Welcome to the Maternal Infant Early Childhood Home Visiting (MIECHV) Orientation 2020

Oregon Health Authority

MATERNAL AND CHILD HEALTH
Public Health Division

Agenda

- 10:00 Welcome & Introductions
- 10:10 MIECHV Overview & Available Supports
- 10:25 Data Reporting, Collection & Forms
- 11:10 CQI Overview
- 11:25 Closing

Session Overview

Objectives

1. Learn about Oregon MIECHV implementation and grant expectations
2. Discover resources available to promote your success in: orienting yourself or other new staff, data collection, Continuous Quality Improvement (CQI) and professional development
3. Learn the basics of data collection
4. Introduce statewide Continuous Quality Improvement (CQI) efforts

Introductory Icebreaker:

- Tell us your
  - Name
  - Role
  - Agency
  - What do you hope to learn on this webinar?

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Oregon MIECHV Staff

Jordan Kennedy
Community Systems Manager

Zach Owens
Fiscal Analyst

Benjamin Hazelton
Home Visiting Manager

Ramila Bhandari
Administrative Specialist

Tina Kent
Data Manager

Kerry Cassidy-Norton
Workforce Development Coordinator

Drewallyn Riley
CQI Coordinator

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Grant Administration

The Project Director:

- Plans the activities of the grant
- Coordinates implementation of grant activities
- Monitors activities and the work of contractors
- Reports on the outcomes

Additionally:

- Represents local and state programs
- Supports activities to align the local and state home visiting network

Authorization and Administration

- Authorized by the Social Security Act
- Administered by:
  - Health Resources & Services Administration (HRSA) (States)
  - Administration for Children & Families (ACF) (Tribal grantees)
- Bipartisan Budget Act 2018

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Two Fundamental Grant Objectives

- Expanding Evidence-Based Home Visiting Services
  - ✓ Early Head Start (EHS)
  - ✓ Healthy Families America (HFA)
  - ✓ Nurse-Family Partnership (NFP)

- Developing the Infrastructure to Support Sustainability
  - ✓ Coordinated Service Entry and Integration within a Comprehensive Early Childhood System
  - ✓ Continuous Quality Improvement
  - ✓ Workforce Development

MIECHV Implementation in Oregon

- 21 organizations providing home visiting services across 28 programs in 13 communities
- Oregon MIECHV enrollment capacity is 916 families
  - EHS: 185
  - HFA: 256
  - NFP: 475

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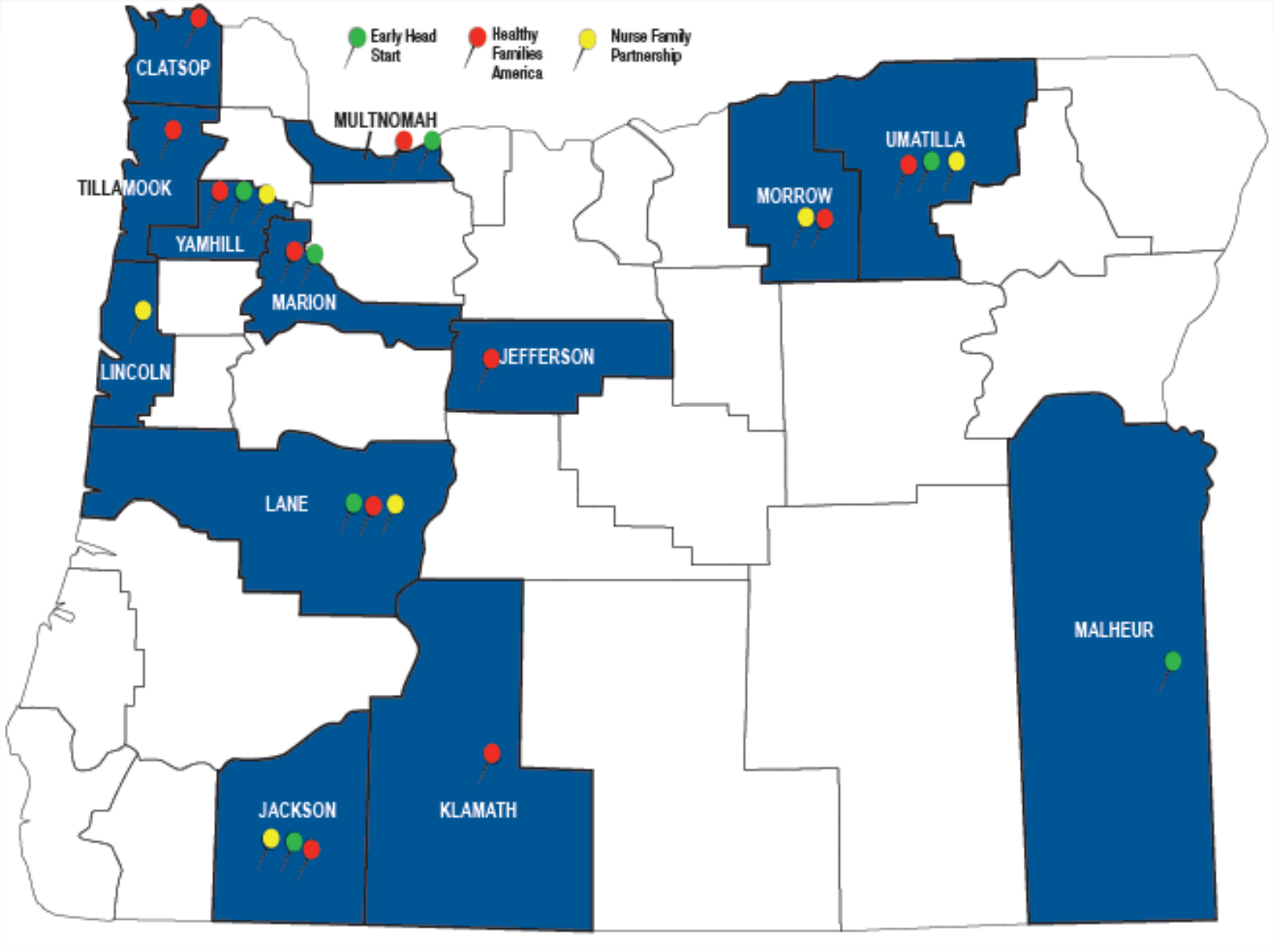

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Workforce Development

Oregon's Home Visiting workforce, serving families prenatally through age five, is prepared to promote and support optimal development of infants, young children and their families. Oregon families will receive culturally and linguistically responsive and relationship-focused home visiting services, provided by a workforce that demonstrates a common set of core competencies.

Vision

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MIECHV Professional Development Assistance

Workforce Development Coordinator Provides:

- Coordination of:
  - regional in-person trainings
  - On-line learning opportunities
  - Scholarship opportunities

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- Professional development resources

1. **Cultural and Linguistic Responsiveness:**
Commit to understanding individuals and families within their cultural context and providing appropriate supports.

2. **Dynamics of Family Relationships and Engagement:**
Understand the complexity and diversity of family relationship, dynamics, and systems while working in partnership with families for the best interest of children.

3. **Family Health and Well-Being:**
Establish and maintain environments and supports that promote children's health, safety, nutrition, physical activity and adaptations for special needs, in partnership with families.

4. **Family Self Sufficiency:**
Actively engage family members in identifying and working towards self-sufficiency, as defined and desired by the family.

5. **Human Growth and Development:**
Apply the principles of development across the lifespan, including child growth and development; value each family member's unique biology, interests, needs and potential while nurturing relationships, starting with healthy infant-caregiver attachment.

6. **Professional Best Practices:**
Work with families in a professional, reflective manner; adhere to ethical standards, regulations and laws pertaining to the home visiting field.

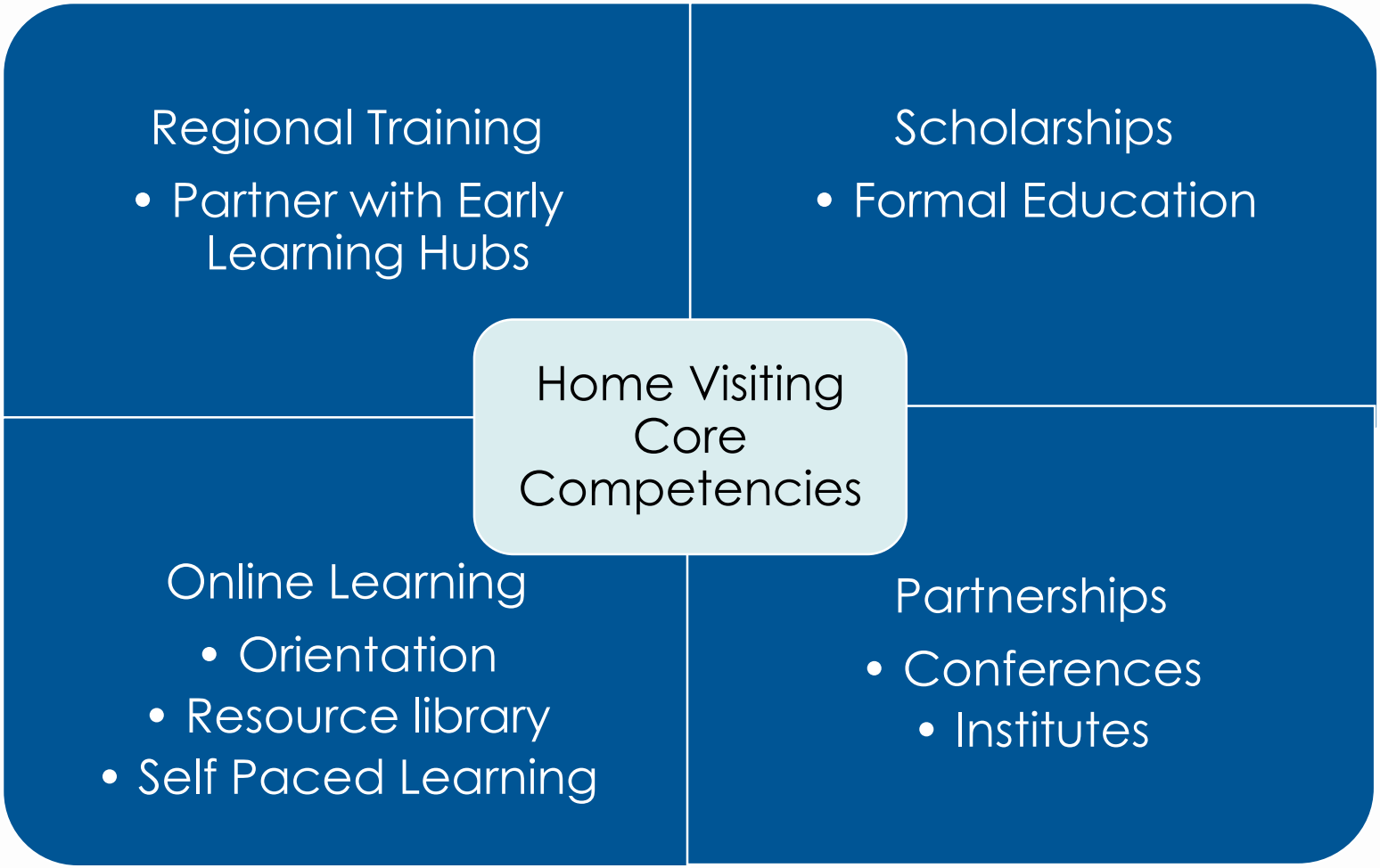
7. **Professional Well Being:**
Examine one's own thoughts, attitudes, feelings, actions, strengths and challenges; seek appropriate supports and engage in self-care activities to ensure ability to effectively support families.

8. **Screening and Assessment:**
Use appropriate tools and methods for understanding child interactions, knowledge and skills as a means to support the child's development and make appropriate referrals for further evaluation.

9. **Service System Coordination:**
Understand the value of partnerships and collaborations between families and agencies/ organizations to meet family needs.

10. **Social Emotional Well-being:**
Understand supportive strategies for encouraging social emotional development and addressing challenging behaviors, and recognize the influence of temperament and emotional regulation capacity on behavior.

Workforce Development



MIECHV Performance Measures: Data Collection and Reporting

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Objectives

1. Participants are knowledgeable about the 6 benchmark measures and 19 performance indicators
2. Participants are familiar with Data Collection processes and where to access resources
3. Participants can articulate the link between MIECHV benchmark measures and performance indicators, and the MIECHV data collection forms they complete

Why do we collect these data?

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

FFY 19 MIECHV Benchmark Measures: Brief Version

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Benchmark	Measure	Target Population	Measurement	Collection Schedule	DataSource
Maternal and Newborn Health	(1) Preterm Birth	Pregnant women enrolled in home visiting prior to 37 weeks gestation	Percent of infants who are born preterm following program enrollment	EHS/HFA: Enrollment-Parent, Enrollment-Child NFP: Enrollment-child	EHS/HFA: M1-Enrollment-Parent M4-Enrollment-Child NFP: MIECHV Infant Birth
	(2) Breastfeeding	Infants (among mothers enrolled prenatally) who reached six months of age during the reporting period	Percent of infants (among mothers enrolled prenatally) who received any amount of breast milk at age six months	EHS/HFA: Enrollment-Child, Child's Age: 6, 12, 18, 24 months NFP: Infant birth, 6, 12, 18, 24 months	EHS/HFA: M4-Enrollment-Child M9-Baby's Age 6 mos-Child M12-Baby's Age 12 mos-Child M14-Baby's Age 18 mos-Child M17-Baby's Age 24 mos-Child NFP: MIECHV Infant Birth Infant Health Care (6, 12, 18, 24 months)

Page1

BENCHMARK TABLE

Benchmark	Maternal and Newborn Health
Measures	1. Percent of infants (among mothers enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment. 2. Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at six months of age. 3. Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within three months of enrollment (for those not enrolled prenatally) or within three months of delivery (for those enrolled prenatally). 4. Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule. 5. Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within eight weeks (56 days) of delivery. 6. Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and who were referred to tobacco cessation counseling services within three months of enrollment.
Benchmark	Child Injuries, Abuse, Neglect and Maltreatment and Emergency Department Visits
Measures	7. Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing or soft bedding. 8. Rate of injury-related visits to the Emergency Department (ED) since enrollment among children enrolled in home visiting. 9. Percent of children enrolled in home visiting with at least one investigated case of maltreatment following enrollment within the reporting period.
Benchmark	School Readiness and Achievement
Measures	10. Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool. 11. Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories and/or sang songs with their child daily, every day. 12. Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool. 13. Percent of home visits where the primary caregivers enrolled in home visiting were asked if they have any concerns regarding their child's development, behavior or learning.
Benchmark	Crime or Domestic Violence
Measure	14. Percent of primary caregivers enrolled in home visiting who are screened for interpersonal violence (IPV) within six months of enrollment using a validated tool.
Benchmark	Family Economic Self-Sufficiency
Measures	15. Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in, maintained continuous enrollment in, or completed high school or equivalent during their participation in home visiting. 16. Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least six consecutive months.
Benchmark	Coordination and Referral for other Community Services
Measures	17. Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts. 18. Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner. 19. Percent of primary caregivers enrolled in home visiting with a positive screen for IPV (measured using a validated tool) who receive referral information to IPV resources.

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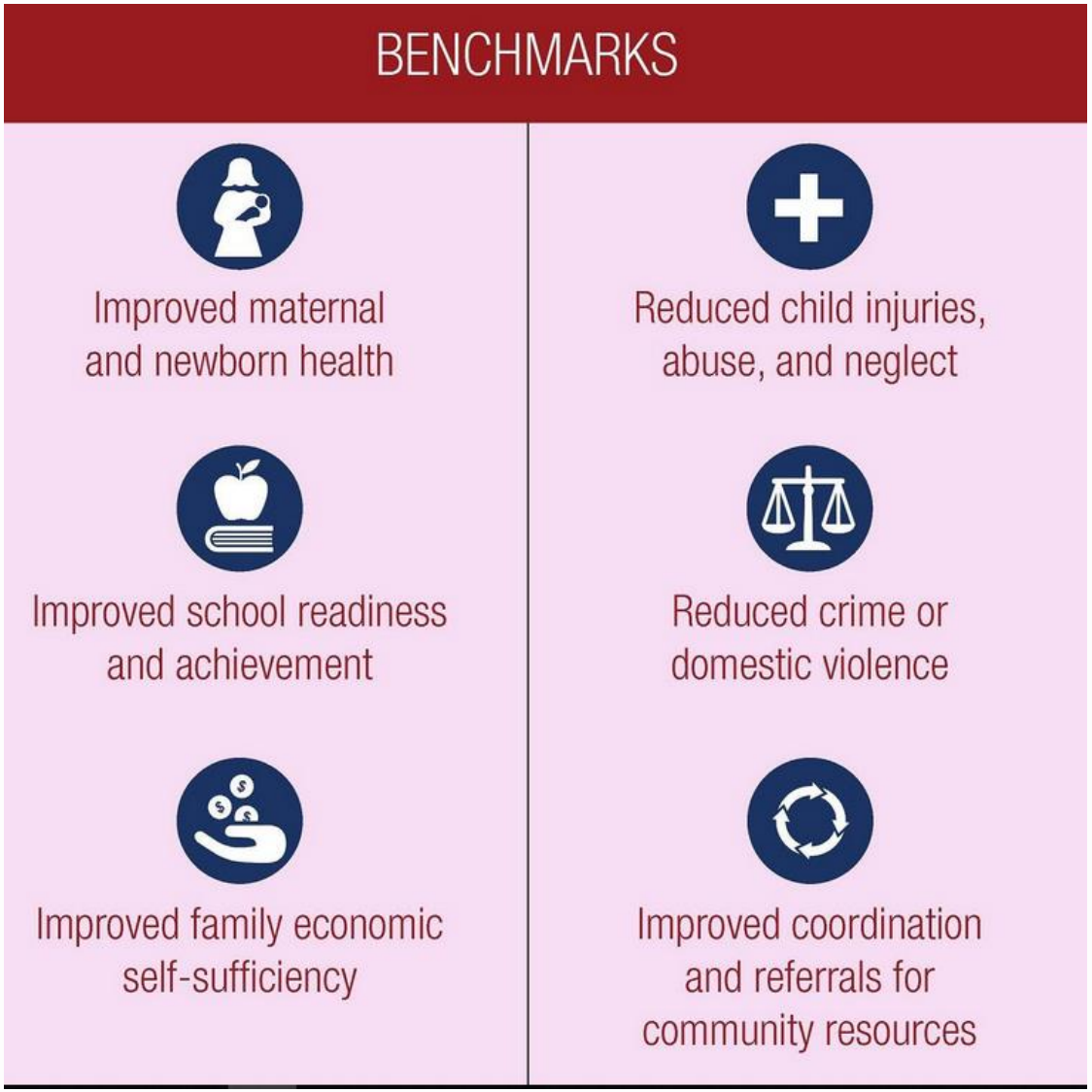
What types of data are collected for MIECHV?

- Demographic Information
- Priority Populations (e.g. low income households, pregnant women under 21)
- Client Caseload
- Home Visiting Staffing
- Number of Home Visits
- Screening Results (ASQ-3, PHQ-9, RAT) and referrals
- Follow-up Questions

MIECHV Benchmarks



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19 measures across 6 benchmark areas

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Benchmark 1: Maternal and Newborn Health

Benchmark	Maternal and Newborn Health
Measure	1. Percent of infants (among mothers enrolled in home visiting prenatally before 37 weeks) who are born **preterm** following program enrollment.
	2. Percent of infants (among mothers who enrolled in home visiting prenatally) who were **breastfed** any amount at six months of age.
	3. Percent of primary caregivers enrolled in home visiting who are screened for **depression** using a validated tool within three months of enrollment (for those not enrolled prenatally) or within three months of delivery (for those enrolled prenatally).
	4. Percent of **children** enrolled in home visiting who received the last **recommended visit** based on the American Academy of Pediatrics (AAP) schedule.
	5. Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a **postpartum visit** with a healthcare provider within eight weeks (56 days) of delivery.
	6. Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and who were referred to **tobacco cessation** counseling services within three months of enrollment.

Benchmark 2: Child Injuries, Abuse, Neglect and Maltreatment and ED Visits

Benchmark	Child Injuries, Abuse, Neglect and Maltreatment and Emergency Department Visits
Measure	7. Percent of infants enrolled in home visiting that are always placed to **sleep** on their backs, without bed-sharing or soft bedding.
	8. Rate of injury-related **visits to the Emergency Department** (ED) since enrollment among **children** enrolled in home visiting.
	9. Percent of children enrolled in home visiting with at least one investigated case of **maltreatment** following enrollment within the reporting period.

Benchmark 3: School Readiness and Achievement

Benchmark	School Readiness and Achievement
Measure	10. Percent of primary caregivers enrolled in home visiting who receive an observation of **caregiver-child interaction** by the home visitor using a validated tool.
	11. Percent of children enrolled in home visiting with a family member who reported that during a typical week **s/he read, told stories and/or sang songs** with their child daily, every day.
	12. Percent of children enrolled in home visiting with a timely **screen for developmental delays** using a validated parent-completed tool.
	13. Percent of home visits where the primary caregivers enrolled in home visiting were asked if they have any **concerns regarding their child's development, behavior or learning**.

Benchmark 4: Crime or Domestic Violence

Benchmark	Crime or Domestic Violence
Measure	14. Percent of primary caregivers enrolled in home visiting who are **screened for interpersonal violence** (IPV) within six months of enrollment using a validated tool.

Benchmark 5: Family Economic Self-Sufficiency

Benchmark	Family Economic Self-Sufficiency
Measure	15. Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in, maintained continuous enrollment in, or completed **high school or equivalent** during their participation in home visiting.
	16. Percent of primary caregivers enrolled in home visiting who had **continuous health insurance coverage** for at least six consecutive months.

Benchmark 6: Coordination and Referral for other Community Services

Benchmark	Coordination and Referral for other Community Services
Measure	17. Percent of primary caregivers referred to services for a **positive screen for depression** who receive one or more **service contacts**.
	18. Percent of children enrolled in home visiting with **positive screens for developmental delays** (measured using a validated tool) who **receive services in a timely manner**.
	19. Percent of primary caregivers enrolled in home visiting with a **positive screen for IPV** (measured using a validated tool) who receive **referral information to IPV resources**.

MIECHV Benchmark Measures Brief

FFY 19 MIECHV Benchmark Measures: Brief Version

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Page1

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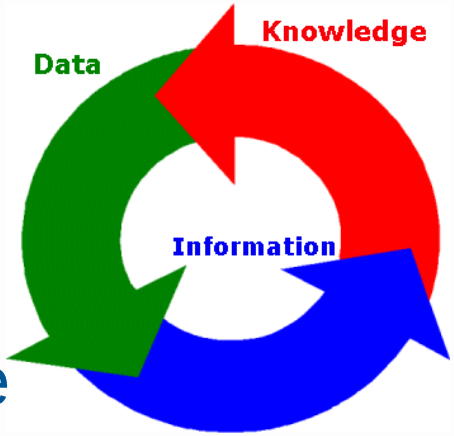
MIECHV Data Collection & Reporting Assistance



MIECHV Data Manager provides:

- Data Reporting Process assistance
- Data verification and quality assurance
- OHA/DHS Secure Email assistance
- Ongoing contact and support
- THEO Training & Application Support

How does EHS & HFA collect data when using THEO?

- Home visitors collect data during home visits; data is either directly entered into THEO or recorded on forms
- Data is entered into THEO within **2 weeks**
- Forms are to be completed according to client schedule (at enrollment and periodically after)
- The MIECHV data team retrieves data from THEO and produces data reports

MIECHV Website

http://healthoregon.org/miechv

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MIECHV Home Page

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Maternal, Infant and Early Childhood Home Visiting

Maternal and Child Health

Public Health Division › Healthy People and Families › Healthy Babies › Home Visiting › Maternal, Infant and Early Childhood Home Visiting

Maternal, Infant and Early Childhood Home Visiting (MIECHV)

- Maternal, Infant and Early Childhood Home Visiting (MIECHV)
- MIECHV: EHS & HFO - 2020 Data Collection
- MIECHV: NFP 2020 Data Collection
- MIECHV Continuous Quality Improvement (CQI)
- MIECHV: Grant Administration
- MIECHV Orientation
- Workforce Development
- THEO Data System

CONTACT US

Maternal and Child Health Section

Overview

Home Visiting is a method for strengthening families and improving the health of children and parents. Home Visitors meet with families and provide family support, share resources and work on skill building. The Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program, also known as the Federal Home Visiting Program, is an investment in home visiting programs.

MIECHV is administered by the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau in collaboration with the Administration for Children and Families (ACF) which administers Tribal MIECHV grants. Learn more about the Federal Home Visiting Program.

> The MIECHV program works toward improvement in the following benchmarks:

1. Improved maternal and child health
2. Prevention of childhood injuries, child abuse, or maltreatment, and reduction of emergency department visits
3. Improvement in school readiness and achievement
4. Reduction in crime or domestic violence
5. Improvements in family economic self-sufficiency
6. Improvements in the coordination and referrals for other community resources and supports

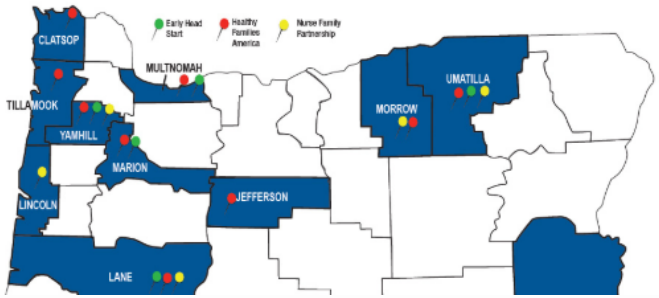
Local home visiting programs work to show improvement in 19 benchmark measures. See below for more detailed information on MIECHV benchmark measures.

In Oregon, MIECHV funds the following evidence based home visiting models:

- Early Head Start
- Healthy Families America
- Nurse Family Partnership

The funded programs are in 13 counties, determined by the Home Visiting Needs Assessment.

Map of Oregon MIECHV sites



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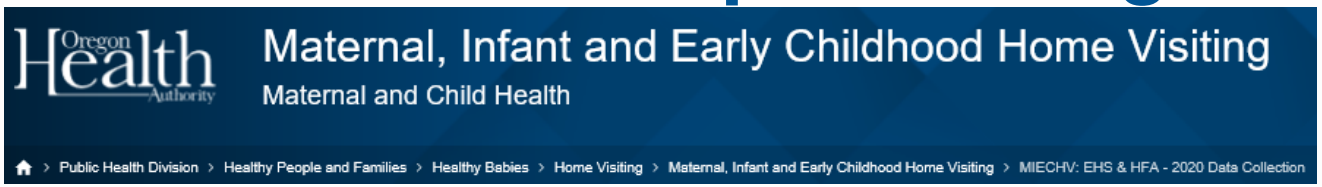
EHS/HFA Model-specific Page



MIECHV: EHS & HFA - 2020 Data Collection

Maternal, Infant and Early Childhood Home Visiting (MIECHV)

MIECHV: EHS & HFA - 2020 Data Collection

MIECHV: NFP 2020 Data Collection

MIECHV Continuous Quality Improvement (CQI)

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MIECHV Program Data Collection and Entry for Working Remotely

MIECHV Program Data Collection and Entry for Working Remotely

UPDATED 4.24.2020 A document that provides guidance and resources on MIECHV data collection and entry for local implementing agencies (LIAs) when home visitors are working remotely.

Updated Data Collection Schedule

EHS/HFA Data Collection Schedule 2020

UPDATED 3.31.2020 Data Collection Schedule is available to support home visitors in completing client data forms on-time. It can be filled out for each client.

The schedule includes four tabs:

- **Tab 1:** " Instructions"
- **Tab 2:** " Process Map"
- **Tab 3:** " Prenatal Mom Enrolling"
- **Tab 4:** " Parent and Child Enrolling"

Please note: The schedules look best when printed as a PDF rather than an Excel document.

The Excel data collection schedule will be replaced in the future with an automated tool within THEO. Implementation timeframe for automated tool TBD.

2020 MIECHV Forms

- Enrollment Forms
- All Forms

2020 Data Collection Manual

Chapter 1: Overview of MIECHV (pdf)

Chapter 2: Data Reporting Process (links to THEO training page) ***revised 02/20/20***

Chapter 3: Data Collection and Reporting Schedule (pdf) ***revised 02/15/19***

Chapter 4: MIECHV Forms and Instructions (pdf) ***revised 11/01/18***

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EHS/HFA Enrollment Forms Page

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Maternal, Infant and Early Childhood Home Visiting

Maternal and Child Health

Public Health Division > Healthy People and Families > Healthy Babies > Home Visiting > Maternal, Infant and Early Childhood Home Visiting > MIECHV: EHS & HFA - 2020 Data Collection

MIECHV: EHS & HFO 2020 Enrollment Forms

Maternal, Infant and Early Childhood Home Visiting (MIECHV)

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Maternal and Child Health Section

2020 Enrollment Forms for:

- Pregnant Mothers/Index Parent ONLY
- Index Parent & Index Child 0-2 MONTHS old
- Index Parent & Index Child 2-5 MONTHS old
- Index Parent & Index Child 5-9 MONTHS old
- Index Parent & Index Child 9-11 MONTHS old
- Index Parent & Index Child 11-13 MONTHS old
- Index Parent & Index Child 13-17 MONTHS old
- Index Parent & Index Child 17-19 MONTHS old
- Index Parent & Index Child 19-23 MONTHS old
- Index Parent & Index Child 23-25 MONTHS old

To download forms below:

1. Right Click on Form Number or Form Name to download
2. On the pop-up window, Select "Save target as..." or "Save Link as..."
3. Select the SECURE drive or location to save the form
4. Save the document as it is named (i.e. M1 THEO.docx or M7.dotx)

For Complete Instructions See Chapter 2: Data Reporting Process

FORMS REVISED on 03/01/2019

	Pregnant Mothers/Index Parent *ONLY* Enrollment Forms: **Return to state NO later than 1 week after completion**
**M1 THEO	Enrollment Form - Index Parent
M2B	Referral Tracking & Follow-up Form - Index Parent
**M3	MIECHV Enrollment Tool - Index Parent

	Index Parent & Index Child 0-2 MONTHS Enrollment Forms: **Return to state NO later than 1 week after completion**
**M1 THEO	Enrollment Form - Index Parent

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EHS/HFA All Forms Page

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Maternal, Infant and Early Childhood Home Visiting

Maternal and Child Health

Public Health Division > Healthy People and Families > Healthy Babies > Home Visiting > Maternal, Infant and Early Childhood Home Visiting > MIECHV: EHS & HFA - 2020 Data Collection

MIECHV: EHS & HFO 2020 All Forms

Maternal, Infant and Early Childhood Home Visiting (MIECHV)

MIECHV: EHS & HFA - 2020 Data Collection

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For Complete Instructions See Chapter 2: Data Reporting Process

FORMS REVISED on 03/01/2018

	Index Parent Enrollment:
	Return to State NO LATER than 1 week after completion:
**M1 THEO	Enrollment Form - Index Parent
M2B	Referral Tracking & Follow-up Form - Index Parent - *Submit MONTHLY*
**M3	MIECHV Enrollment Tool - Index Parent
	Index Child Enrollment:
	Return to State NO LATER than 1 week after completion:
**M4 THEO	Enrollment Form - Index Child
**M5	Child's Enrollment Tool - Index Parent
M6C	3 Months Post-Enrollment - Index Parent **Only if Child 30 days or younger at enrollment**
	When Baby is 3 months old:
M6P	Baby's Age 3 Months - Index Parent **Only if Mom enrolled prenatally**
M7	Baby's Age 3 Months - Index Child
	When Baby is 6 months old:
**M8	Baby's Age 6 Months - Index Parent
M9	Baby's Age 6 Months - Index Child
	When Baby is 9 months old:
A 9Q	ASQ Screening 9 Months - Index Child
A 9Q-REF	At Risk Developmental Delay-Referral Tracking & Follow-up - Index Child **If applicable**
	When Child is 12 months old:
**M11 THEO	Baby's Age 12 Months - Index Parent
**M12	Baby's Age 12 Months - Index Child
	When Child is 18 months old:
**M13	

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EHS/HFA Model-specific Page

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Maternal, Infant and Early Childhood Home Visiting

Maternal and Child Health

Public Health Division > Healthy People and Families > Healthy Babies > Home Visiting > Maternal, Infant and Early Childhood Home Visiting > MIECHV: EHS & HFA - 2020 Data Collection

MIECHV: EHS & HFA - 2020 Data Collection

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MIECHV Program Data Collection and Entry for Working Remotely

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Please note: The schedules look best when printed as a PDF rather than an Excel document.

The Excel data collection schedule will be replaced in the future with an automated tool within THEO. Implementation timeframe for automated tool TBD.

2020 MIECHV Forms

- Enrollment Forms
- All Forms

2020 Data Collection Manual

Chapter 1: Overview of MIECHV (pdf)

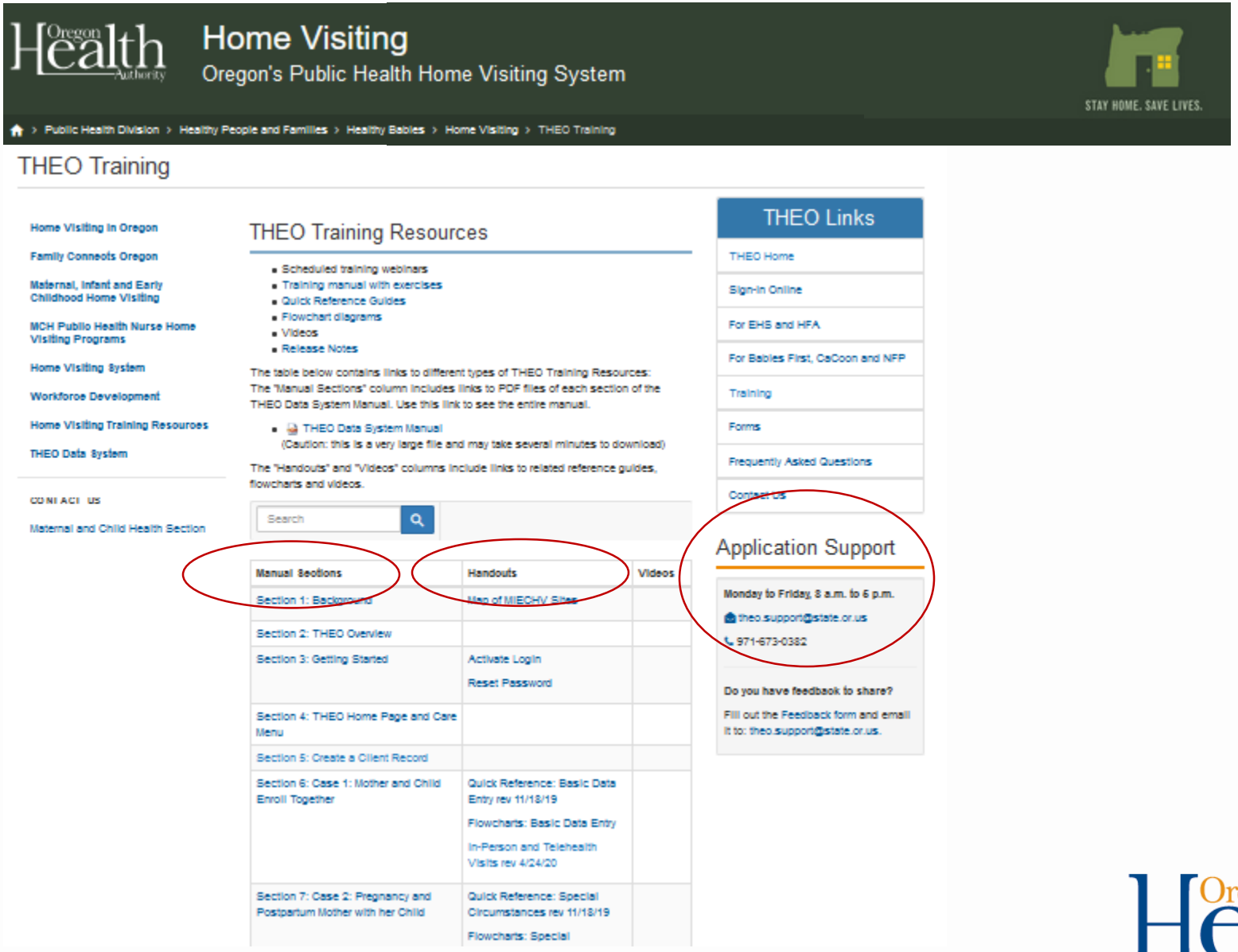
Chapter 2: Data Reporting Process (links to THEO training page) **revised 02/20/20*

Chapter 3: Data Collection and Reporting Schedule (pdf) **revised 02/15/19*

Chapter 4: MIECHV Forms and Instructions (pdf) **revised 11/01/18*

Oregon Health Authority

EHS/HFA THEO Training Page



Oregon Health Authority

EHS/HFA Data Collection Schedule

MIECHV: EHS & HFA - 2020 Data Collection

Maternal, Infant and Early Childhood Home Visiting (MIECHV)

MIECHV: EHS & HFA - 2020 Data Collection

MIECHV: NFP 2020 Data Collection

MIECHV Continuous Quality Improvement (CQI)

MIECHV: Grant Administration

MIECHV Orientation

Workforce Development

THEO Data System

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Webinars

MIECHV Benchmark Measures Orientation Webinar
This Webinar and PowerPoint presentation below provides an overview of each of the 19 benchmark measures, including their definitions, and methods for data collection as well as some context for why they matter. The primary audience for this presentation is MIECHV local implementing agency staff including Home Visitors and Home Visiting supervisors, program managers or directors and data entry staff.

- MIECHV Benchmark Measures Orientation Webinar 2017 (video)
- MIECHV Benchmark Measures Orientation Webinar 2017(pdf)

Frequently Asked Questions (FAQs)

- MIECHV Data Collection FAQ (pdf): *updated July 16, 2018*

MIECHV Program Data Collection and Entry for Working Remotely

MIECHV Program Data Collection and Entry for Working Remotely

UPDATED 4.24.2020 A document that provides guidance and resources on MIECHV data collection and entry for local implementing agencies (LIAs) when home visitors are working remotely.

Updated Data Collection Schedule

EHS/HFA Data Collection Schedule 2020

UPDATED 3.31.2020 Data Collection Schedule is available to support home visitors in completing client data forms on-time. It can be filled out for each client.

The schedule includes four tabs:

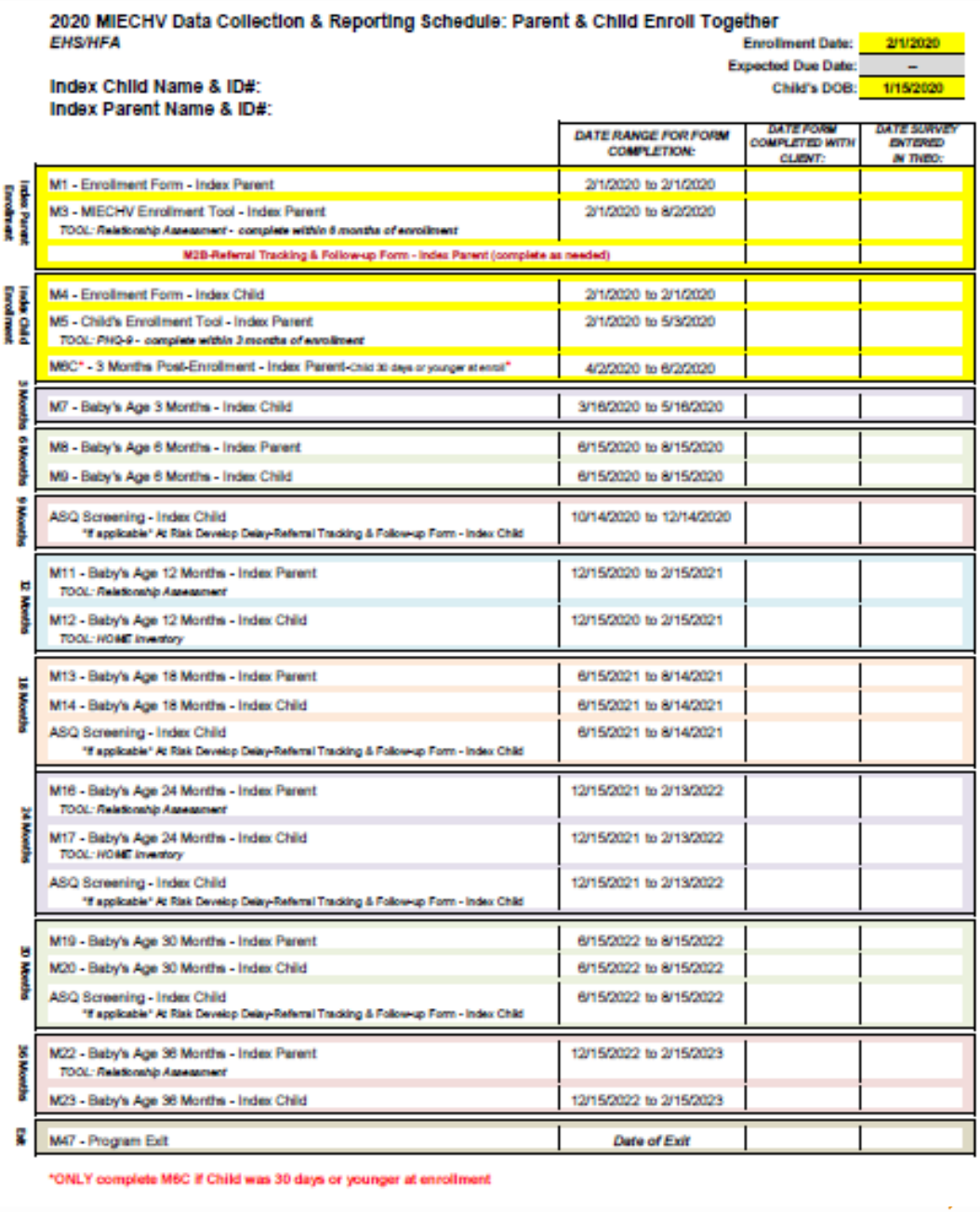
- **Tab 1:** " Instructions"
- **Tab 2:** " Process Map"
- **Tab 3:** " Prenatal Mom Enrolling"
- **Tab 4:** " Parent and Child Enrolling"

Oregon Health Authority

EHS/HFA Data Collection Schedule

How to create a Client Schedule:

- Select appropriate tab for client/clients enrolling
- Enter Enrollment date and EDD and Child's DOB, if applicable
- Cross off forms with date range *before* Enrollment date
- Save and print as PDF
- Enter date form is completed with Client
- Enter date survey is entered in THEO



2020 MIECHV Data Collection & Reporting Schedule: Parent & Child Enroll Together

EHS/HFA

Enrollment Date: 2/1/2020
Expected Due Date: –
Child's DOB: 1/15/2020

Index Child Name & ID#:
Index Parent Name & ID#:

		DATE RANGE FOR FORM COMPLETION:	DATE FORM COMPLETED WITH CLIENT:	DATE SURVEY ENTERED IN THEO:
Index Parent Enrollment	M1 - Enrollment Form - Index Parent	2/1/2020 to 2/1/2020		
	M3 - MIECHV Enrollment Tool - Index Parent *TOOL: Relationship Assessment - complete within 6 months of enrollment*	2/1/2020 to 8/2/2020		
	M2B-Referral Tracking & Follow-up Form - Index Parent (complete as needed)			
Index Child Enrollment	M4 - Enrollment Form - Index Child	2/1/2020 to 2/1/2020		
	M5 - Child's Enrollment Tool - Index Parent *TOOL: PHQ-9 - complete within 3 months of enrollment*	2/1/2020 to 5/3/2020		
	M6C* - 3 Months Post-Enrollment - Index Parent-Child 30 days or younger at enroll*	4/2/2020 to 6/2/2020		
3 Months	M7 - Baby's Age 3 Months - Index Child	3/16/2020 to 5/16/2020		
6 Months	M8 - Baby's Age 6 Months - Index Parent	6/15/2020 to 8/15/2020		
	M9 - Baby's Age 6 Months - Index Child	6/15/2020 to 8/15/2020		
9 Months	ASQ Screening - Index Child *If applicable* At Risk Develop Delay-Referral Tracking & Follow-up Form - Index Child	10/14/2020 to 12/14/2020		
12 Months	M11 - Baby's Age 12 Months - Index Parent *TOOL: Relationship Assessment*	12/15/2020 to 2/15/2021		
	M12 - Baby's Age 12 Months - Index Child *TOOL: HOME Inventory*	12/15/2020 to 2/15/2021		
18 Months	M13 - Baby's Age 18 Months - Index Parent	6/15/2021 to 8/14/2021		
	M14 - Baby's Age 18 Months - Index Child	6/15/2021 to 8/14/2021		
	ASQ Screening - Index Child *If applicable* At Risk Develop Delay-Referral Tracking & Follow-up Form - Index Child	6/15/2021 to 8/14/2021		
24 Months	M16 - Baby's Age 24 Months - Index Parent *TOOL: Relationship Assessment*	12/15/2021 to 2/13/2022		
	M17 - Baby's Age 24 Months - Index Child *TOOL: HOME Inventory*	12/15/2021 to 2/13/2022		
	ASQ Screening - Index Child *If applicable* At Risk Develop Delay-Referral Tracking & Follow-up Form - Index Child	12/15/2021 to 2/13/2022		
30 Months	M19 - Baby's Age 30 Months - Index Parent	6/15/2022 to 8/15/2022		
	M20 - Baby's Age 30 Months - Index Child	6/15/2022 to 8/15/2022		
	ASQ Screening - Index Child *If applicable* At Risk Develop Delay-Referral Tracking & Follow-up Form - Index Child	6/15/2022 to 8/15/2022		
36 Months	M22 - Baby's Age 36 Months - Index Parent *TOOL: Relationship Assessment*	12/15/2022 to 2/15/2023		
	M23 - Baby's Age 36 Months - Index Child	12/15/2022 to 2/15/2023		
Exit	M47 - Program Exit	*Date of Exit*		

*ONLY complete M6C if Child was 30 days or younger at enrollment

Chapter 4: MIECHV Forms and Instructions

Step by step instructions for completing MIECHV questions on forms

M3
MIECHV ENROLLMENT TOOL
Index Parent

To be completed within 6 months of parent's enrollment

Name of Home Visitor: _____

Home Visiting Program: ☐ Early Head Start ☐ Healthy Families Oregon

Parent ID #: _____

Name of Index Parent: _____

1. Relationship Assessment Tool completed (with *mother*)?

☐ Yes, completed → **Date tool completed:** ___/___/ 20___ → *Go to Question 1a.*

1a. If Yes, result of Relationship Assessment Tool:

☐ Score of 20 or higher → *Go to Question 1b.*

☐ Score of 19 or lower

1b. If a Score of 20 or higher, did you give referral information?

☐ Yes

☐ No, client declined or is not ready for a referral and/or services

☐ No, an earlier referral is still in process or the client is currently receiving servic

☐ No, other reason → *Please specify:* _____

☐ No, not completed → *Go to Question 1c.*

1c. If No, reason why Relationship Assessment Tool not completed:

☐ Concern previously identified

☐ Other

SAMPLE

Instructions for the MIECHV
M3-ENROLLMENT TOOL FORM – INDEX PARENT

When to complete this form: Within 6 months of Enrolling the Index Parent into the MIECHV program.

Item Instructions

Item	Guidelines
Name of Home Visitor	The Home Visitor assigned to this family.
Parent ID#	Your program's Parent ID #. (For HFO & some EHS sites, this will be the same as the child's; for other EHS sites, this will be different than the child's.)
Name of Index Parent	Index Parent's name.
Relationship Assessment Tool Completed (with *mother*)?	*Only ask this question of Index Mothers.* Was the Relationship Assessment Tool completed to screen for Intimate Partner Violence? If it was, enter the date that the tool was completed and continue to Question 1a. DO NOT send the Relationship Assessment Tool to the state. See Appendix A for Relationship Assessment Tool
If Yes, Result of Relationship Assessment Tool	If the Relationship Assessment Tool was completed, indicate if the score was either 20 or higher or 19 or lower. If the score was 20 or higher, go to Question 1b.
If a Score of 20 or higher, did you give referral information?	Was referral information provided? If not, indicate the reason why. Write in Other reason, if applicable.
If No, reason why Relationship Assessment Tool not completed	If the Relationship Assessment Tool was not completed, indicate if the reason was either because Concern previously identified or any Other reason.

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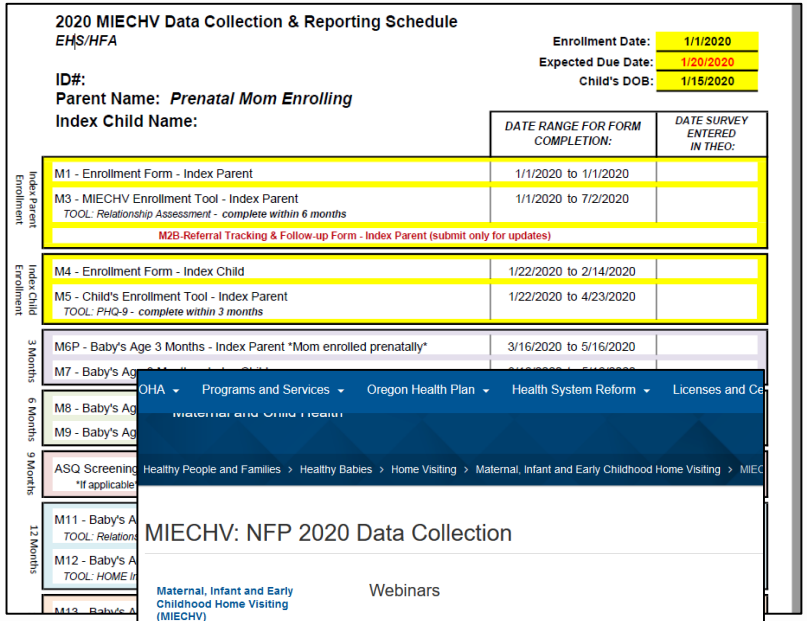

2020 MIECHV Data Collection & Reporting Schedule

EHS/HFA

Enrollment Date: 1/1/2020
Expected Due Date: 1/20/2020
Child's DOB: 1/15/2020

ID#:
Parent Name: *Prenatal Mom Enrolling*
Index Child Name:

	DATE RANGE FOR FORM COMPLETION:	DATE SURVEY ENTERED IN THEO:
Index Parent Enrollment: M1 - Enrollment Form - Index Parent	1/1/2020 to 1/1/2020	
M3 - MIECHV Enrollment Tool - Index Parent *TOOL: Relationship Assessment - complete within 6 months*	1/1/2020 to 7/2/2020	
M2B-Referral Tracking & Follow-up Form - Index Parent (submit only for updates)		
Index Child Enrollment: M4 - Enrollment Form - Index Child	1/22/2020 to 2/14/2020	
M5 - Child's Enrollment Tool - Index Parent *TOOL: PHQ-9 - complete within 3 months*	1/22/2020 to 4/23/2020	
3 Months: M6P - Baby's Age 3 Months - Index Parent *Mom enrolled prenatally*	3/16/2020 to 5/16/2020	
M7 - Baby's Ag		
6 Months: M8 - Baby's Ag		
M9 - Baby's Ag		
9 Months: ASQ Screening *If applicable		
12 Months: M11 - Baby's A *TOOL: Relations		
M12 - Baby's A *TOOL: HOME In		

OHA | Programs and Services | Oregon Health Plan | Health System Reform | Licenses and Ce

Healthy People and Families > Healthy Babies > Home Visiting > Maternal, Infant and Early Childhood Home Visiting > MIEC

MIECHV: NFP 2020 Data Collection

- Maternal, Infant and Early Childhood Home Visiting (MIECHV)
- MIECHV: EHS & HFO - 2020 Data Collection
- MIECHV: NFP 2020 Data Collection
- MIECHV Continuous Quality Improvement (CQI)
- MIECHV: Protocols
- MIECHV Orientation
- Workforce Development
- THEO Data System

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Maternal and Child Health Section

Webinars

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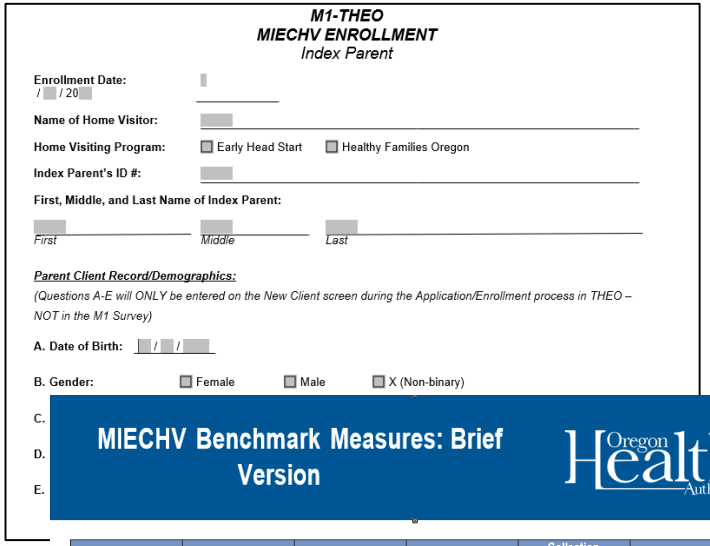
- MIECHV Data Collection and Measures FAQ (pdf): *updated July 16, 2018*

2020 MIECHV Forms

- All Forms



M1-THEO
MIECHV ENROLLMENT
Index Parent

Enrollment Date: / / 20

Name of Home Visitor:

Home Visiting Program: Early Head Start Healthy Families Oregon

Index Parent's ID #:

First, Middle, and Last Name of Index Parent:

First *Middle* *Last*

Parent Client Record/Demographics:

(Questions A-E will ONLY be entered on the New Client screen during the Application/Enrollment process in THEO – NOT in the M1 Survey)

A. Date of Birth: / /

B. Gender: Female Male X (Non-binary)

C.

D.

E.

MIECHV Benchmark Measures: Brief Version

Oregon Health Authority

Benchmark	Measure	Target Population	Measurement	Collection Schedule	Data Source
Maternal and Newborn Health	(1) Preterm Birth	Pregnant women enrolled in home visiting prior to 37 weeks gestation	Percent of infants who are born preterm following program enrollment	Enrollment-Parent, Enrollment-Child	M1-Enrollment-Parent M4-Enrollment-Child
	(2) Breastfeeding	Infants (among mothers enrolled prenatally) who reached six months of age during the reporting period	Percent of infants (among mothers enrolled prenatally) who received any amount of breast milk at age six months	Enrollment-Child, Child's Age: 6, 12, 18, 24, 30, 36 months	M4-Enrollment-Child M9-Baby's Age 6 mos-Child M12-Baby's Age 12 mos-Child M14-Baby's Age 18 mos-Child M17-Baby's Age 24 mos-Child M20-Baby's Age 30 mos-Child M23-Baby's Age 36 mos-Child
	(3) Depression Screening	Primary caregivers with at least three months enrollment	Percent of primary caregivers screened for depression within three months of delivery (for those enrolled prenatally) or within three months of enrollment	Within 3 months of Child's Enrollment	M5-Child's Enrollment Tool-Parent

Connecting Benchmarks Measures and Performance Indicators to Data Collection: Exercise

Oregon Health Authority

Example: Maternal Depression Screening and Referrals

You are getting ready to conduct a home visit with a mom who gave birth 1 month ago. You note in the client schedule she needs to have a PHQ-9 screening for maternal depression.

- What forms are used for maternal Depression Screening and Referral?
- When are these forms due by (what is their time window for completion)?
- You are unsure what type of referrals you could give for depression. What resources can you use to help answer this?
- What benchmark measures is this data collection providing information for?

Maternal Depression Forms and Resources

2019 MIECHV Data Collection & Reporting Schedule - NFP

Child: Lulu Duck
Child ID: 1234561

Parent: Daisy Duck
Parent ID: 123456

Parent Enrollment Date	10/20/2018
Expected Due Date	1/5/2019
Child's DOB	1/1/2019

	Form * Revised ETO form that includes MIECHV data points	Date Range for Form Completion	Return Forms to State by	Form Sent to State
Index Parent Enrollment	*MIECHV Demographics: Pregnancy - Intake	10/20/2018 - 10/20/2018	10/27/2018	10/26/2018
	N1 Clinical IPV Assessment - Addendum	10/20/2018 - 04/21/2019	05/05/2019	01/10/2019
	M2B-Depression & Tobacco Referral Tracking & Follow-up Form - Index Parent (submit only for updates)			
Index Child Enrollment	*MIECHV Infant Birth	01/08/2019 - 01/31/2019	02/07/2019	02/01/2019
	N2 PHQ-9 - Addendum	01/08/2019 - 04/10/2019	04/24/2019	
	M2B-Depression Referral Tracking & Follow-up Form - Index Parent (submit only for updates)			
	Encounter-all & Healthcare Services-as needed (after infant's birth) - send ALL to State			
3 M	N3 Baby's Age 3 Months - Index Child	03/03/2019 - 05/03/2019	05/17/2019	

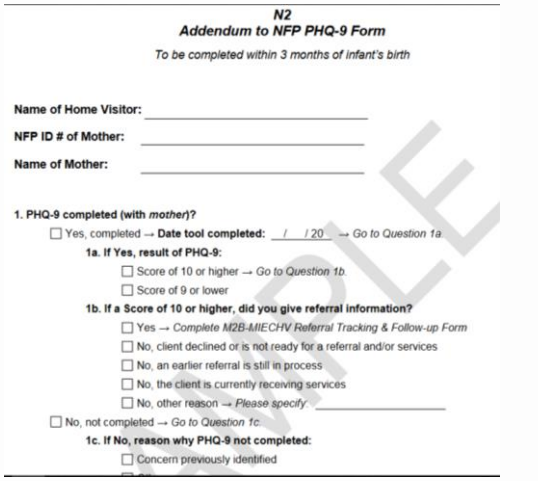
Referral Guidelines: A referral to services can be made directly by calling a community service agency and requesting services for the parent or by giving the parent a list of resources to call for assistance.

Referral Definitions:

NFP Chapter 4, Addendums to NFP Forms & Instructions

1) Depression:

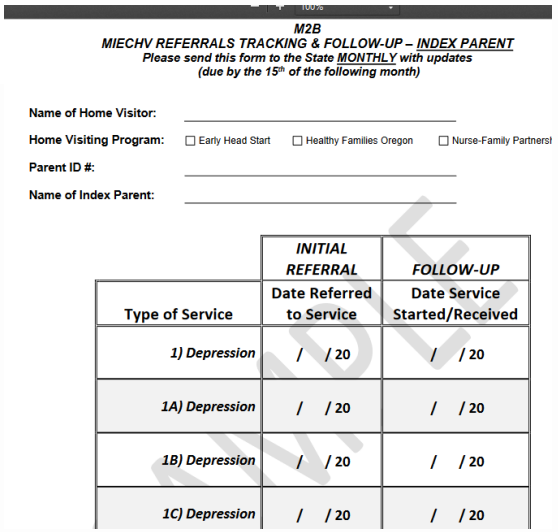
Referrals include those made for maternal depression. These referrals may include but are not limited to: mental health treatment, therapy, counseling, or primary care or other provider for prescription management. Please use your nursing judgment and talk with your supervisor if you are unsure if a referral you are making should be counted as a referral for depression treatment or services.



N2
Addendum to NFP PHQ-9 Form
To be completed within 3 months of infant's birth

Name of Home Visitor: _____
NFP ID # of Mother: _____
Name of Mother: _____

1. PHQ-9 completed (with *mother*)?
☐ Yes, completed → **Date tool completed:** ___/___/20___ → *Go to Question 1a*
1a. If Yes, result of PHQ-9:
☐ Score of 10 or higher → *Go to Question 1b*
☐ Score of 9 or lower
1b. If a Score of 10 or higher, did you give referral information?
☐ Yes → *Complete M2B-MIECHV Referral Tracking & Follow-up Form*
☐ No, client declined or is not ready for a referral and/or services
☐ No, an earlier referral is still in process
☐ No, the client is currently receiving services
☐ No, other reason → *Please specify* _____
☐ No, not completed → *Go to Question 1c*
1c. If No, reason why PHQ-9 not completed:
☐ Concern previously identified



M2B
MIECHV REFERRALS TRACKING & FOLLOW-UP – INDEX PARENT
Please send this form to the State MONTHLY with updates
(due by the 15th of the following month)

Name of Home Visitor: _____
Home Visiting Program: ☐ Early Head Start ☐ Healthy Families Oregon ☐ Nurse-Family Partnersl
Parent ID #: _____
Name of Index Parent: _____

	INITIAL REFERRAL	*FOLLOW-UP*
Type of Service	**Date Referred to Service**	**Date Service Started/Received**
1) Depression	/ / 20	/ / 20
1A) Depression	/ / 20	/ / 20
1B) Depression	/ / 20	/ / 20
1C) Depression	/ / 20	/ / 20

(Enter) DEPARTMENT (ALL CAPS)
(Enter) Division or Office (Mixed Case)

Oregon Health Authority

Questions?

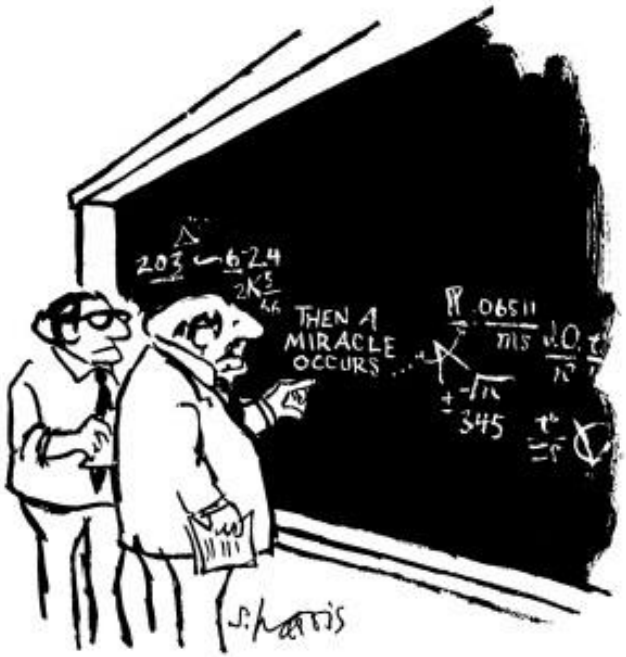
MIECHV Continuous Quality Improvement (CQI)

Oregon Health Authority

MIECHV CQI Technical Assistance

Statewide CQI Coordinator provides:

- CQI Introduction
- Project kick-off meetings
- Technical assistance and coaching during project
- Data reports
- State CQI Project meetings
- Learning Collaborative meetings
- Ongoing contact and support
- Support for data collection and reporting



"I think you should be more explicit here in step two."

What is CQI?

- Deliberate and defined improvement process
- Focused on community needs and improving population health
- Continuous and ongoing effort to achieve measurable improvements
- Use data to identify strengths and opportunities

Oregon MIECHV Program Statewide CQI Projects

2017
- Developmental Screening and Referrals

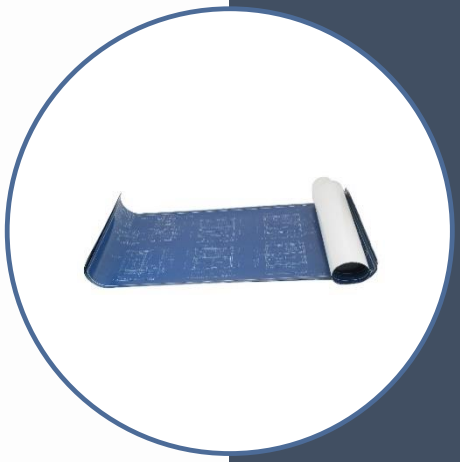
2018
- Safe Infant Sleep

2019
- Maternal Depression Screening and Referrals
- Family Enrollment, Engagement & Retention

2020
- Joy in Work

Statewide CQI Project Structure and Tools

- In-person kick-off meetings
- CQI Team Charter
- PDSA tracking form updates
- CQI learning collaborative webinars
- CQI Newsletters
- Sustainability worksheets
- Basecamp website
- Technical assistance and coaching



Basecamp Website

- LIAs upload team charter, PDSAs, data etc.
- Chat/message other LIAs about their projects
- Upload and download CQI or topic resources

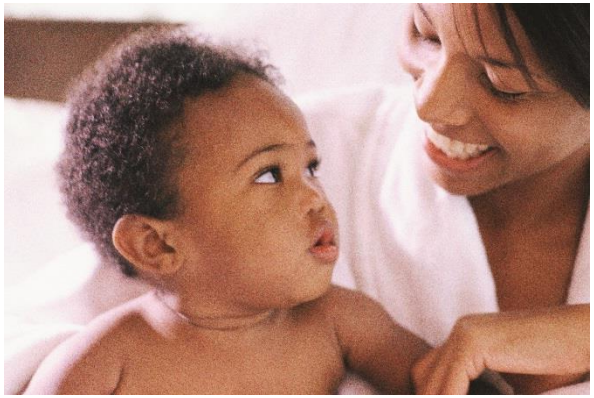
- "Team" and "project" sites
  - Team sites for uploading PDSAs and data related to CQI project
  - Project site for shared resources, materials & data; communicating through chats

Oregon Health Authority

Questions?

Please complete webinar survey to help us improve!

(Enter) DEPARTMENT (ALL CAPS)
(Enter) Division or Office (Mixed Case)



Thank You!

For more information, please contact:

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Drewallyn Riley: Drewallyn.b.riley@state.or.us

Tina Kent: Tina.m.kent@state.or.us

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