FAQ's for ECIS

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Enrolling a Family

1.) Clarification About Referral Source

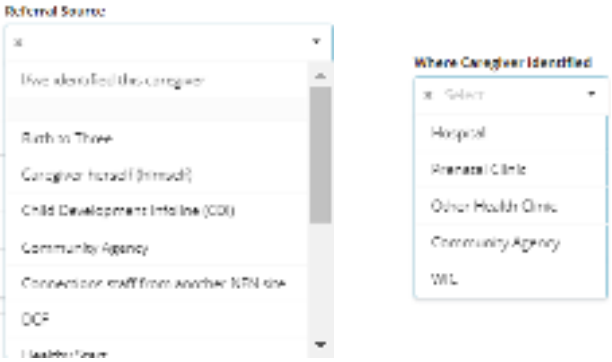
Clarification of "Referral Source" and "Where Caregiver Identified" in the dropdowns on the referral screen:

Most home visiting agencies receive referrals from outside sources, for example DCF or Birth to Three. These are considered "referral sources" and are included in the "referral source" dropdown, see screenshot below.

Some agencies also employ outreach workers, and/or have dedicated staff who visit hospitals, social service agencies, WIC offices, etc. specifically to identify caregivers who would might be candidates for home visiting. If a staff person employed at your agency identified the caregiver him/herself, then the "referral source" choice should be "I/we identified this caregiver". If "I/we identified this caregiver" is chosen from the dropdown, then a second dropdown comes up called "Where Caregiver Identified". In the second dropdown you can record where the staff member identified the potential caregiver.

As an example: if a WIC office called with a referral, the "Referral Source" would be recorded as WIC.

If a staff member went to a WIC office and engaged a potential caregiver, the "Referral Source" for that caregiver would be "I/we identified this caregiver", and in the next dropdown, "Where Caregiver Identified", you would choose WIC.



Note that "(another) Program/department within my agency" was added to the dropdown list to capture instances where a home visiting program sits within a larger organization, and a referral was generated at the larger organization but in a different department (i.e. not from home visiting staff). This could happen, for example, if there are services offered for substance use treatment or housing, within the larger agency, and the referral came from staff who provided one of those services.

Note also that for both "Referral source" and "Where caregiver identified" there is no choice for "other", but you can type words in if you have a referral choice that isn't captured in the dropdown. To do that, put your cursor next to the x and type in the value you'd like to record.

2.) Date Spoke With: Could you clarify what should be used as the "spoke with caregiver" date?

The "spoke with caregiver" date is the first date the home visiting staff spoke with the family. This would include anyone on the home visiting team, including support staff.

3.) Consent: In the enrollment form, there is a question, "Individuals who can sign informed consent" and options for DCF, birth parents or other court appointed guardian. Is adopted parent considered an "other court appointed guardian?"

An adopted parent would be in the same category as birth parent. The options in ECIS have been changed to: DCF, Parent, and Legal Guardian.

4.) Consent: Can you provide language around what "verbal consent" from a family would look like over the phone so that I am able to complete referrals in ECIS immediately rather than waiting for the first home visit?

There is no legal standard for what constitutes verbal consent, since consent can be given for many things. The important part is that the caregiver knows what they are agreeing to. If the verbal consent is for accepting home visiting, then the consent form should be summarized over the phone as if the caregiver were signing it, and then the caregiver would sign it in person when they meet with the home visitor. The information around confidentiality is under item numbers 4-6 on the consent form. If the caregiver is declining home visiting but is giving verbal consent to allow demographic and risk information to be entered into ECIS, then that should be explained as well. It is recommended that if a caregiver gives consent over the phone, that notes be kept from the call, including the date.

5.) Can a family accept home visiting but decline to be in ECIS?

That is up to the agency, but be advised that to be considered "served" by the OEC, families have to be in ECIS.

Families whose information isn't in ECIS aren't included in programmatic counts or measures. Each home visiting agency has contractual obligations, including the number of families they are expected to serve each year and outcome measures they are expected to collect. Agencies are welcome to work with families in addition to those they are being funded to serve (i.e. families who are not entered into ECIS and who are therefore not included in official counts from the OEC). If you have families who are undocumented and therefor wary of sharing personal information, please discuss this with your program liaison for possible arrangements.

6.) Enrollment Dates: Clarification about caregiver and child's enrollment dates

For Caregivers: the enrollment date is determined by the date of the first home visit. In other words, once the first home visit is entered into the system, the enrollment date is set as the date of that home visit.

For Children: <u>If the mother is pregnant with the index child when s/he enrolls</u>, then the child's enrollment date is the same as the child's birthdate.

<u>If the child has already been born when the caregiver enrolls</u>, then the child's enrollment date comes from the "enrollment form date" that is filled out when you "add a child" in ECIS. If a child and caregiver enroll at the same time, please enter the date of the first home visit under the

"enrollment form date" on the child's enrollment form. This will ensure that the child and the caregiver have the same enrollment date.

7.) We have a new client who is living in a safe house due to DV. The enrollment form won't save without a street address. What should I enter in that field?

If you have the zip code of the safe house, then the zip can be entered, and the street can be entered as "undisclosed" or "private", and the town field can be left blank. Alternatively, if you don't have the zip code, you can use the agency's address.

Demographic and General Family Information

8.) Child Age: We are unable to enter a child that is over 6 years old; when we try to enter a birth date older than 6, it defaults to today's date in 2013 (exactly 6 years ago).

ECIS will not accept enrollment information on any child older than 5 years and 364 days. If a child is approaching 6 years old when they enroll, please be sure to enroll them before they turn 6.

9.) If we report actual income (as opposed to poverty level status), is it gross income or net income?

If you report an income figure, it should be the gross income for the household.

10.) What do we include in household income?

"Household income" refers to the annual gross income for the household. In terms of what to include, **do** include forms of cash:

Paychecks
Money from family, friends
Child support or alimony
Social Security, SSI, SSDI
TANF

Do **not** include rental assistance or food assistance (WIC, SNAP).

11.) Who do we include in household income?

In accounting for income, include all enrolled caregivers, and any additional household members who the parent considers to be a caregiver of the child. This can include two parents, grandparent(s) and/or other relatives if they are considered caregivers for the index child. In terms of counting household members, include the same caregivers you include in the income estimate, and children (both index and siblings) who live in the household.

12.) Health Insurance: If a family has multiple insurance (i.e. private and Husky), what do we select? No option for multiple.

Insurance is collected and recorded separately for each enrolled caregiver and child.

If a caregiver is covered by more than one insurance, please record their primary insurance. If the care coordinator/clinician is not sure which insurance is primary, please ask the caregiver which insurance their primary care provider uses as the primary insurance.

13.) What is difference between Medicaid and CHIP? Is CHIP just during baby's first year?

CHIP (Children's Health Insurance Program) is the same as HUSKY B. It is health insurance for children who don't qualify for HUSKY A because of income. There are monthly premiums and sometimes co-pays under HUSKY B. For our purposes, we collect insurance coverage by parent report, so if a parent specifies CHIP or HUSKY, we'd record what they say. If the parent doesn't know whether their child has CHIP or HUSKY, please record as HUSKY since that's the more generic Medicaid program. When we report it out, CHIP and HUSKY are combined.

14.) For Table 22: Index Children by Usual Source of Dental Care, is there an age cut off for index children? For example, what about for children who do not yet have teeth?

Only index children who are at least one year old are included in this table.

Household

15.) Are we supposed to enter siblings?

If a mom gives birth to an additional child (other than the index child) while she is enrolled in home visiting, please enroll the sibling and enter the perinatal information. ("Perinatal information" refers to all information necessary to enroll the newborn, as well as prenatal visits, postpartum visit for the mother, and early well child visits.) Beyond the perinatal information, it is up to the supervisor whether you enter additional information about siblings. If you enroll older children, it is only possible to enroll children up through the age 5, i.e. up to the age of 6.

16.) Is there anywhere where we can give information (DOB) for children who do not live in the home- those back in country of origin or removed by DCF or living with other parent? To me this is important info that I want to have- even in thinking of children we get gifts for at Christmas

Clearly children who are part of the family but who don't live in the household are important to know about. However, the decision was made to limit the data in ECIS to siblings who are under 6 and who live in the household. Information about other siblings is in the same category as case notes, scheduling information, etc.—things that are an integral part of home visiting service delivery, but aren't collected as part of the state-wide reporting system.

17.) If our mom is a teen mom, do we need to report on her siblings who may be younger than 5 but who live in the household?

No, in terms of siblings please report only on the index child's siblings.

18.) Priority populations: Does question about Developmental Delays apply to caregiver or children?

Anything referring to "developmental delays" would be about children. There is a priority populations question for "low student achievement", which could refer to either the caregiver or the child. For a list of the definitions for Priority Populations, please see the appendix of the ECIS User's Manual.

19.) What do I do with caregivers who are kind of involved?

In terms of data collection, if a caregiver is receiving full services, including routine home visits and assessments, then they should be "enrolled" and their information should be entered in ECIS. There should always be at least one caregiver per family who is fully enrolled, and for whom there is complete information in ECIS. If there is a second caregiver in the family who is occasionally present at home visits, then they can be added as a household member in the household tab. Once they are added as a household member, they will appear in the dropdown for "people present" in the home visit popup, and can be recorded as being present at home visits. If the second caregiver reaches the point of receiving full services, including assessments, then they should be enrolled as well.

20.) What do we do if we have two primary caregivers?

In cases where there are two caregivers enrolled it's up to the home visitors and their supervisor to decide which caregiver should be designated the primary caregiver in ECIS. Unfortunately, we can only report on one primary caregiver per family. Full information should be entered for all enrolled caregivers, but the caregiver designated as the "primary caregiver" will be the one counted in the reports. The only rule that is set in ECIS regarding which caregiver is primary is for prenatal parents, where the mother is set by default as the primary caregiver. However, if a second caregiver is enrolled, this designation can be changed after birth.

Benchmark Information

21.) Breastfeeding: Does feeding a child pumped breastmilk count as breastfeeding

Yes, the definition of breastfeeding includes the feeding of pumped or expressed breast milk.

22.) Depression screening: Is there any flexibility to screen a mother who enrolls prenatally within 3 months of enrollment rather than waiting to screen within 3 months of delivery?

To be counted in the numerator of this measure, women who enrolled prenatally need to receive a screening within 3 months of delivery.

23.) Depression screening: I identified my caregiver as already receiving treatment for depression in ECIS, but s/he is still showing up in the denominator for depression screening.

If a caregiver is already receiving services for depression, s/he is still expected to be screened for depression. This is the guidance we have received from our federal funders. Please see the handout "Screening and Referral Expectations" for more information.

24.) Well child visits: Are well child visits parent report only?

Yes, the well child visit information comes from parent report. There is no need to verify the information (unless the clinical supervisor advises otherwise).

25.) Postpartum care: How is a postpartum care visit defined and do these visits have to occur with specific types of health care providers?

The following is the guidance we have received from HRSA regarding postpartum visits:

A postpartum visit is a visit between the woman and her health care provider to assess the mother's current physical health, including the status of pregnancy-related conditions such as gestational diabetes, to screen for postpartum depression, to provide counseling on infant care and family planning, and to provide screening and referrals for the management of chronic conditions. Additionally, a provider may use this opportunity to conduct a breast exam and discuss breastfeeding. While there is no restriction on the types of health care providers that are seen in a postpartum visit, the purpose of the visit has to be for one of the reasons outlined above.

26.) Tobacco cessation referrals: What is considered tobacco use? Does vaping count?

Yes, vaping is included. There are three categories of tobacco use:
Combustibles: these include cigarettes, cigars, pipes, hookahs, and bidis;
Non-combustibles: these include chew, dip, and snuff;
Electronic Nicotine Delivery Systems (ENDS): these include e-cigarettes and vaping.

27.) Tobacco cessation referrals: If the primary caregiver reports using tobacco at the time of enrollment but is already receiving tobacco cessation counseling or services, are we still required to make a referral?

If the primary caregiver is already receiving tobacco cessation services at the time of enrollment, you do *not* have to make a referral. After you enter that the caregiver uses tobacco at enrollment, that information is stored in the health and wellness tab. Hit the "Edit" button in the table that shows the caregiver was using tobacco at enrollment, and in the referral dropdown, choose "Caregiver receiving cessation services already".

28.) Safe sleep: Is safe sleep by parent report or should we be checking the crib for safety?

All measures, including safe sleep, are by parent report.

29.) For the safe sleep questions, does a yes answer mean the subject of share/back/bedding was discussed, or that the baby is doing that?

That the baby is doing that. For each of the safe sleep questions, we are recording what the parent says is happening. For example, a "yes" under "back" means that the parent reported that the baby is always put to sleep on their back.

30.) Safe sleep: We serve populations that regularly co-sleep as a cultural practice. How should we approach this measure with these families?

This is the guidance we received from HRSA:

An index child sleeping in the same bed as a parent or sibling is considered bed sharing and should not be included in the numerator. While HRSA is sensitive to cultural practices regarding co-sleeping, this practice does not align with current public health recommendations regarding safe sleep.

31.) Safe sleep: How should we report on safe sleep when an infant starts turning over or standing up when put to bed?

This measure is asking whether the infant is always placed to sleep on his/her back, without bed sharing or soft bedding. For older infants, if a caregiver puts the infant to sleep on his/her back and s/he rolls over or stands up on his/her own, this is developmentally appropriate and would still constitute a safe sleep practice.

32). Child Maltreatment: Suspected cases of abuse— do we need to check with DCF?

No. Maltreatment is by family (or home visitor) report. There is a separate process worked out with DCF to crosscheck the frequency of maltreatment, using aggregate data. Only family report is recoded in ECIS.

33). Child Maltreatment: What do we do if a report of maltreatment is being investigated at DCF and we don't know whether it's been substantiated or not? (This is especially relevant at the end of the quarter.)

Please record what you know so far. If the report is being investigated, then record that. You can fill in the result of the investigation when you find that out. (note that the benchmark looks at investigations, not substantiations.)

34). Parent Child Interaction: CCIS is not listed as an option for the Parent Child Interaction Measure. We occasionally have children who are older than the Piccolo range.

ECIS only collects information about assessments that were done with validated tools approved by HRSA. Those tools are in the drop down list. The Child Caregiver Interaction scale (CCIS) is currently not an approved tool.

35). Early Language and Literacy: Clarification of the Read/Sing measure in the child's record under the Early Language/Literacy tab

This measure captures whether "during a typical week, the index child was read to, told stories to, and/or sung songs with daily, everyday". Please note:

The measure asks whether the child was read to (sung to or told stories to) by a family member; it *doesn't* ask whether the caregiver him/herself read to the child. If another family member, or a combination of family members read (sang, told stories to) the child every day, then that measure counts as yes.

The measure asks whether the child was read to (etc.) *every day*, during a *typical week*. It doesn't need to be the same activity each day; any combination of reading, singing, and telling stories would count.

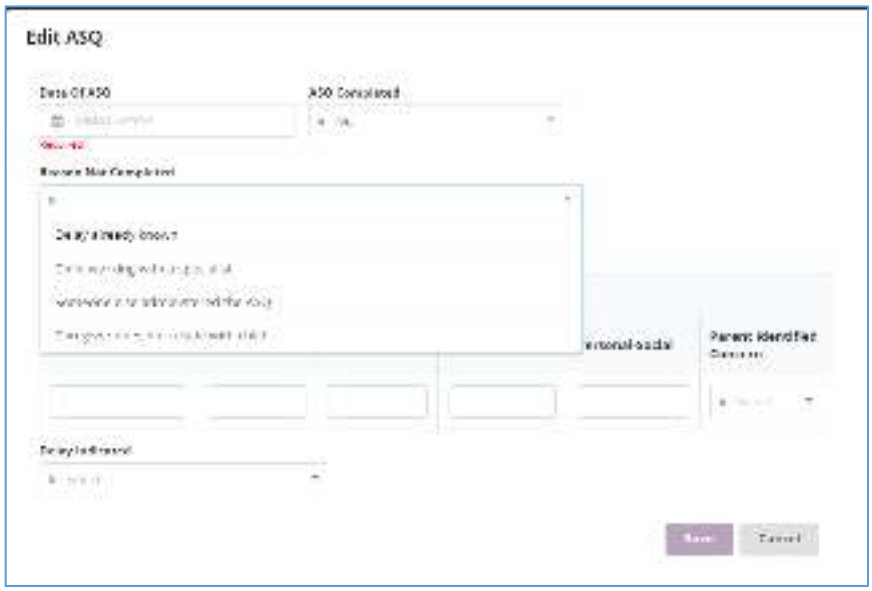
This measure, like most measures, is parent self-report. The home visitor is not expected to observe the behavior. Instead, the home visitor is expected to ask the parent and record their response.

<u>When to record this information:</u>
Please record whether the parent responded yes or no to the question at the end of each quarter.

In most cases, discussing reading, singing, and telling stories to the child will be a routine topic of conversation, and there will likely be many home visits where the home visitor could record the caregiver response. However, it is only required to be entered once per quarter, and in fact, can slow the system down if it is entered multiple times per quarter.

36). Developmental screening: How do we handle instances where an ASQ is due but the child has already been identified as having a delay and/or is already receiving treatment?

When you click on a scheduled ASQ (for example, "9 months"), a pop-up comes up with the first two fields: 'date' and 'ASQ completed' yes/no. If you choose no, for 'ASQ completed', a 'Reason not completed' box comes up with choices that include 'delay already known' and 'child working with a specialist'. It's possible to choose one or both of those.



When you choose 'delay already known', the child is not included in benchmark measure #12 which assesses whether children are up-to-date with ASQ screenings. Note that all children who are at least 9 months old are included in the benchmark measure for ASQ screening, *unless* "delay already known" is recorded. For that reason, it's important to record why the child wasn't screened when that's the case. For more information, please see the handout "Screening and Referral Expectations".

37.) Developmental screening: What if the ASQ score doesn't indicate a possible delay, but the parent has a concern?

Parental concern is enough to warrant an assessment. If the parent has identified a concern, please choose 'possible delay indicated'.

38.) Behavioral concerns: For the behavioral concerns question, should this be limited to caregivers with an index child of a certain age since behavioral concerns vary by age?

No, there are no age restrictions for collecting data on behavioral concerns. This question should be asked at all postnatal home visits regardless of the index child's age. Note that the fuller

description of the measure is that it's asking parents if they have any concerns about their child's *development*, behavior, or learning, so it would apply to newborns as well.

39.) IPV screening: Do we exclude participants who are not in an intimate partnership?

No, all primary caregivers should be screened for IPV, regardless of their relationship status. This is the guidance we received from HRSA:

The definition of IPV includes any "person with whom one has a close personal relationship" and can be found at https://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/

40.) IPV screening: If a caregiver is working with a domestic violence agency, is the expectation still to screen him/her for IPV?

The expectation is to screen all caregivers for IPV within the first six months of his/her enrollment, whether or not they are already receiving services for domestic violence. In the benchmark report, the measure includes all caregivers whose enrollment reached six months during the reporting period. If it might be harmful to screen the caregiver, then please rely on clinical judgment; in the end, clinical judgement and sound practice are more important than the benchmark measure. For more information, please see the handout "Screening and Referral Expectations" for more information.

41.) IPV screening: Do we need to screen male caregivers for IPV?

Yes, all caregivers should be screened for IPV.

42.) Completed depression referrals: What do we do if a primary caregiver screens positive for depression, and then in a subsequent screening screens negative?

If a caregiver screens positive for depression but a second screening indicates no depression, then the caregiver is not expected to be referred.

43.) Completed depression referrals: what about caregivers already receiving treatment?

Caregivers identified as already receiving treatment, are excluded from the depression referrals measure (unlike the depression screening measure).

44.) Completed depression referrals: does referral for depression count for Child First services?

Yes. Since Child First is a clinical program, it is possible to count offering depression services within the program as an (internal) referral.

45.) Completed depression referrals: What if a caregiver refuses a referral to services?

Caregivers are included in the denominator even if they refuse a referral. They remain in the denominator until they receive services, or until a subsequent screen indicates no depression.

46.) Completed developmental referrals: Clarification of where to enter referral information for developmental delays

When you enter ASQ information, the last box asks whether a possible delay was indicated. If you choose "Yes", a little plus sign appears next to the ASQ record in the ASQ Summary table.

If you click on the plus sign, a referrals table appears below the ASQ summary table, and you can click on "Add Referrals" button to enter referral information.

47.) Completed developmental referrals: If a child has a score that indicates a developmental delay, and the family refuses B23 we indicate that the HV will be providing serves in the referral section. Does this need to be done for each low ASQ?

Yes. Whenever there is a positive screen entered, the referral measure looks for a referral. This is true of all screens, including screens that are not included in the screening measure (screening measure #12 looks specifically for screens done at 9, 18, and 24/30 months).

As you say, tailored services provided by the home visitor "counts" in the benchmark measure as a referral. The services provided by the home visitor should be specific to the area of concern. They can include: more frequent screening, ASQ activities, activities by model curriculum, and/or activities from CDC materials targeting the developmental skill or domain for which there was a concern.

48.) Completed developmental referrals: Once a family is engaged with B23 we continue to do ASQ's if it is appropriate for the family. We do this as this is a requirement of PAT. Do we need to keep repeating the same referral information for each low ASQ to meet the ECIS benchmarks?

Similar to above, the answer is yes, that you should enter referral information to correspond with every positive screen. In the case of Birth to Three, you wouldn't keep referring the family with each new screen. In these cases, please enter "Individual support from home visitor" as the referral. As described above, the home visitor's continued screening and attention is considered to be individual support.

49.) Completed developmental referrals: What if a family refuses referral for developmental services after a positive screen?

Like the depression measure, caregivers are included in the denominator even if they refuse a referral. However, remember that for developmental delays, the home visitor can provide tailored services for the child, and these would "count" as a referral.

50.) IPV referrals: For IPV referrals, how is "received referral information" defined?

"Received referral information" means that the primary caregiver was provided information about IPV community resources by the home visitor.

51.) IPV referrals: For the IPV referral measure, what about caregivers who already received a referral or are receiving services prior to home visiting?

The expectation is that the caregiver will still be referred if they are screened for IPV and are positive for risk, even if they have already been referred or are already receiving services. It's important to note that 'receiving referral information' means that the caregiver was provided information about IPV community resources. So a referral to a caregiver already receiving services may amount to a short discussion/confirmation of the services that they are receiving.

Other Questions

52.) How do we change the home visitor for a family?

Go to the enrolled caregivers screen. You'll see the home visitor's name in purple. Click on the home visitor's name and it will bring you to a dialog box where you can choose a different home visitor.

53.) How do we change a child from Index to Sibling?

You can change a child's designation from Index to Sibling or vice versa by selecting <Change Index Child> from the Caregiver's Actions menu.

54.) How do I edit a record of a caregiver who has exited?

It is possible to go to the exited caregiver's bucket and open a caregiver's record to edit it.

55.) If a caregiver is enrolled in multiple ECIS programs, does the caregiver have one profile or are they entered multiple times?

A family can only be enrolled in one home visiting program at a time. This is true even if it's a different home visiting model; in other words, a family can't be enrolled in a PAT program and a Child First program at the same time. If a family is already enrolled in one program and presents at a second agency, the clinical supervisors at the two agencies should discuss the situation with each other and with the family, and decide which agency is more appropriate.

If a caregiver already has a record in ECIS, if a user tries to enter referral information for that caregiver, (first name, last name and DOB), then a window will pop up alerting the user that a record already exists for a caregiver with that name and birthdate.

If a caregiver is being transferred from one home visiting program to another, the electronic record would be transferred as well, and can be continued at the new agency.

56.) The count for home visits: do we include only those that were completed or include the scheduled visits that were cancelled or no shows?

Please enter only home visits that were completed.