



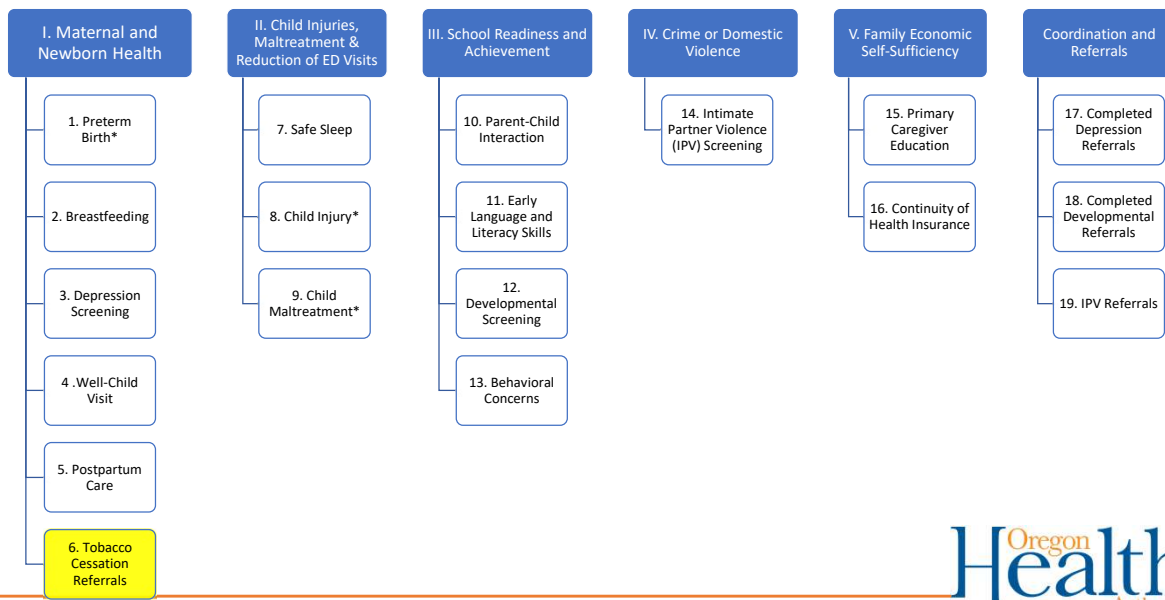
## MIECHV data collection

- Required for all MIECHV grantees
- Demonstrates the work of MIECHV at a national level
- Supports quality improvement efforts
- Demonstrate measurable improvement over time



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## 19 Performance Measures across 6 Benchmarks



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<b>Performance Measure #6: Tobacco Cessation Referrals</b>	Measure Definition	FY 2019
	Percent of primary caregivers who <u>reported using tobacco or cigarettes at enrollment</u> and who were <u>referred</u> to tobacco cessation counseling services <u>within three months of enrollment</u> .	8.2% (5/61)

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## What Counts as Tobacco Use?

- Based on self-report, if the mother **currently** uses tobacco products or has been identified as using tobacco through a substance abuse screening administered during intake.
- Tobacco includes combustibles (cigarettes, cigars, pipes, hookahs, and bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and Electronic Nicotine Delivery Systems (ENDS).



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## Tobacco Use Data Collection for EHS/HFA programs: M1: Enrollment-Parent form

### **M1-THEO** **MIECHV ENROLLMENT** *Index Parent*

10. Does Index Parent **currently** use tobacco products? (Tobacco includes combustibles [cigarettes, cigars, pipes, hookahs, and bidis], non-combustibles [chew, dip, snuff, snus, and dissolvables], and ENDS)

☐ Yes → Go to Question 10a. ☐ No → Go to Question 11. ☐ Unknown → Go to Question 11.

10a. If yes, is parent currently receiving tobacco cessation services?

☐ Yes

☐ No

☐ Unknown


To meet Tobacco Cessation Referral Measure: Record Date Referred to Tobacco Cessation Services within 3 months of Enrollment on M2B-MIECHV Referrals Tracking & Follow-up form.



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## Tobacco Use Data Collection for NFP programs: MIECHV Demographics Pregnancy Intake Form

**MIECHV Demographics: Pregnancy-Intake**

 Nurse-Family Partnership  
*Helping First-Time Parents Succeed*

M7. Do you currently use tobacco products? (Tobacco includes combustibles [cigarettes, cigars, pipes, hookahs, and bidis], non-combustibles [chew, dip snuff, snus, and dissolvables], and ENDS)

☒ Yes


If Yes, are you currently receiving tobacco cessation services?

☐ Yes

☒ No → To meet Tobacco Cessation Referral Measure: Record Date Referred to Tobacco Cessation Services within 3 months of Enrollment on M2B-MIECHV Referrals Tracking & Follow-up form.

☐ No

Provide Tobacco Referral and Complete M2B

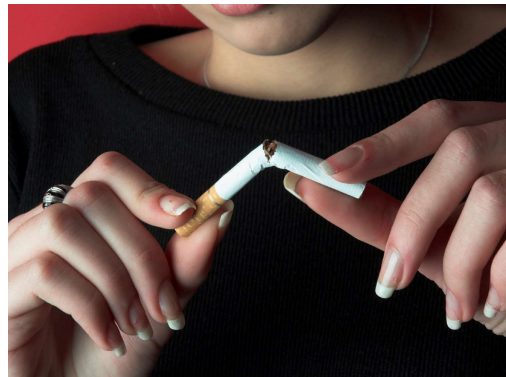
 Oregon Health Authority

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### What counts as a tobacco cessation referral?

Recommended referrals include those made for tobacco cessation counseling or services:

- tobacco quit line
- primary care provider
- other tobacco cessation programs



**Note:** Clients who are *currently* receiving tobacco cessation services do not need a referral

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**M2B**  
**MIECHV REFERRALS TRACKING & FOLLOW-UP – INDEX PARENT**  
Please complete this form with Referral and/or Service Dates as updates occur and enter in THEO (EHS/HFA) or send to State (NFP)

To meet **Tobacco Cessation** Referral Measure: Client must receive a Referral for Tobacco Cessation Counseling or Services within 3 months of Enrollment in MIECHV. Only ONE Referral is required for MIECHV, the service does not have to be started or received.

Recommended referrals include those made for tobacco cessation counseling or services. These referrals may include:

- tobacco quit line,
- primary care provider,
- other tobacco cessation programs.

TYPE	REFERRAL Date Referred to Service	FOLLOW-UP Date Service Started/Received
Tobacco Cessation	_ / _ / 20_	N/A

To meet **Depression** Referral Measure: Client must receive a Referral AND at least one Service. Only ONE Referral and ONE Receipt of Service is required for MIECHV.

Recommended referral services include:

- Internal referral to self or other staff member trained in Mothers and Babies intervention
- Internal referral to self or other staff member trained in Mental Health intervention (for NFP programs)
- 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

TYPE	REFERRAL Date Referred to Service	FOLLOW-UP Date Service Started/Received
Depression	_ / _ / 20_	_ / _ / 20_

## THEO Survey Entry (for EHS/HFA)

CLIENT SURVEY
CLIENT
SELECT SURVEY
CLIENT SURVEY
INFORMATION

TEST SURVEYS, EHS mom

M2B - MIECHV Referrals Tracking & Follow-Up - Index Parent\_20201001

MIECHV Referrals

1. Tobacco Cessation Referral - Date Referred to Service:

2a. Depression Referral - Date Referred to Service:

2b. Depression Follow-Up - Date Service Started/Received:

Save & Continue →
Cancel

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Be sure to record the status of your client's tobacco use on the M1: Enrollment-Parent form (EHA/HFA) or MIECHV Demographics Pregnancy Intake (NFP)

Complete or update a M2B form with a Referral date and enter in THEO or submit to OHA

Provide a referral within 3 months of client enrollment in MIECHV

The service does not have to be started or received to meet measure, just provided

Only one referral is needed to count towards the measure

Tips for ensuring tobacco cessation referrals count

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**Contact the Quit Line**

- 1-800-QUIT-NOW   
1-800-784-8669   
[quitnow.net/oregon](http://quitnow.net/oregon)
- Spanish Quit Line  
1-855-DEJELO-YA  
1-855-335356-92  
[quitnow.net/oregonsp](http://quitnow.net/oregonsp)
- TTY: 1-877-777-6534 

## Tobacco Cessation Resources

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**Tobacco Prevention:**  
<https://www.oregon.gov/oha/PH/PreventionWellness/TOBACCOPREVENTION/Pages/index.aspx>


**Oregon Tobacco Quit Line:**  
<https://www.oregon.gov/oha/ph/preventionwellness/tobaccoprevention/gethelpquitting/pages/oregonquitline.aspx>

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## Thank You!

For more information about Oregon MIECHV Program's data collection, please contact:

**Tina Kent**, MIECHV Data Manager: [TINA.M.KENT@dhs.oh.state.or.us](mailto:TINA.M.KENT@dhs.oh.state.or.us)  
**Drewallyn Riley**, CQI Coordinator: [Drewallyn.b.riley@dhs.oh.state.or.us](mailto:Drewallyn.b.riley@dhs.oh.state.or.us)  
 For THEO Application Support: [theo.support@state.or.us](mailto:theo.support@state.or.us)



Public Health Division  
Maternal & Child Health

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