



OHIO DEPARTMENT OF HEALTH

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Ted Strickland/Governor

Alvin D. Jackson, M.D./Director of Health

Memo # 10-18

To: HMG Project Directors and ET system administrators

From: Sue Scott, Quality Assurance Program Consultant

CC: FCFC Coordinators, BEIS HMG Staff, State Partners

Subject: Early Track November 2010 Updates

Date: November 23, 2010

Updates/changes were made to ET 3.0 November 17th, 2010. When updates/changes occur, a memo is sent to county HMG Project Directors and ET System Administrators. *Please notify all of your county ET users this memo can be accessed under "ET Info" in Early Track.*

Summary of Updates/Changes

- Home Visit fields have been added to the history page.** The history page documents when and who entered information in the different sections of Early Track.

Screen shot 1. History page

Actual Date	Type	Additional Note	CreatedBy	Created On	UpdatedBy	Updated On
8/4/2010	Referral - Home Visiting	Initial Referral	Sue Scott	8/5/2010 10:30:19 AM		
8/4/2010	ChildHomeVisitor		Sue Scott	8/5/2010 10:32:58 AM		
8/4/2010	Eligibility -Home Visiting		Home Visitor	8/11/2010 8:47:57 AM		
8/10/2010	OngoingHomeVisit		Sue Scott	9/1/2010 8:27:31 AM		
8/20/2010	OngoingHomeVisit		Sue Scott	9/1/2010 8:44:32 AM		
9/1/2010	Screening - ASQ-SE (24 months)		Sue Scott	9/14/2010 2:34:00 PM		
8/25/2010	Screening - ASQ 3		Home Visitor	11/12/2010 9:59:13 AM		
8/1/2010	Nutrition Screening		Home Visitor	11/12/2010 10:00:14 AM	Home Visitor	11/12/2010 10:29:27 AM
9/1/2010	Home Visit Tool - PSI-SF		Home Visitor	11/12/2010 10:28:28 AM		
9/1/2010	Hearing Screening		Home Visitor	11/12/2010 10:29:03 AM		11/12/2010 10:29:27 AM

Requested By:

* Blank field means not recorded.

2. **Ongoing Home Visit section (Additional Detail).** All information entered in the additional detail/additional notes section of the ongoing home visit will be visible to the user after it is saved.

Screen shot 2. Ongoing Home Visit page

* Curricula followed: Nurse Family Partnership Curriculum

* Topic Yes No

	[Activity]	[Handout]	[Video]	[Discuss]	[Other]
Child Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Connectedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking Cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: [Explain]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Detail: We have made this section longer so that any additional information entered in this section can be viewed by the county users. Early Track had been allowing home visitors to enter information in this section but then they were unable to view what was entered.

* Referrals to Additional Yes No

Reports

3. **Children Receiving Services Cumulative report.** Home Visiting eligibility and Family Plan date have been added to the Children Receiving Services Cumulative report.

Screen shot 3. Children Receiving Services Cumulative report



Children Receiving Services Cumulative

County Name: BEIS Test County
 Agency Name: ALL
 Sc Or Hv: ALL
 From 9/1/2010 To 11/18/2010

Total unduplicated count of children with unique ET ID: 25

Child's Name	ET ID	Birth Date	Eligibility Category	Eligibility Date	IFSP / Family Plan Date	Elig. End Date	Exit Date
January, Release	0006832328	1/2/2010	At Risk	1/18/2010	1/17/2010		
July, Test	0006745756	7/1/2008	At Risk	7/3/2008	7/5/2008		
ODH Test, Due Date	0006888720	11/15/2007	At Risk	11/30/2007	12/1/2007		
ODH Test, Joe (Prenatal)	000682512	1/1/2008	At Risk	12/10/2007	3/15/2008		
OdH Test, New Eligibility Standard	0006795279	1/20/2008	At Risk	7/15/2009	7/20/2009		
ODH Test, No Rules	0006830434	1/1/2008	At Risk	10/7/2009	11/1/2009		
ODH, Drew	0006833737	7/16/2010	At Risk	1/1/2010	1/1/2010		
Release, NovemberAdd	0006774746	11/2/2008	At Risk	11/18/2008	11/17/2008		
Turner, Timmy	0006733180	11/1/2007	At Risk	2/1/2008	3/1/2008		
Scott, Baby	0006850364	2/1/2010	Home Visiting	7/18/2010	7/25/2010	10/20/2010	10/20/2010
Scott, Home Visit	0006850309	3/1/2010	Home Visiting	7/20/2010	8/25/2010		
Scott, October	0006853167	3/17/2010	Home Visiting	9/20/2010	10/5/2010	10/10/2010	10/10/2010
sun, homevisiting2	0006848857	1/1/2010	Home Visiting	7/18/2010	11/17/2010		
Bug, Doodle	0006854257	8/1/2010	Part C	10/18/2010	10/18/2010		
December, Test	0006780823	12/1/2008	Part C	12/7/2008	12/15/2008		
Extract, Child	0006828607	11/1/2009	Part C	11/15/2009	12/1/2009		
Frog, Kermit	0006854260	8/1/2010	Part C	9/11/2010	10/15/2010		

4. The Home Visitor Caseload report and the Service Coordinator Caseload report list children who have the Eligibility of **Not Eligible** and have not been exited.

Screen shot 4. Home Visitor Caseload report



**Home Visitor Caseload Report
Children With Eligibility and Without Eligibility**

County Name: BEIS Test County
 Report Ran: 11/23/2010 9:00:41 AM
 Eligibility Category: ALL
 Service Agency: Licking County Health Department
 Home Visitor: Visitor,Home

Visitor, Home									
With Eligibility									
Child's Last Name	Child's First Name	ET ID	Birth Date	Assigned Date	Eligibility Date	Eligibility Category	Most Recent FamilyPlan Date	Number of days FamilyPlan Overdue	FamilyPlan Due Date
ODH Test	HV and SC	0005848103	8/20/2009	8/4/2010	8/4/2010	Home Visiting		0	
ODH Test	HV Wait List	0005853545	4/1/2010	10/7/2010	10/7/2010	Home Visiting		0	
Scott	Home Visit	0005850309	3/1/2010	7/20/2010	7/20/2010	Home Visiting	8/25/2010	-90	2/21/2011
Scott	Referral	0005857082	8/1/2010	10/11/2010	9/3/2010	Not Eligible		0	
Without Eligibility									
Child's Last Name	Child's First Name	ET ID	Birth Date	Assigned Date	Referral Date	Referral To Category	Referral Outcome Date	Referral Outcome	
ODH Test	No Service Agency	0005840987	1/1/2010	7/18/2010	7/18/2010	Ongoing HMG—suspected Home Visiting			

5. Additions to Drop Down lists.

- **Master Agency List.** We continue to add agencies to the master agency list. Please use the [Contact Us](#) link to request additions to this list. Generic requests, such as public school and physician, will not be added. You need to submit specific agency/physician names when requesting additions to the master agency list. There is also a report in the report section “Master Agency Report” that lists all the agencies in ET 3.0.
- **Eligibility Detail – Diagnosed Physical or Mental Conditions.**
 - Subarachnoid Hemorrhage