N-MIECHV Screenshot FamilyWise Manual

Purpose: The purpose of this manual is to provide N-MIECHV (Nebraska Maternal Infant Early Childhood Home Visiting) staff with proper placement of documentation in the FamilyWise case management system. To ensure quality and reliable data it is important there is consistency across all N-MIECHV sites. This manual is only for N-MIECHV staff and should not be distributed to any outside party.

This manual is divided into three sections the main purpose for each section is listed below.

Section A: This section provides the proper location of documentation for the benchmark elements for federal reporting purposes.

Section B: This section provides the proper location of documentation of the demographics for federal reporting purposes.

Section C: This section provides the Nebraska Benchmark Plan for your reference.

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Section A: Construct Locations in FamilyWise

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*-Supplemental to the benchmark plan

Priority Populations

Family Assessment Data

Family Number 310 **CN** **Assessment No** na

Adult 1 Score **Date**

Date Received by Sup.

Score	U	I	Assessment Place
0	No	No	1. Parent's Childhood Experience
			☐ Has history of being CAN OR have had interaction wi ild)
0	No	No	2. Lifestyle Behaviors and Mental Health
			☐ Criminal History ☐ Substance Abuse ☐ Mental Illness
0	No	No	3. Parenting Experience
			☐ Experience with Children ☐ CPS
0	No	No	4. Coping Skills and Support System
			☐ Support System/Lifeline (family, friends)
0	No	No	5. Stresses
			☐ Relationship ☐ Finances ☐ Housing
0	No	No	6. Anger Management
			☐ Hurts People ☐ Afraid ☐ Police ☐ IPV Why Not Done?
			☐ Causes Fear ☐ None ☐ Refuse ☐ EA Safety Plan:
0	No	No	7. Expectations of Infants' Development Milestones and Behaviors
			☐ Unreasonable development expectations ☐ No information/concern ☐ Crying baby
0	No	No	8. Plan for Discipline
			☐ Plan to use Physical Punishment
0	No	No	9. Perception of New Infant
			☐ No Positives Mentioned ☐ Baby more difficult than other babies ☐ Difficult behaviors is intentional
Total 0	No	No	10. Bonding attachment
			☐ Baby unwanted/Too overwhelming ☐ Medical problems/Abnormalities
0	0	0	

☐ Safety - Carseat ☐ Safety - Fire ☐ Safety - Water ☐ Safety - Poison ☐ Safety - SID/Back to Sleep

☐ Safety - Blunt force trauma ☐ Safety - Shaken Baby ☐ Safety - PPD ☐ Safety - Water Temperature ☐ Safety - Co-Sleeping

Federal Demographic: Priority Population Interactions with child welfare services

Federal Demographic: Priority Population History of Substance Abuse

Federal Demographic: Interactions with child welfare services

Family Assessment Data

Family Number 361 **CN** **Assessment No.** 1 **FAW** Amber Duque

Adult 1 Score **Date**

Date Received by Sup. Date Reviewed by Sup.

	Score	U	I	Assessment Place
	0	No	No	1. Parent's Childhood Experience
				☐ Has history of being CAN OR have had interaction with child welfare (as a child)
	0	No	No	2. Lifestyle Behaviors and Mental Health
				☐ Criminal History ☐ Substance Abuse ☐ Mental Illness
	0	No	No	3. Parenting Experience
				☐ Experience with Children ☐ CPS
	0	No	No	4. Coping Skills and Support System
				☐ Support System/Lifeline (family, friends)
	0	No	No	5. Stresses
				☐ Relationship ☐ Finances ☐ Housing
	0	No	No	6. Anger Management
				☐ Hurts People ☐ Afraid ☐ Police ☐ IPV
				☐ Causes Fear ☐ None ☐ Refuse ☐ EA
	0	No	No	7. Expectations of Infants' Development Milestones and Behaviors
				☐ Unreasonable development expectations ☐ No information/concern ☐ Crying baby
	0	No	No	8. Plan for Discipline
				☐ Plan to use Physical Punishment
	0	No	No	9. Perception of New Infant
				☐ No Positives Mentioned ☐ Baby more difficult than other babies ☐ Difficult behaviors is intentional
Total	0	No	No	10. Bonding attachment
				☐ Baby unwanted/Too overwhelming ☐ Medical problems/Abnormalities
	0	0	0	

☐ Safety - Carseat ☐ Safety - Fire ☐ Safety - Water ☐ Safety - Poison ☐ Safety - SID/Back to Sleep

☐ Safety - Blunt force trauma ☐ Safety - Shaken Baby ☐ Safety - PPD ☐ Safety - Water Temperature ☐ Safety - Co-Sleeping

Construct 14: IPV Screening
Note: If **positive** for any afraid, police, or IPV make a referral see next screenshot

Afraid
Considering your current partners or friends, or any past partners or friends, is there anyone who is making you feel unsafe now?

Police
In the past year, have the police ever been called to your home because of a fight or argument, no matter who was fighting or who was at fault?

IPV
Thinking back over the past year, on any occasion were you hit, slapped, kicked, raped, or otherwise physically hurt by someone you know or knew intimately, such as a spouse, partner, ex-spouse or partner, boyfriend, girlfriend, or date?

Add

Family	426
Referral	0
FAW	Ann King
FSW	
The Referral	○ By FSW ○ By FAW ○ By Admin
Referral Date	
Supervisor Review	Please Select
Category	Please Select
Need	Please Select Financial Food/Nutrition Housing IPV Services Legal Services Mental Health Other Support Needs
Describe: (255 character limit)	
Referred To	
	☐ FGP
	☐ Part of Transition Plan
Folow-up date	
Follow-up Memo	
Current Status	
Were services received? If not, why were services not received?	Please Select
Specify: (255 character limit)	

For Developmental Referrals

Date of Early Intervention Evaluation	
Date began Community Services	

Create | Cancel

Construct 19: Completed Intimate Violence Referrals Note: If client already is receiving services see next screenshot

Add

Family 426
Referral 0
FAW Ann King
FSW
The Referral ○ By FSW ○ By FAW ○ By Admin
Referral Date
Supervisor Review Please Select
Category Please Select
Need
Describe: (255 character limit)

Please Select
Financial
Food/Nutrition
Housing
IPV Services
Legal Services
Mental Health
Other Support Needs

Referred To
☐ FGP
☐ Part of Transition Plan
Folow-up date
Follow-up Memo
Current Status
Were services received? If not, why were services not received? Please Select
Specify: (255 character limit)

Please Select
Service Not Available
Unknown - Unable to followup
Client Refused Referral
Other
On wait list
Client already receiving service
Unknown due to termination

For Developmental Referrals
Date of Early Intervention Evaluation
Date began Community Services

Create Cancel

Note: If client is receiving IPV services complete referral in screenshot above then mark client already receiving services under this dropdown

Family No	426
FSW	Add/Edit
FAW	Ann King
Funding Source	Please Select
Adaptation	NA
Current Family Level	Add/Edit Terminate
Level Change Date	
Deceased	Please Select
First Name	Kate
Middle Name	
Last Name	Russell
Address	Add/Edit
City	
Zip	
Phone	
Phone Type	
Other Phone	
Phone Type	
County Family Resides	
E-Mail	
Gender	Please Select
Relation to Target Child	Please Select
Ethnicity	Please Select
Race	White African American Indian/Alaskan Asian Hawaiian/Pacific Other
Language	Please Select Bilingual
National Origin	Please Select
Social Security Number	
Date of Birth	month/day/year
Employment Status	Add/Edit
Employer	
Position	
Average Hours per Week	
Average unpaid hours childcare	
Receive Benefits	

If client is using Child Welfare Protocol then select CWA under adaptation

Construct 15: Primary Caregiver Education

Earnings	
Education Level	Add/Edit
Enrolled In School	
Average Education hours per week	
Marital Status	Add/Edit
Primary Insurance	
Secondary Insurance	Add/Edit
In Jail	Add/Edit
History of Incarceration	
Current Parole/Probation	
History of Parole/Probation	
Current Dept Juvenile Justice Services	
History of Dept Juvenile Justice Services	
Update Cancel	

Construct 16: Continuity of Insurance
Note: Make sure to update monthly

Construct 6: Smoking Cessation Referral
Note: If marked **Yes** then make referral see next screenshot

FAW	Ann King
FSW	
Date	5/20/2021
Family In Target Population	☐ Family In Target Population
Primary Caretaker	Please Select
Family Planning	Please Select
Does family have provider	Please Select
Adult 1 History of Primary Care Provider	
Adult 2 History of Primary Care Provider	
☐ Family is using WIC Vouchers	
Military	
Tobacco Use in home	Please Select
Does primary caregiver use tobacco or smoke?	Please Select
Low Achievement	Please Select
Is target child participating in Part B Assistance for Education of All Children with Disabilities?	Please Select
Is target child participating in Part C Early Intervention services?	Please Select
Non-target child with Dev. Delays	Please Select
Non-target child with Low Student Achievement	Please Select
% of Poverty Level	Please Select
Estimated Annual Income $	
Weekly Court Ordered Child Support $	
Current family income's situation	Please Select
Total children parent is responsible for	

Type of housing family lives in	Please Select
Specify	
Housing Stability	Please Select
Homeless Status	Please Select
Housing Status	Please Select
Transportation access	Please Select ○ Reliable ◉ Not Reliable
Usual Source of Medical Care for Child	Please Select
Usual Source of Dental Care for Child	Please Select

FOR MIEC FAMILIES ONLY
Specify amounts and/or check all that apply:

Child Support	$0.00	☐
Social Security	$0.00	☐
Unemployment	$0.00	☐
Earned Income/Wages	$0.00	☐
Formal In-Kind Support	$0.00	☐
Informal In-Kind Support	$0.00	☐
Other Support	$0.00	☐
Agricultural	$0.00	☐
Family or Friends Amount	$0.00	☐
Business Amount	$0.00	☐
Interest or Dividends	$0.00	☐
Rent from tenants or boarders	$0.00	☐
Food stamps	$0.00	☐
WIC	$0.00	☐
TANF	$0.00	☐
Supplemental Security Income (SSI)	$0.00	☐
Alimony	$0.00	☐
Worker's compensation benefits	$0.00	☐
Disability benefits	$0.00	☐
Veteran's benefits	$0.00	☐
Pension	$0.00	☐

✓ Update ⊘ Cancel

Add

Family	426
Referral	0
FAW	Ann King
FSW	
The Referral	○ By FSW ○ By FAW ○ By Admin
Referral Date	
Supervisor Review	Please Select
Category	Please Select
Need	Please Select Legal Services Mental Health Other Support Needs Primary Healthcare Safety Smoking Cessation Transportation
Describe: (255 character limit)	
Referred To	
	☐ FGP
	☐ Part of Transition Plan
Folow-up date	
Follow-up Memo	
Current Status	
Were services received? If not, why were services not received?	Please Select
Specify: (255 character limit)	

For Developmental Referrals

Add

Family 426
Referral 0
FAW Ann King
FSW
The Referral ○ By FSW ○ By FAW ○ By Admin
Referral Date
Supervisor Review Please Select
Category Please Select
Need
Describe: (255 character limit)

- Please Select
- Legal Services
- Mental Health
- Other Support Needs
- Primary Healthcare
- Safety
- Smoking Cessation
- Transportation

Construct 6: Smoking Cessation Referrals

Referred To
☐ FGP
☐ Part of Transition Plan
Folow-up date
Follow-up Memo
Current Status
Were services received? If not, why were services not received? Please Select
Specify: (255 character limit)

- Please Select
- Unknown - Unable to followup
- Client Refused Referral
- Other
- On wait list
- Client already receiving service
- Unknown due to termination

Note: If client is already receiving smoking cessation services complete referral in screenshot above then mark client already receiving services under this dropdown

Specify: (255 character limit)

For Developmental Referrals

Date of Early Intervention Evaluation
Date began Community Services

Create Cancel

Add

Pre/Postnatal

Prenatal Only

EDC (01/01/1900)

Does MOB have prenatal care? Please Select

Did MOB get regular checkup and PAP smears prior to getting pregnant? Please Select

Pre/Postnatal

Alcohol

a. Prior to Pregnancy No/limited use of alcohol Please Select

b. Prior to Pregnancy alcohol abuse (7 or more per week OR 3 or more in one occasion) Please Select

c. any alcohol after pregnancy known Please Select

Drugs

a. Prior to Pregnancy no drug use Please Select

b. any drug use during pregnancy Please Select

Data to be entered after baby is born

DOB		Was there a live birth?	Please Select	Week(s) adjustment	0
SS#					
First Name				Name	
Ethnicity		Race			
Gest. age	Please Select	Gender	Please Select		
Birth Weight	Please Select (Pounds) / Please Select (Ounces)	Weight in grams			
Multi Number		Multi Sequence			
Active/Inactive	Please Select	Inactive Date		Inactive Reason	
Does child have regular health provider or clinic?	Please Select	Doctor's Name			
Week Mother began prenatal care	Please Select	Smoking during this pregancy	Please Select		
Were there any complications during pregnancy?	Please Select	Specify			
Were there complications during labor/delivery/hospital stay for baby?	Please Select	Specify			
Were there complications during labor/delivery/hospital stay for mother?	Please Select	Specify			
Did the baby spend any time the Neonatal Intensive Care Unit (NICU)?	Please Select				
Well Child visits prior to intake?	Please Select	Number Of Well Child Visits		Date of last well child visit received	
Number of Healthcare visits	Please Select	Number Of Health Care Visits		Date of last Healthcare visit	
Mother's Health History		Child's Health History			

Construct 1: Make sure to enter child's DOB and Gestational age

Create Cancel

AAP Well Child Visit Schedule

3-7 days	12-13 months
2-4 weeks	15-16 months
2-3 months	18-19 months
4-5 months	2-2.5 years
6-7 months	3-3.5 years
9-10 months	4-4.5 years

Construct 10: Parent-Child Interaction

Growth & Progress by Child

Family #	Child #	
432	1	06/01/2021
432		

ASQ3
ASQSE
ASQSE2
CCI
EPDS
Health Habits
Health Screen
Immunization
KIPS
Kotelchuck
Medical Appointment
PICCOLO
Postpartum Assessment
Prenatal Assessment
View GP Due
Health Log Report

1 - 2 of 2 items

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Add

CHEERS - Check-In

Family Number 432 | FSW Please Select

Number/Test Month | Date

C1. Responds promptly	1 2 3 4 5 6 7
C2. Responds appropriately	1 2 3 4 5 6 7
HT1. Initiates physical contact	1 2 3 4 5 6 7
HT2. Gentle holding/touching	N/A 1 2 3 4 5 6 7
HT3. Shows physical affection	1 2 3 4 5 6 7
EX1. Speaks to child	1 2 3 4 5 6 7
EX2. Uses expression to engage	1 2 3 4 5 6 7
EX3. Responds to vocalizations	N/A 1 2 3 4 5 6 7
EM1. Responds promptly	1 2 3 4 5 6 7
EM2. MResponds appropriately	1 2 3 4 5 6 7
EM3. Expresses positivity	1 2 3 4 5 6 7
RR1. Encourages exploration	1 2 3 4 5 6 7
RR2. Follows child's lead	1 2 3 4 5 6 7
S1. Shows pleasure	1 2 3 4 5 6 7
S2. Warm tone	1 2 3 4 5 6 7
S3. Positive affect	1 2 3 4 5 6 7
Memo	

Create

CHEERS Check in Tool Guidance

Once when child reaches between (4-12 months)
Once when child reaches between (13-24 months)
Once when child reaches between (25-36 months)

Note: The following two tables are for informational purposes. These tables are not found in FamilyWise anywhere.
Table 1: Gives you the cutoff scores for each subscale for making a referral for the ASQ3.
Table 2: Gives you an overview of the ASQ3 valid test dates to determine which month to administer based on the child's age.

Table 1: ASQ 3 testing score cutoff's for developmental delay referrals (construct 18)

	Test Month	**2**	**4**	**6**	**8**	**9**	**10**	**12**
Subscale	Communication Cutoff	22.77	34.60	29.65	33.06	13.97	22.87	15.64
	Gross Motor Cutoff	41.84	38.41	22.25	30.61	17.82	30.07	21.49
	Fine Motor Cutoff	30.16	29.62	25.14	40.15	31.32	37.97	34.50
	Problem Solving Cutoff	24.62	34.98	27.72	36.17	28.72	32.51	27.32
	Personal-Social Cutoff	33.71	33.16	25.34	35.84	18.91	27.25	21.73
	Test Month	**14**	**16**	**18**	**20**	**22**	**24**	**27**
Subscale	Communication Cutoff	17.40	16.81	13.06	20.50	13.04	25.17	24.02
	Gross Motor Cutoff	25.80	37.91	37.38	39.89	27.75	38.07	28.01
	Fine Motor Cutoff	23.06	31.98	34.32	36.05	29.61	35.16	18.42
	Problem Solving Cutoff	22.56	30.51	25.74	28.84	29.30	29.78	27.62
	Personal-Social Cutoff	23.18	26.43	27.19	33.36	30.07	31.54	25.31
	Test Month	**30**	**33**	**36**	**42**	**48**	**54**	**60**
Subscale	Communication Cutoff	33.30	25.36	30.99	27.06	30.72	31.85	33.19
	Gross Motor Cutoff	36.14	34.80	36.99	36.27	32.78	35.18	31.28
	Fine Motor Cutoff	19.25	12.28	18.07	19.82	15.81	17.32	26.54
	Problem Solving Cutoff	27.08	26.92	30.29	28.11	31.30	28.12	29.99
	Personal-Social Cutoff	32.01	28.96	35.33	31.12	26.60	32.33	39.07

Note: Those in blue font are months specific to the benchmark plan

Table 2: Valid Testing Date for ASQ3

Test Month	Valid Timing	
	Start	**End**
2	1 month 0 days	2 months 30 days
4	3 months 0 days	4 months 30 days
6	5 months 0 days	6 months 30 days
8	7 months 0 days	8 months 30 days
9	9 months 0 days	9 months 30 days
10	9 months 0 days	10 months 30 days
12	11 months 0 days	12 months 30 days
14	13 months 0 days	14 months 30 days
16	15 months 0 days	16 months 30 days
18	17 months 0 days	18 months 30 days
20	19 months 0 days	20 months 30 days
22	21 months 0 days	22 months 30 days
24	23 months 0 days	25 months 15 days
27	25 months 16 days	28 months 15 days
30	28 months 16 days	31 months 15 days
33	31 months 16 days	34 months 15 days
36	34 months 16 days	38 months 30 days
42	39 months 0 days	44 months 30 days
48	45 months 0 days	50 months 30 days
54	51 months 0 days	56 months 30 days
60	57 months 0 days	66 months 0 days

Note: Those in blue font are months specific to the benchmark plan

Add

Family 432
Referral 0
FAW Tammy Test
FSW Amanda Drier
The Referral ○ By FSW ○ By FAW ○ By Admin
Referral Date
Supervisor Review Please Select
Category Please Select
Need
Describe: (255 character limit)

Please Select
Child Development
Child Health
Dental Care
Developmental Delay
Drug Abuse
Education
Emergency Assistance

Construct 18: Completed Developmental Referrals Refer to table on previous page for cutoffs

Referred To
☐ FGP
☐ Part of Transition Plan
Folow-up date
Follow-up Memo
Current Status
Were services received? If not, why were services not received? Please Select
Specify: (255 character limit)

For Developmental Referrals

Date of Early Intervention Evaluation
Date began Community Services

Create Cancel

Note: The table below will help you to determine which type of referral for developmental delay should be documented in FamilyWise.

Early Intervention- This includes EDN (Early Development Network)
Community Service Provider-This would include medical providers, internal referrals for rescreening and/or activities to help with child development as deemed appropriate per agency policy.

Add

Family 432
Referral 0
FAW Tammy Test
FSW Amanda Drier
The Referral ○ By FSW ○ By FAW ○ By Admin
Referral Date
Supervisor Review Please Select
Category Please Select
Need
Describe: (255 character limit)

- Please Select
- Child Development
- Child Health
- Dental Care
- Developmental Delay
- Drug Abuse
- Education
- Emergency Assistance

Referred To
☐ FGP
☐ Part of Transition Plan
Folow-up date
Follow-up Memo
Current Status
Were services received? If not, why were services not received? Please Select
Specify: (255 character limit)

- Please Select
- Service Not Available
- Unknown - Unable to followup
- Client Refused Referral
- Other
- On wait list
- Client already receiving se
- Unknown due to termination

For Developmental Referrals
Date of Early Intervention Evaluation
Date began Community Services

Create Cancel

Note: If child is already receiving developmental delay services complete referral in screenshot above then mark client already receiving services under this dropdown

Growth & Progress by Family

Family #	TGT DOB
432	06/01/2021

AAP
AAPI
ACE
CESD
CLS
COVID Impact Tracker
DLC
Electronic Consent
EPDS
Family Functioning
Family Health Behavior
Family Strengths
Food Security
GAD
HFPI
HITS
Home
Home Safety
Home Safety 2
LSP
LSP - FP
LSP - T and E
Medical Appointment
NCIPV
PEIS
PFS
PFS2
PHQ
UNCOPE
WEB
Well Being Screener
Parent Survey
Print GP Due

Construct 3: Depression Screening
Note: A score of **16** or higher requires a referral on pg 19

1 - 1 of 1 items

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Theme Select Theme

Edit ×

Center for Epidemiologic Studies Depression Scale

Family Number 432

FSW Please Select

Test Month Intake

Date

Why not done? Please Select

Client is currently receiving depression services

1. Bothered by things
- Rarely or none as of the time(<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

2. Poor appetite
- Rarely or none as of the time(<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

3. Shake off the blues
- Rarely or none as of the time(<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

4. Good as other people
- Rarely or none as of the time(<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

5. Keeping mind
- Rarely or none as of the time(<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

6. Depressed
- Rarely or none as of the time(<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

7. Effort
- Rarely or none as of the time(<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

8. Hopeful about future
- Rarely or none as of the time(<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

9. Failure
- Rarely or none as of the time(<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

10. Fearful
- Rarely or none as of the time(<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

11. Restless sleep
- Rarely or none as of the time(<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

12. Happy
- Rarely or none as of the time(<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

13. Talk less
- Rarely or none as of the time(<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

14. Lonely
- Rarely or none as of the time(<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

15. People unfriendly
- Rarely or none as of the time(<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

16. Enjoyed life
- Rarely or none as of the time(<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

17. Crying spells
- Rarely or none as of the time(<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

18. Sad
- Rarely or none as of the time(<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

19. People Dislike
- Rarely or none as of the time(<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

20. Get going
- Rarely or none as of the time(<1 day)
- Some or a little of the time (1-2 days)
- Occasionally or a moderate amount of the time (3-4 days)
- Most or all of the time (5-7 days)

Create Cancel

Add

Family	386
Referral	0
FAW	Laura
FSW	Laura
The Referral	○ By FSW ○ By FAW ○ By Admin
Referral Date	
Supervisor Review	Please Select
Category	Please Select
Need	Please Select
Describe: (255 character limit)	Housing IPV Services Legal Services Mental Health Other Support Needs Primary Healthcare Safety
Referred To	
	☐ FGP
	☐ Part of Transition Plan
Folow-up date	
Follow-up Memo	
Current Status	
Were services received? If not, why were services not received?	Please Select
Specify: (255 character limit)	

For Developmental Referrals

Date of Early Intervention Evaluation	
Date began Community Services	

Create | Cancel

Construct 17: Completed Depression Referrals
Note: If client is already receiving services see next screenshot

Add

Family	386
Referral	0
FAW	Laura
FSW	Laura
The Referral	○ By FSW ○ By FAW ○ By Admin
Referral Date	
Supervisor Review	Please Select
Category	Please Select
Need	Please Select Housing IPV Services Legal Services Mental Health Other Support Needs Primary Healthcare Safety
Describe: (255 character limit)	
Referred To	
	☐ FGP
	☐ Part of Transition Plan
Folow-up date	
Follow-up Memo	
Current Status	
Were services received? If not, why were services not received?	Please Select
Specify: (255 character limit)	Please Select Unknown - Unable to followup Client Refused Referral Other On wait list Client already receiving services Unknown due to termination

For Developmental Referrals

Date of Early Intervention Evaluation	
Date began Community Services	

Create Cancel

Growth & Progress by Family

Family #	TGT DOB
434	

1 - 1 of 1 items

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Build: 2021-08-0

Theme Select Theme

- AAP
- AAPI
- ACE
- CESD
- CLS
- COVID Impact Tracker
- DLC
- Electronic Consent
- EPDS
- Family Functioning
- Family Health Behavior
- Family Strengths
- Food Security
- GAD
- HFPI
- HITS
- Home
- Home Safety
- Home Safety 2
- LSP
- LSP - FP
- LSP - T and E
- Medical Appointment
- NCIPV
- PEIS
- PFS
- PFS2
- PHQ
- UNCOPE
- WEB
- Well Being Screener
- Parent Survey
- Print GP Due

Construct 5: Postpartum Care

Add

Adult Medical Appointment

Family Number 434

Number 0

Date

Which Adult Please Select...

Appointment Reason

Appointment Type

Outcome

- Illness
- Injury not ER
- Medication related
- Mental Health
- Nutrition
- Post-partum checkup
- Prenatal
- Preventative

Create Cancel

Growth & Progress by Family

Family #	TGT DOB
434	

1 - 1 of 1 items

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Build: 2021-08-02

Theme Select Theme

- AAP
- AAPI
- ACE
- CESD
- CLS
- COVID Impact Tracker
- DLC
- Electronic Consent
- EPDS
- Family Functioning
- Family Health Behavior
- Family Strengths
- Food Security
- GAD
- HFPI
- HITS
- Home
- Home Safety
- Home Safety 2
- LSP
- LSP - FP
- LSP - T and E
- Medical Appointment
- NCIPV
- PEIS
- PFS
- PFS2
- PHQ
- UNCOPE
- WEB
- Well Being Screener
- Parent Survey
- Print GP Due

UNCOPE Screener
Note: A score of 2 or higher requires a referral on pg. 22

Add ×

UNCOPE

Family Number 434

FSW Please Select

Test Month Intake

Date

1. U — Please Select
2. N — Please Select
3. C — Please Select
4. O — Please Select
5. P — Please Select
6. E — Please Select

If positive, which drugs were used?

☐ Heroin Heroin ☐ Cocaine Cocaine ☐ Meth Meth ☐ Marijuana Marijuana ☐ Crack Crack
☐ LSD ☐ Ecstacy Ecstacy ☐ Opium Opium
☐ Mushrooms Mushrooms ☐ PCP ☐ Alcohol Alcohol

Create Cancel

UNCOPE Questions

In the past year have you	Yes	No
(U) ...Spent more time drinking or using than you intended to?	☐	☐
(N) ...Neglected some of your usual responsibilities because of using alcohol or drugs?	☐	☐
(C) ...Felt you wanted or needed to cut down on your drinking or drug use in the last year?	☐	☐
(O) ...Family, a friend, or anyone else ever told you they objected to your alcohol or drug use?	☐	☐
(P) ... Found yourself thinking a lot about drinking or using?	☐	☐
(E) ...Used alcohol or drugs to relieve emotional discomfort, such as sadness, anger or boredom?	☐	☐

If you answered yes to items 1,2,3,4 and 6 please indicate what you have been using. Check all that apply:

☐alcohol,	☐meth,	☐LSD,	☐mushrooms,
☐heroin,	☐marijuana,	☐ecstasy,	☐PCP)
☐cocaine,	☐crack,	☐opium,	

Add

Family 431

Referral 0

FAW tammy test

FSW Tammy Test

The Referral ○ By FSW ○ By FAW ○ By Admin

Referral Date

Supervisor Review Please Select

Category Please Select

Need Please Select

Describe: (255 character limit)

Alcohol Abuse

Child Care

Child Development

Child Health

Dental Care

Developmental Delay

Drug Abuse

Drug or Alcohol Abuse Referral

Referred To

FGP

Part of Transition Plan

Folow-up date

Follow-up Memo

Current Status

Were services received? If not, why were services not received? Please Select

Specify: (255 character limit)

For Developmental Referrals

Date of Early Intervention Evaluation

Date began Community Services

Create Cancel

Add

Family 431
Referral 0
FAW tammy test
FSW Tammy Test
The Referral ○ By FSW ○ By FAW ○ By Admin
Referral Date
Supervisor Review Please Select
Category Please Select
Need
Describe: (255 character limit)
Referred To
FGP

Please Select
Alcohol Abuse
Child Care
Child Development
Child Health
Dental Care
Developmental Delay
Drug Abuse

Add

Part of Transition Plan
Folow-up date
Follow-up Memo
Current Status
Were services received? If not, why were services not received? Please Select
Specify: (255 character limit)

Please Select
Unknown - Unable to followup
Client Refused Referral
Other
On wait list
Client already receiving services
Unknown due to termination

Note: If client is already receiving drug or alcohol abuse services complete referral in screenshot above then mark client already receiving services under this dropdown

For Developmental Referrals

Date of Early Intervention Evaluation
Date began Community Services

Create Cancel

Home Visit

Home Visit I
Home Visit II
Home Visit III
Home Visit IV
Home Visit V
Referrals

Family No 434 FSW Tammy Pick

Supervisor Review Adult 1 Name Sams,Jamie CHEERS Completed

Please Select

Date month/day/year Visit Type Please Select Visit Location Please Select

Begin Time 12:00 AM Conclude Time 12:00 AM Travel Time Please Select

Visit was split Second HV Date

Second Begin Time Second Conclude Time

In a typical week, how many days does someone read, tell stories or sing to your child? Please Select

Are there any concerns regarding the child's development, behavior, or learning?

Who was present:

Adult 1 Adult 2 Grandmother Grandfather Older Sibling Younger Sibling Friend Other

Condition of the home:

Safety concern (behavioral and environmental) Age appropriate toys and education materials available
Clean Cluttered Dirty
Rodents/Bugs Reading materials available Visible drug paraphernalia Illegal activity

Status of parent:

Sleepy Appears healthy Sick Quiet/withdrawn Alert Clean
Talkative Quiet Angry Sad/tearful Appears under influence of alcohol
Appears under influence of drugs Stressed Unkempt Friendly Upset Injured/bruised
Other

Nursing Assessment

Systolic Diastolic Respiration
Temperature Weight lbs. Heart Rate bpm
Fetal Heart Tones bpm

If applicable (if NA leave blank):

Fully Vaccinated for COVID-19 Adult 1 Adult 2 Other Eligible Household Members
Did you ask the COVID-19 screening questions? Please Select
Did family PASS the COVID-19 screen? Please Select
If you met in person, did you meet using the minimum social distance recommended? Please Select

Construct 11: Early Language and Literacy

Construct 13: Behavioral Concerns
Note : Please remember to ask this at every home visit after baby is born

Edit

Family No 434

Visit Number 1

Status of baby:

☐ Sick ☐ Alert ☐ Active ☐ Inactive ☐ Quiet ☐ Smiley ☐ Playful
☐ Asleep ☐ Clean ☐ Needs Bath ☐ Appears Healthy ☐ Sleepy
☐ Dresssed Appropriately ☐ Fussy ☐ Unkempt ☐ Child Not There

Other

CHEERS

Cues Please Select ▾ Holding Please Select ▾ Expression Please Select ▾

Empathy Please Select ▾ Rhythm Please Select ▾ Smile Please Select ▾

Breastfeeding

Are you still breastfeeding or feeding pumped milk? Please Select

If yes, are you supplementing breast milk? Please Select

If not, what is the date you discontinued breastfeeding?

What is the reason you discontinued? Please Select

Contraindication Please Select

Other reason you discontinued

Construct 2: Breastfeeding

Safe Sleep

Is the baby put to sleep on back? Please Select ▾

Is the baby bed sharing? Please Select ▾

Is there soft bedding? Please Select ▾

Construct 7: Safe Sleep
Note: Make sure you answer all 3 questions

Nursing Assessment

Respiration Weight lbs. oz.

Temperature Heart Rate bpm

Head Circumference in. Height in.

Construct 8: Child Injury

Section B: Demographic Information Locations in FamilyWise

Demographics	Page Numbers
Adult 1	29-30
Child	31
Household	32-33
Poverty Level Information	34

Note: At a minimum the demographics listed below should be updated for all participants in the program including Adult 1, Child and Household yearly before **September 25th** for federal reporting purposes. It may be necessary to update more frequently if a change occurs in the families demographics.

- Child Usual Source of Dental Care
- Child Usual Source of Medical Care
- Educational Level/Attainment
- Employment Status
- Federal Poverty %
- Homeless Status
- Housing Status
- Insurance
- Low student achievement
- Marital Status
- Military Status
- Non-target child with developmental delays
- Non-target child with low student achievement
- Primary Language Spoke in Home
- School Enrollment /Educational Status
- Tobacco Use in the home
- Zip Code

Adult 1 Demographics

Federal Demographic: Education Level
Federal Demographic: Martial Status
Federal Demographic: Insurance
Intake
Screen Data
Earnings
Education Level
Add/Edit
Enrolled In School
Average Education hours per week
Marital Status
null
Primary Insurance
Secondary Insurance
Add/Edit
In Jail
Add/Edit
History of Incarceration
Current Parole/Probation
History of Parole/Probation
Current Dept Juvenile Justice Services
History of Dept Juvenile Justice Services
Update
Cancel

Child Demographics

Pre/Postnatal

Prenatal Only

EDC (01/01/1900) 9/13/2021

Does MOB have prenatal care? Please Se

Did MOB get regular checkup and PAP smears prior to getting pregnant?

Pre/Postnatal

Alcohol

a. Prior to Pregnancy No/limited use of alcohol Please Select

b. Prior to Pregnancy alcohol abuse (7 or more per week OR 3 or more in one occasion) Please Select

c. any alcohol after pregnancy known Please Select

to Pregnancy no drug use Please Select

b. any drug use during pregnancy Please Select

Federal Demographic: Age of Index Child

Federal Demographic: Ethnicity

Federal Demographic: Race

Data to be entered after baby is born

DOB 9/2/2021

Was there a live birth? Yes

x(s) adjustment 0

SS#

First Name Sara

Middle Name

Last Name Jones

Ethnicity

Race
- White
- African American
- Indian/Alaskan
- Asian
- Hawaiian/Pacific
- Other

Federal Demographic: Gender of Index Child

Gest. age Please Select

Gender Please Select

Birth Weight Please Select (Pounds) Please Select (Ounces)

Weight in grams 0

Multi Number 1

1

Inactive Reason

Federal Demographic: Insurance

Does child have regular health provider or clinic? Please Select

Primary Insurance null

Secondary Insurance null

Add/Edit

Week Mother began prenatal care Please Select

Smoking during this pregancy Please Select

Were there any complications during pregnancy? Please Select

Specify

Were there complications during labor/delivery/hospital stay for baby? Please Select

Specify

Were there complications during labor/delivery/hospital stay for mother? Please Select

Specify

Did the baby spend any time the Neonatal Intensive Care Unit (NICU)? Please Select

Well Child visits prior to intake? Please Select

Number Of Well Child Visits

Date of last well child visit received

Number of Healthcare visits Please Select

Number Of Health Care Visits

Date of last Healthcare visit

Mother's Health History

Child's Health History

Household Demographics

Federal Demographic: Housing and Homeless Status

Federal Demographic: Child Usual Source of Dental and Medical Care

Type of housing family lives in	Please Select
Specify	
Housing Stability	Please Select
Homeless Status	Please Select
Housing Status	Please Select
Transportation access	Please Select ○ Reliable ◉ Not Reliable
Usual Source of Medical Care for Child	Please Select
Usual Source of Dental Care for Child	Please Select

FOR MIEC FAMILIES ONLY
Specify amounts and/or check all that apply:

Child Support	$0.00
Social Security	$0.00
Unemployment	$0.00
Earned Income/Wages	$0.00
Formal In-Kind Support	$0.00
Informal In-Kind Support	$0.00
Other Support	$0.00
Agricultural	$0.00
Family or Friends Amount	$0.00
Business Amount	$0.00
Interest or Dividends	$0.00
Rent from tenants or boarders	$0.00

Rent from tenants or boarders	$0.00

Food stamps	$0.00
WIC	$0.00
TANF	$0.00
Supplemental Security Income (SSI)	$0.00
Alimony	$0.00
Worker's compensation benefits	$0.00
Disability benefits	$0.00
Veteran's benefits	$0.00
Pension	$0.00

2020 Poverty Level Guidelines Updated Annually

48 Contiguous States

# of Persons in Household	2021 Federal Poverty Level for the 48 Contiguous States (Annual Income)						
	100%	133%	138%	150%	200%	300%	400%
1	$12,880	$17,130	$17,774	$19,320	$25,760	$38,640	$51,520
2	$17,420	$23,169	$24,040	$26,130	$34,840	$52,260	$69,680
3	$21,960	$29,207	$30,305	$32,940	$43,920	$65,880	$87,840
4	$26,500	$35,245	$36,570	$39,750	$53,000	$79,500	$106,000
5	$31,040	$41,283	$42,835	$46,560	$62,080	$93,120	$124,160
6	$35,580	$47,321	$49,100	$53,370	$71,160	$106,740	$142,320
7	$40,120	$53,360	$55,366	$60,180	$80,240	$120,360	$160,480
8	$44,660	$59,398	$61,631	$66,990	$89,320	$133,980	$178,640
Add $4,540 for each person in household over 8 persons							

Section C: Nebraska Benchmark Plan

Nebraska MIECHV- Constructs and Measures						
Benchmark I. Maternal and Newborn Health						
Construct	***Measurement Tool***	***Indicator***	***Population Assessed***	***Numerator***	***Denominator***	***Timing of Data Collection***
1. Preterm Birth	N/A	**(Systems Outcome)** Percent of infants (among mothers who enrolled prenatally before the 37th week) who are born preterm following program enrollment.	Target women enrolled prenatally before the 37th week of gestation.	Number of live births among mothers who enrolled prenatally before the 37th week) born before 37 completed weeks of gestation and after enrollment	Number of live births after enrollment who were born to mothers enrolled in home visiting prenatally before the 37th week.	At Birth
2. Breastfeeding	N/A	**(Systems Outcome)** Percent of infants (among mothers who enrolled in HV prenatally) who were breastfed any amount at 6 months of age	All target children enrolled prenatally	Number of infants aged 6-12 months whose mother enrolled prenatally who were breastfed any amount at 6 months of age.	Number of infants aged 6-12 months whose mothers enrolled prenatally and have been enrolled for at least 6 months	Home Visit after baby turns 6 months
3. Depression Screening	Center for Epidemiological Studies Depression scale (CES-D)	Percent of primary caregivers who are screened for depression using a validated tool within 3 months of enrollment (for those enrolled prenatally) or within 3 months of delivery (for those enrolled postpartum)	All Primary Caregivers	For those enrolled postpartum, number of primary caregivers enrolled who are screened for depression within the first three months since enrollment ; for those enrolled prenatally, the number of primary caregivers screened for depression within 3 months of delivery.	For those enrolled postpartum the number of primary caregivers enrolled for at least 3 months; for those enrolled prenatally, the number of primary caregivers enrolled for at least three months post-delivery.	3 months postpartum for those enrolled prenatally 3 months post enrollment for those enrolled postpartum
4. Well Child Visit	N/A	Percent of children who received the last recommended well child visit based on the American Academy of Pediatrics (AAP) schedule.	All target children	Number of children who received the last recommended well child visit based on the following AAP schedule. 3-7 Days, 2-4 Weeks 2-3 Months, 4-5 Months 6-7 Months, 9-10 Months, 12-13 months, 15-16 months, 18-19 months, 2-2.5 years, 3-3.5 years, 4-4.5 years	Number of children enrolled.	Point in time 3-7 Days, 2-4 Weeks 2-3 Months, 4-5 Months 6-7 Months,9-10 Months ,12-13 months, 15-16 months, 18-19 months, 2-2.5 years, 3-3.5 years, 4-4.5 years
5. Postpartum Care	N/A	Percent of mothers enrolled prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery.	All target women	Number of mothers enrolled prenatally or within 30 after delivery who received a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery.	Number of mothers who enrolled prenatally or within 30 days after delivery and remained enrolled for at least 8 weeks (56 days) after delivery	8 weeks post-partum

6. Tobacco Cessation Referrals	N/A	Percent of primary caregivers who reported using tobacco or cigarettes at enrollment and were refereed to tobacco cessation counseling or services within 3 months of enrollment.	All Primary Caregivers	Number of primary caregivers who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within 3 months.	Number of primary caregivers who reported using tobacco or cigarettes at enrollment and were enrolled for at least 3 months.	3 months post-enrollment
Benchmark II. Child Injuries, Abuse, Neglect, and Maltreatment and Emergency Department Visits						
7. Safe Sleep	N/A	Percent of infants that are always placed to sleep on their backs, without bed-sharing or soft-bedding	All target children up to a year.	Number of infants aged less than 1 year whose primary caregiver report that they are always placed to sleep on their backs, without bed-sharing or soft-bedding	Number of infants who were aged less than 1 year during the reporting period.	Annually between birth and 12 months.
8. Child Injury	N/A	**(Systems Outcome)** Rate of injury-related visits to the Emergency Department (ED) among children.	All target children	Number of parent-reported nonfatal injury-related visits to the ED.	Number of children enrolled.	Ongoing
9. Child Maltreatment	N/A	**(Systems Outcome)** Percent of children with at least 1 investigated case of maltreatment within the reporting period.	All target children	Number of children with at least 1 investigated case of maltreatment.	Number of children enrolled	Ongoing
Benchmark III. School Readiness and Achievement						
10. Parent-Child Interaction	CHEERS Check in Tool (CCI)	Percent of primary caregivers who receive an observation of caregiver child interaction by the home visitor using a validated tool.	All Primary Caregivers	Number of primary caregivers who receive an observation of caregiver-child interaction by the home visitor using a validated tool.	Number of primary caregivers with children reaching the target age range.	(child reaches) 4-12 months (child reaches) 13-24 months (child reaches) 25-36 months
11.Early Language and Literacy Activities	N/A	Percent of children 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.	All target children	Number of children 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.	Number of children enrolled	Monthly after birth.
12 Developmental Screening	Ages & Stages 3 (ASQ-3)	Percent of children with a timely screen for developmental delays using a validated parent-completed tool.	Target children aged 9-30 months.	Number of children with at least one screening within the AAP-defined age groups during the reporting period.	Number of children reaching the specified time frame during the reporting period.	9 months, 18 months, and 24 or 30 months
13 Behavioral Concerns	N/A	Percent of home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning.	All target children	Number of postnatal Home Visits primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning	Total number of postnatal home visits during the reporting period.	Every postnatal home visit
Benchmark IV. Crime or Domestic Violence						

14. IPV Screening	3 question tool	Percent of primary caregivers enrolled who are screened for IPV within 3 months of enrollment using a validated tool.	All primary caregivers	Number of primary caregivers who are screened for IPV using a validated tool within 3 months of enrollment	Number of primary caregivers enrolled for at least 6 months	3 months post-enrollment
Benchmark V. Family Economic Self Sufficiency						
15. Primary Caregiver Education	N/A	**(Systems Outcome)** Percent of primary caregivers who enrolled without a high school (HS) degree or equivalent who subsequently enrolled in, maintained continuous enrollment in , or completed HS or equivalent during their participation	All primary caregivers	Number of primary caregivers who enrolled in, maintained continuous enrollment in, or completed a high school degree or equivalent after enrollment into HV (and met the conditions specified in the denominator)	Number of primary caregivers without a high school degree or equivalent at enrollment	At enrollment and annually.
16. Continuity of Insurance Coverage	N/A	**(Systems Outcome)** Percent of primary caregivers who had continuous health insurance coverage for at least 6 consecutive months	All primary caregivers	Number of primary caregivers who reported having continuous health insurance coverage for at least 6 consecutive months during the reporting period.	Number of primary caregivers enrolled for at least 6-months	Monthly
Benchmark VI Coordination and Referrals for other community resources and supports						
17. Completed Depression Referrals	N/A	Percent of primary caregivers referred to services for a positive screen for depression measure 3 who receive one or more service contacts.	All primary caregivers	Number of primary caregivers who screened positive for depression in measure 3 who received a referral.	Number of primary caregivers who screened positive for depression in measure 3.	90 Days after screening positive
18. Completed Developmental Referrals	N/A	Percent of children with positive screens for developmental delays measure 12.	All target children	Number of children who screened positive for developmental delay in measure 12 who received a referral.	Number of children who screened positive for developmental delay in measure 12.	30 Days-Community Services 45 Days-Early Intervention Services
19. Intimate Partner Violence Referrals	N/A	Percent of primary caregivers with positive screens for IPV measure 14 who receive referral information to IPV resources	All primary caregivers	Number of primary caregivers who screened positive for IPV in measure 14 who received a referral.	Number of primary caregivers who screened positive for IPV in measure 14.	90 Days after screening positive
Supplemental to the benchmark plan						
20. Substance Abuse Screening	UNCOPE	Percent of primary caregivers with positive UNCOPE	All primary caregivers	Number of primary caregivers who are screened with the UNCOPE within 3 months of enrollment	Number of primary caregivers enrolled.	3 months after enrollment
20b. Substance Abuse Referral	N/A	Percent of primary caregivers with positive UNCOPE in measure 20 who receive a referral for substance abuse	All primary caregivers	Number of primary caregivers who screened positive for substance abuse	Number of primary caregivers who screen positive for substance abuse in measure 20	90 days after a positive UNCOPE screener