



Early Childhood Home Visiting Community of Practice Call September 29, 2016



Ohio Infant Mortality
Reduction Initiative
(OIMRI)

Agenda

- Welcome
- Administrative Updates
- Communications
- Programmatic Updates
- Professional Development
- Updates to Early Track
- Open Q&A





Administrative Updates

Jye L. Breckenridge, MSW, LISW-S

Administrative Updates

- Regional Meetings
- MIECHV and OIMRI NOA's Posted
- HB 483/Early Intervention Updates
- Data System Updates
 - Early Track
 - Welcome OCHIDS! (Development to begin 10/3)
- MIECHV Quarterly Meeting
- HFA Conference 10/17/16





Communications

Anna Subler

Communications

Just a reminder: if you aren't able to attend your regions date, please feel free to register for another regions so you can hear about the exciting changes happening to Early Childhood Home Visiting.

We hope to see you there!

Registration for Ohio's ECHV Regional Meetings 2016

Your event password is: **HMG2016**

October 7 | Region 4 (Southeast)

<https://www.eventbrite.com/e/ohio-early-childhood-home-visiting-region-4-meeting-southeast-tickets-27705052558>

October 14 | Region 3 (Northeast)

<https://www.eventbrite.com/e/ohio-early-childhood-home-visiting-region-3-meeting-northeast-tickets-27705202005>

October 21 | Region 2 (Southwest)

<https://www.eventbrite.com/e/ohio-early-childhood-home-visiting-region-2-meeting-southwest-tickets-27704931195>

October 26 | Region 1 (Northwest)

<https://www.eventbrite.com/e/ohio-early-childhood-home-visiting-region-1-meeting-northwest-tickets-27729554845>



Communications

Upcoming Events...

- Region 1-4 Meetings
- **MIECHV Quarterly Meeting (Franklin):**
October 6, 2016
- **HFA Conference (Hamilton):**
October 17, 2016
- **Infant Mortality Summit (Cuyahoga):**
December 5-6, 2016
- **HFA Bootcamp (Franklin):**
February 28-March 2, 2017

Baby on the Way?
Newborn at Home?
Have you Heard About...



Ohio Department Of Health
Help me grow.



Support for New Parents

Ohio's Evidence-Based Home Visiting Program
helpmegrow.ohio.gov

** Help Me
Grow's new
brochure is
now
available!*





Programmatic Updates

Program Consultants

Programmatic Updates

- Early Track preauthorization's error
- Cut off billing date update
- First round of CC payments have gone through
- If you have not submitted your outreach plans and budgets please do so before 10/15/16
- MIECHV Awards
- Home Visits being approved before tool data saved





Professional Development

Kristin Canady

Professional Development

Training Bulletin

Ohio | Early Childhood Home Visiting
Department of Health

SFY17
July 2016—June 2017

Ohio Department of Health
Help me grow.

Ohio Infant Mortality Reduction Initiative (OIMRI)

CONTACT US!
(614) 644-8389
httraining@odh.ohio.gov
www.helpmegrow.ohio.gov

Like us on Facebook!  

- Training Bulletin is NOW POSTED!
- Understanding Toxic Stress (Module One) Course ID: 1064685 is now available
- Please contact, Kristin Canady (Kristin.canady@odh.ohio.gov) if you are interested in receiving contact hours for trainings not in the Training Bulletin



Professional Development

Beginning **10/1/16**, the following tools will **no longer** be required:

- Hearing Status Questionnaire
- Vision: Taking a Look!
- PEACH Nutrition Screening

*These tools may still be administered if a concern has been identified – please enter a “note” in ET for reason of completion

Early Track will still show 3 tools as “overdue” in the Status of Requirements tab, but you may disregard error. This should not impact other data entry.

Tool	Initial Due	Initial Completed	Most Recent Completed	Next Due
Developmental	1/13/2017			Awaiting Initial
Hearing	11/28/2016			
Nutrition	11/28/2016			
Vision	11/28/2016			



Professional Development

Credentialing Requirements		
Help Me Grow & MIECHV Home Visiting		
Credential Type	Course Name	Oh-Train Course ID
Supervisors of Home Visitors	1. Fundamentals of Home Visiting *NEW	1064284
	2. Home Visiting with Prenatal Moms	1028655
	3. Smoking Cessation	1028684
	4. Mandated Reporting	1028677
	5. Reflective Supervision	1049291
	6. Early Track Self-Study	1064730
	7. ASQ/ASQ:SE	1019133
	8. Edinburgh Postnatal Depression	1023285
	9. Hearing Status Questionnaire	1023379
	10. HOME	1019134
	11. The First 60 Days	1034402
	12. Vision: Taking A Look	1023291
Home Visitors	1. Fundamentals of Home Visiting *NEW	1064284
	2. Home Visiting with Prenatal Moms	1028655
	3. Smoking Cessation	1028684
	4. Mandated Reporting	1028677
	5. Early Track Self-Study	1064730
	6. ASQ/ASQ:SE	1019133
	7. Edinburgh Postnatal Depression	1023285
	8. Hearing Status Questionnaire	1023379
	9. HOME	1019134
	10. The First 60 Days	1034402
	11. Vision: Taking A Look	1023291

** Also effective 10/1/16, Hearing Status Questionnaire & Vision: Taking A Look courses will no longer be required for credentialing. Course is still available if interested to take as an elective for additional contact hours.*



Professional Development

Home Visiting Safe Sleep Assessment Tool **Now Posted on Web*

Beginning 10/1/16, our Home Visiting specific Safe Sleep Assessment will be mandatory for all home visitors to administer.

Administration Intervals: **only required prenatal-1 year*

- Should always be completed at intake Prenatally
- Next visit after child is born
- Once when the child is 0-6 months
- Again when child is 6-12 months

Infant Safe Sleep



Baby sleeps safest alone, on their back, in a crib.

Home Visitors will be required to complete tool with families enrolled prior to 10/1/16 at the next successful home visit



Professional Development

Relationship Assessment Tool (RAT)

- Beginning 10/1/16, Help Me Grow Home Visitors will join MIECHV in the completion of the RAT to screen for Intimate Partner Violence (IPV)
- This tool will be required for families that have been enrolled in the program a minimum of 60 days and should be administered annually after the initial
- Families enrolled prior to 10/1/16 and have been in the program for more than 60 days should be screened at next successful home visit

ASQ:SE-2

- Early Track has added the ASQ:SE-2 intervals under “ASQ:SE”. We are still working on the complete addition of the updated tool, but if you are using the new form, it will now have the 2 month ASQ:SE scoring option
- To review the changes and order tool, go to <http://agesandstages.com/products-services/asqse-2/>





Updates to Early Track

Early Track Updates

- Effective 10/1/16, Early Track should reflect several new data fields that are now required by HRSA along with changes to tools
- Early Track will be down temporarily from **7am-10am** tomorrow, **9/30/16** for updates



In the Status of Requirements tools tab, Safe Sleep will be shaded and will not prompt you with a date to complete. We are working on this issue. The date you enter when you complete the tool will be listed.

Status of Requirements Home Visiting Tools List Home Visiting Tools Detail				
Tool	Initial Due	Initial Completed	Most Recent Completed	New Next Due
Developmental	1/13/2017			Awaiting Initial
Hearing	11/28/2016			
Nutrition	11/28/2016			
Vision	11/28/2016			
Environmental	3/13/2017			Awaiting Initial
Social Emotional	1/13/2017	9/29/2016	9/29/2016	3/28/2017
Safety	11/28/2016			Awaiting Initial
Maternal Depression	11/28/2016			
Domestic Violence	11/28/2016	9/29/2016	9/29/2016	
AAPI	11/28/2016			Awaiting Initial
PSI	11/28/2016			Awaiting Initial
ISEL	11/28/2016			Awaiting Initial
SBIRT				
Family Assessment	10/29/2016			
Safe Sleep		9/29/2016	9/29/2016	



Demographics page will include mandatory entry of previous child weight to identify mother's more at-risk for preterm birth.

Demographics	
* County:	BEIS Test County
** Birth Date:	09 / 21 / 2016
** Due Date:	10 / 04 / 2016
* Legal Last Name:	Test
** Legal First Name:	ODH
Legal Middle Name:	
Nickname:	
SSN:	- - -
** Sex:	
** Method to collect race and ethnicity:	<input checked="" type="radio"/> Parent Self Report <input type="radio"/> Parent Declined: Observed
** Ethnicity:	Non-Hispanic
* Race(s):	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian (Asian, Chinese, Filipino, Japanese, Korean, Vietnamese, Asian Indian) <input checked="" type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Native Hawaiian, Other Pacific Islander, Samoan, Guamanian or Chamorro) <input type="checkbox"/> Other <input checked="" type="checkbox"/> White
* Did the mother have previous low-birth weight child(ren)?	No
** Is the child receiving WIC benefits?:	<input type="radio"/> Yes <input checked="" type="radio"/> No
Additional demographic data collection for Home Visiting participants	
** Birth Weight of this child:	Pounds Ounces
** Was the child born early, on time or late?:	
** Child's Household Composition	<input checked="" type="checkbox"/> Primary Caregiver <input checked="" type="checkbox"/> Biological Father <input type="checkbox"/> Siblings <input type="checkbox"/> Other adults <input type="checkbox"/> Caregiver's Partner <input type="checkbox"/> Grandparent(s)
** Does child have a medical home for routine well-child visits?:	<input type="radio"/> Yes <input type="radio"/> No
How was the child fed 180 days (6 months) after birth?:	
Immunization status:	
Statewide Student Identifier (SSID) Data Collection	
Child's SSID:	(Unknown)
Child's birthplace city:	
Child's birthplace ZIP code:	
Mother's maiden name:	
Vital Statistics Match Summary:	No Vital Statistics match has been found.

* Indicates required field.

Home Visitor: Canady, Kristin
***Home Visit Date:** / /

***Do you have travel time to the home visit to enter?** Yes No

***Do you have travel time from the home visit to enter?** Yes No

***Location Of Visit:**

***Status of Housing:**

***Home Visit Participants:**

- Owns or shares own home, condominium, or apartment
- Rents or shares own home or apartment
- Lives in public housing
- Lives with parent or family member
- Not homeless other
- Homeless and sharing housing
- Homeless and living in an emergency or transitional shelter
- Homeless other

Next Visit Scheduled Date: / /

***Visit Start/End Times:** : - :

***Do you have time spent on Parenting Education to enter?** Yes No
 minutes

***Do you have time spent on Family Plan development/review to enter?** Yes No
 minutes

***Do you have Monitoring and Assessment time to enter?** Yes No
 minutes

Administering Tools:

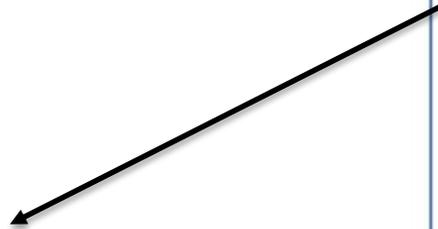
Parenting Education

****Information on inter-birth spacing given?:** Yes No

***Parenting Education followed:**

- Growing Great Kids
- Parents As Teachers Born to Learn 0 – 3
- Nurse Family Partnership Curriculum
- Partners for a Healthy Baby
- Other

Home Visits page will now require entry of “Status of Housing” as this information may change from visit to visit.



Monitoring and Assessment

*Did the child receive any medical care since the last home visit? Yes No

Where	Why	How Many
Primary care physician/Group practice		
Emergency Room		
Clinic		
Urgent Care		
Other		

**Did the child receive most recent AAP recommended well-child visit? Yes No

*Did the parent receive any medical care since the last home visit? Yes No

**HFA Home Visit? Yes No

CHEERS:

Monitoring and Assessment

*Did the child receive any medical care since the last home visit? Yes No

Where	Why	How Many
Emergency Room		

Add Medical Care

**Did the child receive most recent AAP recommended well-child visit? Yes No

*Did the parent receive any medical care since the last home visit? Yes No

Where	Why	How Many	Most Recent Visit

Add Medical Care

Monitoring and Assessment

*Did the child receive any medical care since the last home visit? Yes No

Where	Why	How Many
Emergency Room		

Add Medical Care

**Did the child receive most recent AAP recommended well-child visit? Yes No

*Did the parent receive any medical care since the last home visit? Yes No

**HFA Home Visit? Yes No

CHEERS:

**C (Cues):

**H (Holding/Touch):

**E (Expression):

Under home visit in the Monitoring and Assessment section, these new data fields will now require more information regarding child's medical care since last home visit



Monitoring and Assessment

***Did the child receive any medical care since the last home visit?** Yes No

Where	Why	How Many
Emergency Room		

Add Medical Care

****Did the child receive most recent AAP recommended well-child visit?** Yes No

***Did the parent receive any medical care since the last home visit?** Yes No

Where	Why	How Many	Most Recent Visit
Emergency Room			
Primary care physician/Group practice			
Other			
Clinic			
Urgent Care			

****HFA Home Visit?**

CHEEERS:

****C (Cues):**

Monitoring and Assessment

***Did the child receive any medical care since the last home visit?** Yes No

Where	Why	How Many
Emergency Room		

Add Medical Care

****Did the child receive most recent AAP recommended well-child visit?** Yes No

***Did the parent receive any medical care since the last home visit?** Yes No

Where	Why	How Many	Most Recent Visit
	Well		
	Injury		
	Postpartum		
	Prenatal		
	Sick		

****HFA Home Visit?**

CHEEERS:

****C (Cues):**

Also under Monitoring and Assessment section, data fields will now require more information regarding parent's medical care since last home visit



Maternal Depression & Developmental referral service's will now prompt you to enter if specific referral detail to collect information on referral follow-up

**Is the child currently enrolled in a high quality child care program?

**Do you smoke: Yes No

**Immunization Status:

**Health insurance for yourself: Yes No

**Health insurance for your child (ren): Yes No

**Dental Care for your Child(ren): Yes No

**Maternal Depression referral service rendered date: / /

**Developmental referral service rendered date: / /

**Referrals to Additional Community Resources: Yes No

	[Home Visitor will make referral]	[Family member will self refer]	[Referral needed but not made]	[Family member referral made for]
Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
DJFS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
EHS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Financial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Social	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Suspected child abuse/neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>



*Tools: Domestic Violence

*Home Visit Tool Name: Domestic Violence Questionnaire

Home Visit Tool Date: 09 / 29 / 2016

Home Visit Tool Time: 10:20 AM 10:30 AM

Child's age in months at time of Home Visit Tool: 1

* Administered By: Warrens, Mellissa

* Did Participant Complete:

** Has my partner ever physically hurt me:

** Has my partner ever forced me to do something sexual I didn't want to do:

* Score: 30

* Was a referral made to another program: Yes

* Which program:

* Indicates required field.

** Indicates conditionally required field

The Relationship Assessment (“Domestic Violence Questionnaire”) scoring. If score is high, ET will prompt referral questions.



***Tools:** Safe Sleep

***Home Visit Tool Name:** Safe Sleep

Home Visit Tool Date: 09 / 29 / 2016

Home Visit Tool Time: 10:00 AM 10:10 AM

Child's age in months at time of Home Visit Tool: 1

*** Administered By:** Warrens, Mellissa

1. * What safe sleep options are in the home?

Crib Observed Education Provided Referral made

Bassinette Parent reported

Pack n play

None

2. * Where does the baby usually sleep/Where will the baby sleep? Sleep environment should be placed away from: drapes or curtains, window blinds or shutters, electric cords, furnace vent or radiator, space heater or other heat sources, baby monitor, any other item that could burn, cut or become wrapped around your baby.

For Naps Observed Education Provided

Crib Parent reported

Bassinette

Pack n play

Couch Recliner

Swing

Car seat

Bouncy seat

Floor

With an adult, child or pet

Other

At Night Observed Education Provided

Crib Parent reported

Bassinette

Pack n play

Couch Recliner

Swing

Car seat

Bouncy seat

Floor

With an adult, child or pet

Other

3. * Are there stuffed animals, toys, pillows, quilts, blankets, wedges, positioners, other loose bedding or bumpers in the infant's sleep environment?:

Yes Observed Education Provided

No Parent reported

4. * Does baby ever sleep with a sibling, adult or pet?

Yes Observed Education Provided

No Parent reported

Safe Sleep Tool will now be in ET. The scoring entry is identical to assessment form.



Safe Sleep Tool Continued...

5. * Does your baby ever share a sleep surface in a bed, couch, recliner or other? Yes Observed Education Provided
 No Parent reported

6. * When baby sleeps he/she is For Naps At Night
 placed on: Observed Education Provided
 Parent reported

7. * Do you and/or other caregivers smoke? Yes Observed Education Provided
 No Parent reported

8. * If you smoke outside, do you change your clothes before holding your baby? Yes Observed Education Provided
 No Parent reported

9. * Is the infant dressed for the temperature of the home? Yes Observed Education Provided
 No Parent reported

10. * Is the infant breastfeeding? Yes Observed Education Provided
 No Parent reported

11. * Do you use a clean dry pacifier that is not attached to a string or stuffed animal? Yes Observed Education Provided
 No Parent reported
 N/A

12. * Do you provide supervised tummy time while the baby is awake? Yes Observed Education Provided
 No Parent reported

13. * Staff presented and reviewed ODH ABC's of Safe Sleep materials. "What does a safe sleep environment look like?" Handout. Yes Others educated:
 No Father of baby
 Parent Grandparent
 Declined Other

* Was a referral made to another program? Yes Specify:
 No

Last question will require you to enter if referral was made and will prompt you to specify type of referral if completed





Open Q&A



Thank you!