcomes in these 6 domains (e.g., maternal and newborn health).
Each benchmark contains one or more measures. The measures are 19 specific ways of assessing whether programs are improving outcomes related to each benchmark. For example, measures 1-6 are ways to assess whether services improve maternal and newborn health.

Here is a complete list of the official benchmarks and measures, effective October 1st, 2016:

Benchmark 1 – Maternal and Newborn Health

1. Preterm Birth
2. Breastfeeding
3. Depression Screening (EPDS)
4. Well-Child Visit
5. Postpartum Care
6. Tobacco Cessation Referrals

Benchmark 2 – Child Injuries, Maltreatment, and Reduction of ED Visits

7. Safe Sleep
8. Child Injury
9. Child Maltreatment

Benchmark 3 – School Readiness and Achievement

10. Parent-Child Interaction (HOME/KIPS/PICCOLO) (CHEEERS pending for HFA in 2017)
11. Early Language and Literacy Activities
12. Developmental Screening (ASQ/BINS)
13. Behavior Concerns

Benchmark 4 – Domestic Violence

14. Intimate Partner Violence Screening (AAS)

Benchmark 5 – Family Economic Self-Sufficiency

15. Primary Caregiver Education
16. Continuity of Health Insurance Coverage

Benchmark 6 – Coordination and Referrals

17. Completed Depression Referrals
18. Completed Developmental Referrals
19. Intimate Partner Violence Referrals

Index of Acronyms:

AAS: Abuse Assessment Screen

ASSIST: Alcohol, Smoking, and Substance Involvement Screening Test

ASQ: Ages & Stages Questionnaire

ATOD: Alcohol, Tobacco, and other Drugs

BINS: Bayley Infant Neurodevelopmental Screener

BM: Benchmark

DCF: Department for Children and Families

DV: Domestic Violence

ED: Emergency Department

EPDS: Edinburgh Postnatal Depression Screen

ER: Emergency Room

HOME: Home Observation for Measurement of the Environment

HRSA: Health Resources and Services Administration

HSD: High School Diploma

IPV: Intimate Partner Violence

KIPS: Keys to Interactive Parenting Scale

MIECHV: Maternal, Infant, and Early Childhood Home Visiting

PICCOLO: Parenting Interactions with Children: Checklist of Observations Linked to Outcomes

SA: Substance Abuse

*UNCOPE: The substance abuse screener used for MIECHV. The letters that comprise "UNCOPE" correspond to key terms in each of the 6 questions.
*See: https://www.ncsacw.samhsa.gov/files/TrainingPackage/MOD2/ExampleScreenQuestionsUNCOPE.pdf