Early Childhood Information System (ECIS)- Home Visiting

User's Guide

Release 6

September 2021

Office of Early Childhood

The ECIS Home Visiting application can be accessed by going to:

http://csde.ct.gov

Contents

ECIS Overview

The Early Childhood Information System (ECIS) is a secure online data system. The Office of Early Childhood (OEC) uses ECIS to collect and manage home visiting data which informs program and policy decisions affecting young children and families. Only home visiting agencies and home visiting staff at the OEC have access to the home visiting module of ECIS.

There are five levels to the data collection of the Home Visiting program. In ECIS, each level has user permission associated with it.

❖ **Home Visitors (HV's; also referred to as Family Support Providers, FSP's)**
Home Visitors can see information about the caregivers and the children they work with. When two home visitors serve different caregivers in the same family, each HV can view and edit only the information that pertains to the caregiver and the child(ren) they work with directly, though they can see who the additional caregiver is as part of the family record.

❖ **Outreach staff**
For agencies who have outreach staff, there is a dedicated role in ECIS. Outreach staff can see the information about the caregivers they screen and refer on to home visiting programs. Outreach staff can follow the progress of caregivers they have referred up to the point that the caregiver is either enrolled or the referral is closed.

❖ **Clinical Supervisors**
Clinical Supervisors can view and edit the information about the families served by the home visitors and outreach staff they supervise. Clinical supervisors typically work with only one home visiting agency.

❖ **Program Managers**
Like Clinical Supervisors, Program Managers can view and edit the information about the families served by the home visitors and outreach staff they supervise. Program Managers have the capacity to view information about families being served at multiple agencies.

❖ **OEC Home Visiting staff**
OEC program liaisons can see limited information about the families enrolled through the agencies they work with.

There are five home visiting program models that are administered through the OEC and that use ECIS:
1. Parents as Teachers (PAT)
2. Child First
3. Nurse-Family Partnership (NFP)
4. Early Head Start (EHS)
5. Healthy Family America (HFA)

Logging in to ECIS

Access to the ECIS Home Visiting application is initially set up at the OEC for authorized users. Home visitors who need access to the ECIS Home Visiting application should go through their clinical supervisor or contact their program liaison directly at the OEC. Program liaisons set up access to ECIS and change access as needed.

Here is the link to the ECIS Home Visiting application: http://csde.ct.gov. Below is a screen shot that shows the ECIS login screen.


Confidentiality Page

Once a user logs in, they are brought to the confidentiality page. The confidentiality acknowledgement must be agreed to each time the user logs into ECIS- Home Visiting, to be in compliance with state and federal privacy laws concerning personally identifiable information (PII).
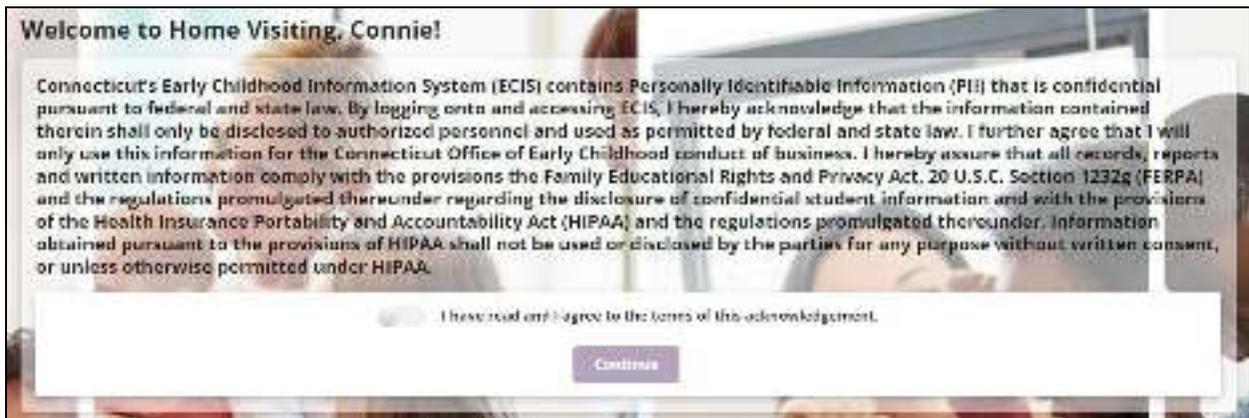
Landing Page Views

When home visitors, clinical supervisors, and program managers log in, they are brought to a home page that has a dashboard with 6 "buckets" or categories across the top: Enrolled Caregivers, Enrolled Children, Pending Intakes, Screened/Closed, Exited Caregivers, and Exited Children. Each of these buckets or categories corresponds to a group of records, and clicking on the big button displays those records in the section below on the screen. Each of these six categories is described in detail below.
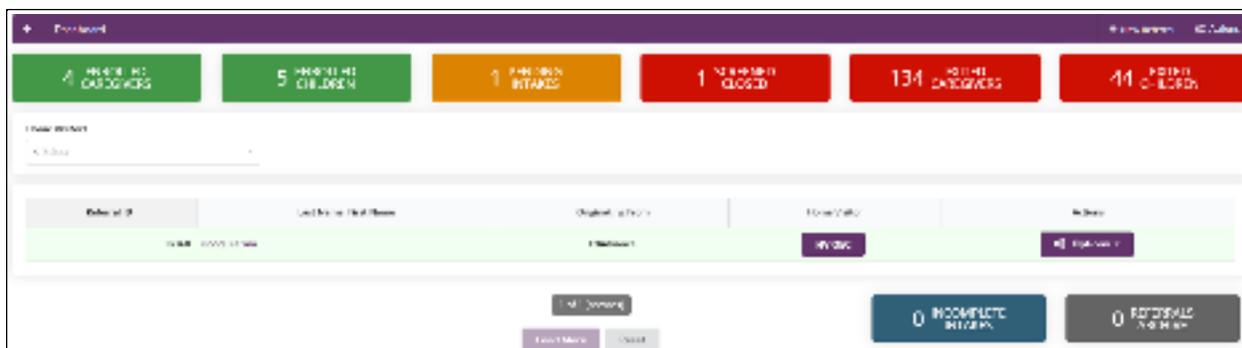
The default view that loads is the "Pending Intakes" view. That view is described first below. After the description of the Pending Intakes screen, each view is described in order, working from left to right. For agencies that have outreach staff, there is a separate outreach worker view. This is covered at the end of the section, beginning on page 7.

Note that in each screen view, it is possible to download or print the records you see by clicking on the Actions menu which is in the upper right corner on the green bar. When downloading or printing, be sure to use a secure location to ensure confidentiality.
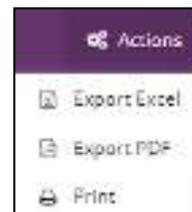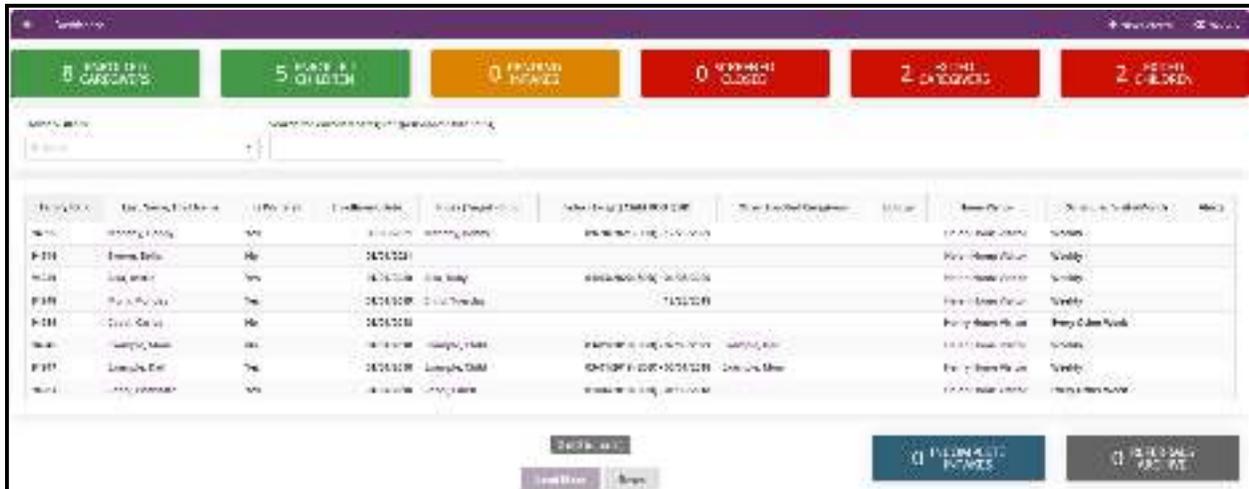
Pending Intakes Screen

After logging in, home visitors, clinical supervisors, and program managers will land on the Pending Intakes screen. This view shows all the caregivers who have been referred to home visiting and who have begun the enrollment process, but who are not fully enrolled yet. On this screen, clinical supervisors will see all the referrals that have been initiated at the agency, as well as any that were sent from another agency. Home visitors will only see the records of the caregivers who were assigned to them by their clinical supervisor. For each caregiver shown, you can review the referral information by clicking on the caregiver's name. From the Pending Intakes screen you can complete the steps necessary to enroll a caregiver, specifically: assign a home visitor, enter enrollment information, and add the initial home visit. A caregiver is considered to be enrolled only once each of those steps has been completed. A caregiver's "enrollment date" in ECIS is recorded as the date of the first home visit.
From the Pending Intakes screen, clinical supervisors can create a new referral. Clinical supervisors (and home visitors once a caregiver has been assigned) can also close a referral if a caregiver has changed their mind or has been lost to follow up.

Enrolled Caregivers Screen

The Enrolled Caregivers screen displays a list of caregivers who have been successfully enrolled. Home visitors will see the caregivers in their caseload; clinical supervisors and program managers will see the caregivers in the caseloads of the home visitors they supervise.
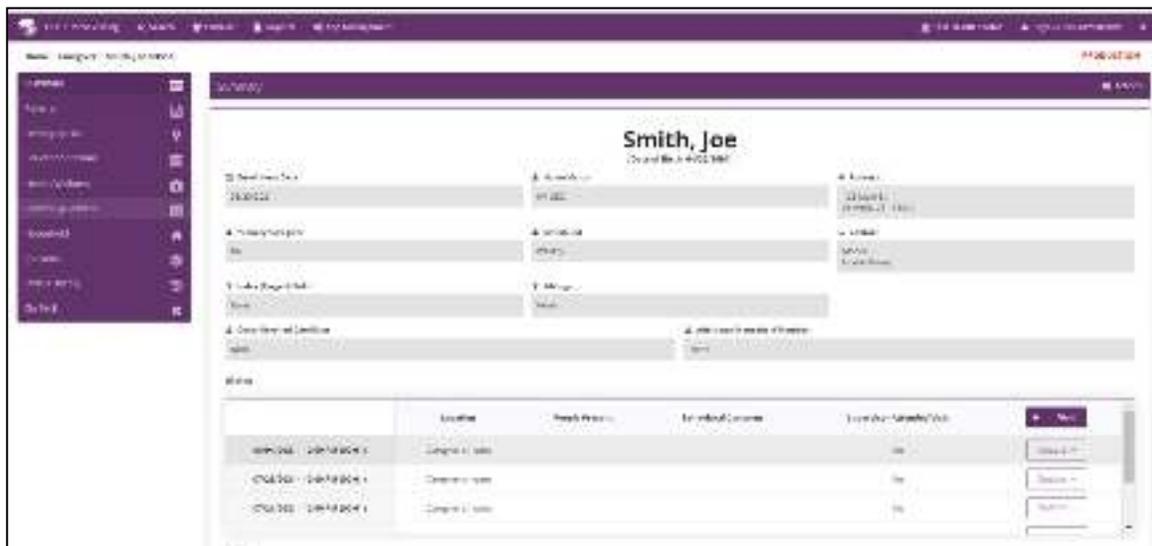

In the Enrolled Caregivers view, note that it is possible to sort by caregiver name by clicking on the column heading. It is also possible to search for a particular enrolled caregiver in the caregiver search box located between the dashboard and the list of caregivers. For clinical supervisors, it is possible to select and view the caregivers associated with a particular home visitor(s).

Clicking on a caregiver's name brings you to the caregiver's summary page.

On the summary page you can enter home visit information and navigate to many additional screens, each of which has information about the caregiver. The purple menu on the left hand side has the links to navigate to the additional information.

After viewing information about a particular caregiver, to get back to the Enrolled Caregivers screen, either click "Go Back" at the bottom of the purple menu on the left hand side, or click the "Families" button at the top of the screen. Also note that an easy way to navigate going between the Enrolled Caregivers screen and a specific record is to open a caregiver's record as a new link or a new tab. To do that, from the Enrolled Caregivers screen, right click the caregiver's name (instead of double clicking on it), and select either 'open link in a new tab' or 'open link in a new window'.

Enrolled Children Screen

Similar to the Enrolled Caregivers screen, the Enrolled Children screen displays a list of all enrolled children for a home visitor or an agency, depending on the user's role.

Just as is the case with enrolled caregivers, when you click on the name of an enrolled child, it brings you to the summary screen for that child (or you can right click on the name and open in a new tab). As with caregivers, when you're in the record for a particular child, there is a menu along the left hand side that connects you with all the information about that child.

Screened/Closed Screen

The Screened/Closed page shows caregivers whose referrals were closed because they didn't complete the enrollment process. For home visitors, clinical supervisors, and program managers, the caregivers shown in the Screened/Closed page will be caregivers who began the enrollment process, but did not complete it, either because the caregiver changed his/her mind or was lost to follow up. For outreach staff, the caregivers listed in the Screened/Closed page also includes caregivers who didn't get past the

screening stage, either because they were not eligible for home visiting, or did not want home visiting services.
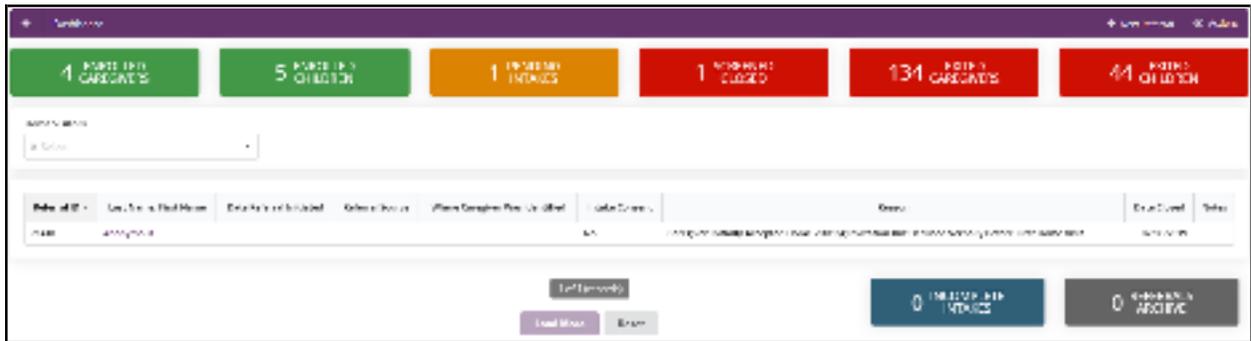
Exited Caregivers Screen

The Exited page displays information about caregivers who have exited (been discharged from) the program. Again, home visitors and clinical supervisors see only the records of the families they have worked with directly (or, in the case of supervisors and program managers, families who their staff have worked with). Caregivers can be re-enrolled from the "Exited" page. For details on how to do that, see "How to re-enroll a caregiver", page 26.
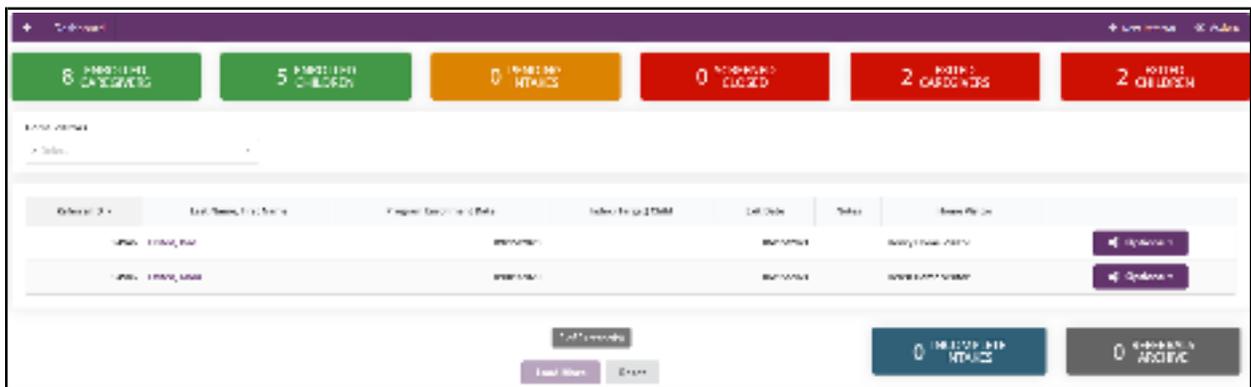
Exited Children Screen

Like the Exited Caregivers screen, the Exited Children displays information about children who have exited (been discharged from) the program.
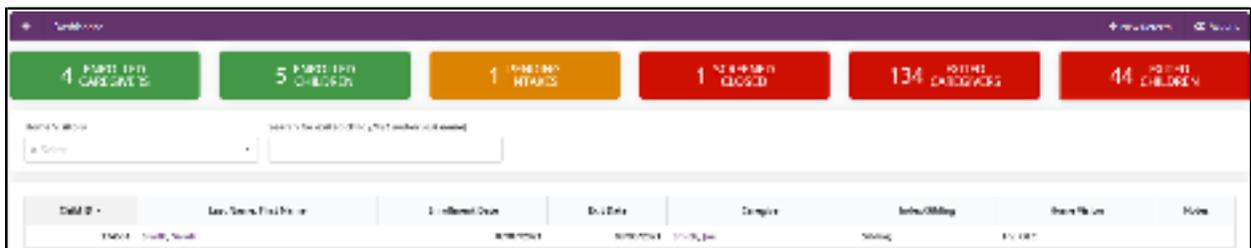
Outreach Screens

When outreach staff log in, they are brought to the Outreach screen. Note that the dashboard categories across the top are different for outreach staff compared to home visitors, clinical supervisors, and program managers. The default landing page for outreach is "Active Intakes". The descriptions below go through each of the three dashboard categories that are unique to Outreach.

The "Active Intakes" screen for Outreach Workers shows a list of the caregivers who have been screened by outreach staff and subsequently referred to home visiting. The summary table includes the date the referral was initiated, the agency the referral was sent to, and the date it was sent. Clicking on the caregiver's name will show you their referral record. Once a caregiver is fully enrolled, they will move from the "Active Intakes" group to the "Enrolled in Home Visiting" group.

The "Enrolled in Home Visiting" screen for Outreach Workers shows the caregivers who went on to enroll in home visiting. Outreach staff only see the information about the caregivers that was on the referral form, and a subsequent enrollment date; additional information collected and entered by home visiting staff is not accessible to outreach staff. The Enrolled in Home Visiting group is included so that outreach staff can see the resolution of the referral process for the caregivers they refer.

The "Screened/Closed" Screen for Outreach Workers
Similarly, the Screened/Closed page shows caregivers whose referrals were closed because they didn't go on to enroll in home visiting. This includes caregivers who the outreach worker never referred to a clinical supervisor, either because they were not eligible for home visiting, or because they refused home visiting services. The "screened/closed" group also includes caregivers who were referred to a supervisor but did not complete the enrollment process. This could happen if the caregiver changed his/her mind or was lost to follow up. If it's the case that the caregiver changed his/her mind or was lost to follow up, that information would be entered by the clinical supervisor, and it would be included in the screened/closed view that outreach staff see. Again, this is so that outreach staff can see the final outcomes of the referrals they make.

Entering Data

Referral Information

Entering Referral Information: Read This First

➢ For all models except Child First, only outreach staff and clinical supervisors can enter referral information for a new caregiver.

➢ It is recommended that before you begin entering new referral information for a caregiver, you search for the caregiver to see if they are currently, or have ever been, enrolled in home visiting. (see "Searching for a caregiver" below)

➢ It is recommended that all referral information is gathered on paper before it is entered into the computer. This is important for two reasons: first, certain information is necessary to create a referral; therefor the user should make sure they have all required fields before creating the record. Second, it is important to know whether the caregiver has given consent to receive services and/or given consent to enter their demographic information into the system. If the caregiver has not consented to the program, there is still minimal information that should be entered into ECIS.

➢ The fields that are required before the referral can be saved are: caregiver name, date of birth, gender, town of residence, whether the index child has been born (versus whether the mom is prenatal), referral source, whether home visiting staff spoke with the caregiver in person or over the phone, risk information, and whether consent was given. The referral can be saved once this information has been entered. If the caregiver is undecided about whether to accept home visiting, it's possible to save the referral and go back later to complete it and forward on (but only after the required fields have been entered).

➢ Referrals that are saved but not sent to a clinical supervisor are stored in the "Incomplete Intakes" bucket, or category. The "Incomplete Intakes" category can be shown by clicking on the blue box in the lower right part of the home screen.

➢ Referrals can be sent electronically to any clinical supervisor, regardless of agency, home visiting model, or funding stream. It is important to communicate with the supervisor at the receiving agency before sending a referral.

➢ Once a referral has been sent, it cannot be un-sent or re-routed somewhere else. The referral can be "closed" if it turns out that the caregiver does not enroll; but the referral cannot be routed to a different program. For this reason, please be sure that the receiving program has the capacity to enroll the caregiver, and knows that the referral is coming, before you hit "send".

➢ When a referral is sent to a clinical supervisor, it will appear in the pending intakes screen of the clinical supervisor.

➢ Similarly, when a supervisor enters referral information for their own program, once the information is complete and saved, it will appear in their own pending intakes screen.

➢ Once a home visitor is assigned, the referral will appear in the home visitor's pending intakes screen as well.

Searching for a caregiver and identifying caregivers who are or have ever been enrolled

It's recommended that you search for a caregiver before you begin entering a new referral, to make sure that the caregiver has not previously been enrolled, or is currently enrolled in home visiting. (If they were enrolled previously, they can be re-enrolled). To search for a caregiver, click the search button at the top left corner of the screen in the purple bar.
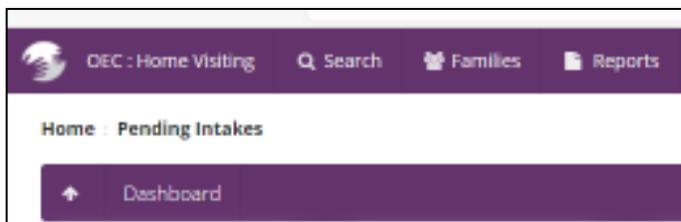
Enter the caregiver's first name, last name, and birthdate, and click <Search>.

If a caregiver match exists, a dialog box will be returned with limited caregiver information, including enrollment status, the agency where the caregiver is or was enrolled, and the supervisor at that agency. Only caregivers who were enrolled and who signed informed consent will be returned in the search. For confidentiality reasons, no additional information is displayed, nor there is there a link to bring you to the caregiver's record. However, clinical supervisor information is provided so that if the caregiver is or has been enrolled, the supervisor can be contacted for more information.

Besides users being able to check for themselves to see if a caregiver is or has ever been enrolled, the system also checks automatically. When new referral information is filled out, as soon as a caregiver's first name, last name, and date of birth have been entered, the system performs a search in the background. If there is already a caregiver with the same name and birthdate, a popup will appear. If the popup reveals that the caregiver is currently enrolled (elsewhere), then the user should contact the agency listed to verify whether the caregiver is truly enrolled elsewhere, or-- perhaps unlikely— whether it is a different person who happens to have the same name and birthdate. If the caregiver is enrolled elsewhere, the clinical supervisor should speak with the clinical supervisor from the original agency to determine the most appropriate program for the caregiver to be enrolled in. The caregiver can only be enrolled in one program at a time (even if two models are involved). It may be that the second agency is more appropriate, in which case the first agency should transfer the record to the second agency.

If the caregiver was enrolled *previously* (i.e. was exited), then the popup will show the enrollment history and ask the user if they want to re-enroll the caregiver. Assuming it is truly the same person (and not another caregiver with the same name and birthdate), then re-enrolling is the correct thing to

do. Re-enrolling a caregiver—as opposed to starting over with a new record—ensures that there is one, complete record for each individual rather than separate records for separate episodes of enrollment.

For these reasons it's important to pay attention to any popups which may come up as you fill out new referral information, especially if you didn't search for the caregiver initially.

Entering Referral Information: Step by Step

Note: please read the "Read this first" section on page 8 if you haven't already.
If you are Outreach staff, you can initiate a new referral and send it to a clinical supervisor.
If you are a Clinical Supervisor, you can initiate a new referral.
If you are a Clinician or a Care Coordinator at Child First, you can initiate a new referral.
If you are a Home Visitor, including Nurse Home Visitors, you can view referral information once the caregiver has been assigned to you.

To initiate a new referral, hit the "+ New Referral" button in the green bar in the top right of the screen.

When you click the New Referral button, a blank referral form will appear. It's best to have all referral information pulled together, including screening consent, before you begin entering data.

When home visiting staff discuss home visiting services with a potential caregiver, there are three scenarios that could result:

❖ The caregiver accepts home visiting services and signs program consent, granting permission to enter their information into ECIS;

❖ The caregiver declines home visiting services, but agrees to "screening consent" which means they give permission to enter their demographic information into ECIS for program planning and improvement;

❖ The caregiver declines home visiting services, and declines all consent, so their demographic information cannot be entered into ECIS for program planning purposes. However, even if a caregiver declines "screening consent", there is minimal, anonymous information that can be entered into ECIS.

Each of these three scenarios is covered below. The third scenario is covered first.

The caregiver declines home visiting services and declines to give screening consent
It may be that a caregiver declines home visiting services and also does not give permission to have any of their information entered into the home visiting system. In that case, there is still anonymous information that can be entered that is of value. Below is a screenshot of how to enter that. On the referral form, "No" chosen for "Screening Consent". When No is chosen under screening consent, all

fields containing identifiable information are removed. The fields that remain are inadequate to identify an individual in any way[1]. However, entering this information holds value; completing even minimal information for caregivers who have declined home visiting services helps with program planning by allowing evaluators to examine referral patterns by region, referral source, risk characteristics, gender, and prenatal status, and most common given reasons for not accepting home visiting services.

[1] https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/coveredentities/De-identification/hhs_deid_guidance.pdf

Referral Source Information

"Referral source" refers to referrals which came to the attention of home visiting staff from an outside source. Examples of outside referrals would be Birth to Three or a pediatrician's office. If home visiting staff actively identified the caregiver themselves, then they should choose "I/we identified this caregiver" under "Referral source". If that option is chosen, then a second dropdown menu appears asking where the caregiver was identified (for example, a prenatal clinic). Please note that "Other" is not a dropdown choice. However, it is possible to simply write in the dialog box a different location, if none of the drop-down choices fit. Before you write-in a response though, please make sure there isn't one that fits already.

Caregiver and child risk information

In the risk section it's necessary to choose either yes, no, or unknown for each possible risk, in order to save the referral. If a caregiver has a risk currently, as well as a history of the same risk, it's possible to choose both "current" and "history" for that risk.

Below is some information about each risk that may help in assessing what to record. It is understood that risk may be difficult or even impossible to assess at the outset of the caregiver-provider relationship, and that some discretion may be needed on the part of the home visitor and their clinical supervisor to determine the best choice to record.

Need for mental health treatment could be self-reported or reported by a referring party.

Substance use for substance use to be considered a risk it must involve excessive use of alcohol or a drug and/or use which is causing harm.

Domestic violence could be self-reported or reported by a referring party.

DCF involved could also be self-reported or reported by a referring party. DCF involved includes caregivers who are DCF involved with their children, as opposed to caregivers who were involved with DCF when they themselves were children. The DCF involvement doesn't necessarily have to be with the index child.

Homelessness is defined as "lacking a fixed, regular, and adequate nighttime residence" per the McKinney-Vento Homeless Assistance Act. Caregivers can be considered homeless if they are sharing the housing of others, due to loss of housing, economic hardship, or a similar reason.

Child risk Like the determinations of caregiver risk, child risk can be based on parental self-report or the report of a referring party.

After filling out the risk information, simply fill in the referral and enrollment sections. Since the caregiver declined home visiting services (or was not offered), the "Save and Send" button will be greyed out, but "Close Referral" will be enabled once all required information has been entered.

The caregiver declines home visiting but gives screening consent

Below is a screenshot of the referral form with "Yes" chosen for "Screening Consent". When yes is chosen under screening consent, the fields containing identifiable information are included. The additional information provides a little bit more background about the caregiver. Note that if the

caregiver is prenatal, the user will be prompted for an Estimated Date of Delivery (due date). If the baby has already been born, then the user will be asked for the baby's date of birth.

The example below shows how when "I/We identified this caregiver" chosen for Referral Source, the field "Where Caregiver Identified" is enabled. As mentioned above, "I/We identified this caregiver" should only be chosen if a staff person from the home visiting agency (for example, an outreach worker) identified the caregiver. The example below also shows the child risk categories which are displayed if the child has been born at the time of enrollment ("Child has been born" chosen under "Index Child").

The caregiver accepts home visiting and signs program consent

If the caregiver accepts home visiting services, then by definition they have given consent granting permission to enter their personal information into ECIS. Below is a screenshot of the referral form with "Yes" chosen for "Screening Consent", "Yes" for "Offered Home Visiting" and "Yes" for "Accepted home Visiting". Note that it is possible to obtain verbal consent if the initial meeting is not in person. In that scenario, the information contained in the consent form should be covered thoroughly over the phone, so that the caregiver understands what they are consenting to. The written consent can then be signed during the first in-person meeting.

Entering "Yes" for "Offered Home Visiting" and "Yes" for "Accepted home Visiting" enables the fields needed to forward the referral on to a pending intakes screen, either within the agency or to another agency. The region field refers to the 6 geographic regions in Connecticut (for a map of regions see Appendix I). This field defaults to the region that corresponds to the town that the caregiver lives in. The home visiting model choice defaults to the model of the user who is entering the referral information. Both of these can be changed; i.e. any region and any home visiting model can be chosen. The third referral field, "Home Visiting Site Referred to", has the agencies that pertain to the region and model that were chosen.

- **Remember that once a referral has been sent, it cannot be un-sent or re-routed somewhere else.** The referral can be "closed", but it can't be routed to a different program. For this reason, if you are sending the referral to an agency other than your own, please be sure that the receiving program knows that you will be sending the referral and has the capacity to enroll the caregiver, before you hit "send".

- Remember that it is possible to save referral information and send it later by choosing the "Finish Later" button (once the required fields have been entered). For example, if a caregiver would like to think about whether or not to accept home visiting, or you need to contact the receiving agency, the referral information can be entered and saved, and sent later.

Closing a Referral

Once a referral has been sent to a supervisor's pending intakes screen, it is possible to close the referral if it becomes clear that the caregiver won't become enrolled, either because they changed their mind, or because contact couldn't be maintained. To close a referral that is in pending intakes, click "Close Referral" under the Options tab. A close referral popup appears; select the reason, the date the referral was closed, and add notes if desired. Once you hit save the referral will no longer be pending; it will be saved to the Screened/Closed page.

Enrolling a new caregiver

Enrolling a new caregiver: Read This First

➢ Once a record is in "Pending Intakes", three things are necessary for a caregiver to be enrolled: a home visitor must be assigned, an enrollment form must be filled out, and the first home visit must be recorded. Once these three things are complete and entered into ECIS, the caregiver will move from the "Pending Intakes" screen to the "Enrolled Caregivers" page. Appendix II has a diagram of caregiver enrollment.

➢ Like the Referral screen, there are required fields on the Enrollment screen, denoted with a *. Also like the referral form, the enrollment form can't be saved until all required fields have been entered. The required fields are: date that the enrollment form was filled out, caregiver DOB, language, gender, race and ethnicity, marital status, caregiver-child relationship, prenatal,

address, housing status/type, educational attainment and status, employment status, usual source of medical care, usual source of dental care, health insurance, tobacco use at enrollment, number of children and number of adults who live in the household, and priority population information. Definitions of household income and priority populations are shown in Appendix III.

➢ Please note: at the current time, there is no autosave feature in ECIS. Each of the required fields must be entered and the "submit" button hit in order to save the enrollment information. There is also a "time out" feature that will log the user off after about 10 minutes of inactivity. For these reasons, it is strongly recommended that you make sure you have all of the required information in front of you before you start entering the enrollment information.

➢ Unlike the referral screen, once the enrollment information has been submitted, it does not exist as an "enrollment form" per se any more. Instead, the information gets divided among the categories or "buckets" of information, such as demographics and health and wellness. It **is** possible to edit the original enrollment information by going into those categories.

Enrolling a Caregiver: Step by Step

The following sections go through how to accomplish each of the steps to enroll a caregiver:
   1. Assign a home visitor
   2. Complete the enrollment form
   3. Add documentation for the first home visit.
Once all of these are completed, the caregiver will move from the "Pending Intakes" screen to the "Enrolled Caregivers" page.

1. Assign a Home Visitor
As a supervisor, you can assign a home visitor from the Pending Intakes screen. Click the <Assign> button in the Home Visitor's column and choose the home visitor you wish to assign.

2. Complete the Enrollment Form
To continue the enrollment process, click <Enrollment Form> under the Options button on the Pending Intakes screen and a blank Caregiver Enrollment form appears.

Remember that the information you enter in the enrollment form cannot be saved until the required fields have been entered. Required fields are denoted with a red asterix. It is strongly recommended that you make sure you have all of the required information in front of you before you start entering the enrollment information.

The Caregiver Enrollment form consists of six (6) main sections:
   ▪ Demographics/Contact Info
   ▪ Education/Income
   ▪ Health and Wellness

- Priority Population Characteristics
- Household
- Visits
- Consent

Additional Notes related to completing the Caregiver Enrollment Form:
- If "No" is chosen under Homeless, then a Housing Status must be selected. If "Yes" is chosen, then Homelessness Status must be chosen (i.e., homeless, living in an emergency or transitional shelter, homeless and some other arrangement).
- Planned Frequency of Visits allows the user to select the planned frequency of home visits (for example, weekly, twice per week, etc.) at the outset. This can and should be changed if the plan changes after a few weeks or months of home visiting. It should always reflect the current plan for home visiting for that caregiver.

3. Document the first home visit

The final step in enrolling a caregiver is entering the information from the first home visit. The link to add the first home visit is on the Pending Intakes screen, also under the "Options" menu. When you click on <Add home visit> a dialog box comes up. Fill out the dialog box and hit <Save>. If all the other steps have been completed (the enrollment form and assigning a home visitor), then the referral will leave the Pending Intakes page and go to the "Enrolled Caregivers" page.

Enrolling a Child

Enrolling a Child: Read This First

- ➢ The process of enrolling a child begins in the caregiver's record. Because you initiate the child enrollment in the caregiver's record, the child will automatically be associated with that caregiver.

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➢ Once the child is enrolled, they can be associated with a second caregiver. The process for doing that is exactly the same: you would go into the record of the second caregiver, and choose "Add Child" from the Actions menu.

➢ Please note that every index child should have one, and only one primary caregiver assigned to them. In other words, if two caregivers are joined to one child, only one of the caregivers can be designated as the primary caregiver.

➢ Siblings are added to families in the same way that index children are: by going to the caregiver's record and choosing "Add child" from the Actions menu in the upper right-hand corner. We are only recording information about siblings who are 5 years old or younger at the time of enrollment. Older siblings who live in the household should be included under household information.

➢ Like the caregiver Enrollment Form, there are required fields on the Child Enrollment screen, denoted with a red asterix, and none of the information on the form can be saved until the required fields have been entered. It is strongly recommended that you make sure you have all of the required information in front of you before you start entering the enrollment information.

➢ Also like the caregiver enrollment form, once the child enrollment form is complete and you hit submit, the information gets put in the "buckets" of information that are accessed through the menu on the left hand side of the screen.

Enrolling a Child: Step by Step

To begin enrolling a child, go to the caregiver's record, click on the Actions button in the upper right hand corner of the caregiver's record, and choose "Add Child".

Note that if you enrolled the caregiver prenatally, and entered the baby's due date (EDD), then a popup will come up asking if this is the child whose due date has been entered. See screenshot below. Assuming it is the same child, choose yes. (This popup will not appear if there is no EDD already entered in the caregiver's record.)

The next step in enrolling a child is searching to see if the child has a SASID (State Assigned Student Identification number) already assigned to them. To do that, enter the child's name and birthdate, and hit search. See screenshot below.

If the child does not have a SASID (which will be the case for all newborns), then click on the checkbox that verifies that no SASID has been found ("None of the children shown match…"), and click <Add a New Child>.

If a match does appear showing that the child already has a SASID, you can select the child and proceed with the enrollment. A SASID match could appear for one of two reasons. If the child has already been enrolled in home visiting and was "added" to another caregiver, then a SASID will have been generated for them. If the child is older, they may have already been assigned a SASID by another state-funded program.

If the child has not been enrolled yet, then after you hit <Add a New Child>, you'll be brought to a blank child enrollment form (figure 1). After you fill out the enrollment form, you'll be brought to the screen that joins the child with the family (figure 2).

If the child has already been enrolled in home visiting, you will skip the enrollment screen (because it's already been filled out), and be brought directly to the screen that joins the child with the family (figure 2). This could be the case if two caregivers and one child are enrolled. In that scenario, a child is enrolled and joined with the first caregiver, and just needs to be joined with the second caregiver as well. (Remember "adding a child" is initiated in the caregiver's record. So joining a child with two separate caregivers is done in two steps).

Figure 1. Child Enrollment Form

Completing the Child Enrollment Form

The Child Enrollment form consists of three (3) main sections:
- Child Information
- Birth Details
- Health & Wellness Information

All required fields must be entered to save the form.
- If the caregiver was enrolled prenatally and the estimated date of delivery (EDD) was entered on the referral form, then the EDD will appear on the enrollment form automatically along with the DOB and the Weeks Gestation will be calculated automatically.

- If the parent was not enrolled prenatally, or the due date was not entered at the time of referral, then you'll be prompted for the estimated date of delivery on the enrollment form. If you know the due date, enter it here. If you do not know the due date, please enter weeks' gestation if known.

- Weeks' gestation is important to know for two reasons: first, prematurity is an outcome in its own right. Second, weeks' gestation is important to know in case age adjustments need to be made for the ASQ screening. This is why gestational age is prompted for, even in families who were not enrolled prenatally.

- Please also enter the hospital that the child was born in, even for families who were not enrolled prenatally. This helps the OEC assess service coverage across the state.

Joining the Child to the Caregiver

After you fill out the enrollment form and hit submit, you'll be brought to the screen that joins the child with the caregiver. As mentioned above, you'll be brought this screen directly from the child search, if the child enrollment form has already been filled out.

This screen records whether the child is an index child or a sibling and whether s/he resides with the caregiver (remember you were in a caregiver's record when you initiated the child enrollment, so it has linked the child with that caregiver). Similarly, it records whether this caregiver is the primary caregiver.

This screen also records "Number of households". This refers to the number of physical households (addresses) that caregivers for the child live in. For example, if a mother and her child are enrolled, that would be one household. If a mother, a father, and their child were enrolled, and they all lived together, that would also be one household. If a mother, a father, and their child were enrolled and the parents lived in separate households, that would be considered one family but two households.

Figure 2. Joining the child with the caregiver

Enrolling a second caregiver in the same family

Enrolling a Second Caregiver: Read this First

- Each caregiver is enrolled separately. Each caregiver enrollment starts with referral information which puts the caregiver in the "Pending Intakes" screen. From there, the home visitor must be

assigned, the enrollment form filled out, and, for caregivers enrolled in PAT, the first home visit logged. This all holds true for the second caregiver in a family, as well as the first.

➢ If the child is already enrolled, the second caregiver can be linked to the child by choosing "Add Child" on the Actions menu, exactly as was done for the first caregiver (see the previous section on enrolling children).

➢ If two (or more) caregivers are enrolled and attached to the same child, it is important that one and only one caregiver be identified as the primary caregiver.

➢ Similarly, it is important to verify that the # households is correct. This is entered initially on the "Caregiver-Child details" screen when the child is added to a caregiver, and can be updated at any time on the child demographics tab.

Enrolling a second caregiver in the same family: Step by Step

- Complete a "New Referral" form for the second caregiver, just like was done for the first (see Entering Referral Information, page 8).

- Once the caregiver is in the "Pending Intakes" bucket, assign a home visitor, complete an enrollment form, and add the initial home visit. Once these actions are complete, the caregiver will move from the "Pending Intakes" screen to the "Enrolled Caregivers" page.

- This time, when you go to add a child, if the child is already enrolled, when you search to see whether they have a SASID or not, they will be returned from the search (since they were assigned a SASID when they were enrolled). Choose the child and proceed. It will skip the enrollment form, and will bring you directly to the screen that asks whether the caregiver lives with the child, and whether this caregiver is the primary caregiver.

What to do when a mother gives birth

When an enrolled parent gives birth, enroll the child as described above in **Enrolling a Child.**

Note that when you "add a child" to a caregiver's record, if the caregiver had the pregnancy recorded (true of both male and female caregivers), then much of the Pregnancy and Postpartum table in the health and wellness tab will be filled in automatically. Specifically, the child's name, DOB, birth outcome (full term birth, preterm birth), gestational age, and whether they are identified as the index child, will be filled in in the table. The only thing that needs to be entered into the table by the user is whether there was a postpartum appointment for the mom, and if so on what date.

If the mom is giving birth to a second child, it is important to designate who the index child will be. In some cases the newborn will be a sibling, in other cases the newborn will be the index child and the original index child will become a sibling. Designating whether the newborn is an index child or sibling is done when you join the child with the caregiver (see Figure 2 above). Changing the designation for a child who is already enrolled, can be done with the actions menu of the caregiver's record.

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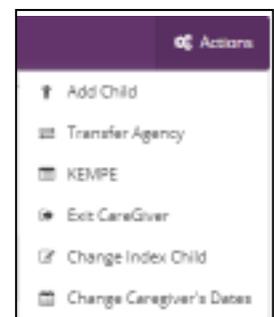
If the newborn is a sibling (as opposed to the index child), the information that is most of interest is the peri-natal information; specifically, prenatal visits, gestational age (which determines whether the baby is preterm or full-term), the mother's postpartum appointment, and the baby's first well child visits. Preterm birth is the first benchmark, and is the only benchmark that includes siblings (all other benchmarks are limited to index children). Similarly, rate card metric #4, Prenatal and Postpartum Care, is open to siblings as well as index children. The requirements for this measure are that the caregiver's enrollment was before the 32nd week of pregnancy, and that there were three types of health care visits: prenatal visits (at least 3), a post-partum check-up, and the first well-child visit.

Recording Home Visits

Recording Home Visits: Read this First

➢ Once a caregiver is enrolled, home visit are entered in the Visits section at the bottom of the caregiver's Summary page.

➢ The very first home visit is entered from the Pending Intakes screen since, by definition, the caregiver is not enrolled yet so there is no summary page yet (the first home visit is one of the requirements to enroll a new caregiver).

➢ Reminder that one of the outcome measures is "Percent of home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning." It is abbreviated in the data system as "Behavioral Concerns Discussed" in the home visit dialog box. Note that this question asks whether concerns about the child's development, behavior, or learning were *asked about*, it is not recording whether the caregiver *had* concerns about their child.

➢ Note also that this yes/no question needs to be answered for every home visit. This question will be greyed out if the family is prenatal and the index child has not been born yet.

Recording Home Visits: Step by Step

If this is the first home visit required for enrollment: click on <Add Home Visit> from the Options dropdown list on the Pending Intakes page. A home visit pop up window will appear to record details of the home visit.

If the caregiver is already enrolled: look for the Visits section at the bottom of the caregiver's Summary page and click on <+ Visit>. The same Home Visit pop up window will appear.

Entering home visit information

▪ The Length of the Visit will be automatically calculated based on the Start Time and End Time.
▪ The drop down list for "People Present" is populated with family members who are enrolled, as well as family members (not necessarily "enrolled") who are entered under household information. If other individuals are present for the home visit, who are not included in the drop down, they can be added as free form text.
▪ Visit Location can be selected from a list of values, or another location can be added as free form text.

- The Notes section is intended to be used as a tool for the home visitor; nothing is required or expected to be filled out there. An example of something that could go in the Notes section might be a note about where to park. The notes section is *not* intended to be for clinical notes.
- Once you click <SAVE>, the pop up closes and the visit information is saved in the Visits section on the caregiver's Summary page. It can be edited at any point.

Outcome Measures Information

➤ Outcome or benchmark information gets collected over time as a continual process, and is achieved by staying up-to-date with screening and referral information as well as all scheduled measures and information that is recorded as it happens (for example, injuries).

➤ Information that is used to calculate the benchmarks can be found in the following categories for caregivers: Summary, Education/Income, Health & Wellness, and Screenings/ Follow Up. For children's records, benchmark information is under the tabs: Health & Wellness, and Screenings/ Follow Up, Injuries & Maltreatment, Early Language & Literacy. See Appendix 4 for a listing of where the information for each of the benchmarks comes from.

Transferring a family to another agency or program

Transferring: Read this First

➤ Caregivers and children are considered to be "transferred" if they begin receiving home visiting services at one agency or program and move to another agency or program without an interruption of service. The enrollment is considered to be continuous, but the date of transfer is recorded.

➤ Caregiver signed consent is necessary to transfer a caregiver from one program to another.

➢ When a caregiver is transferred, all the children associated with that caregiver are transferred as well. If it's a case that a child(ren) shouldn't be transferred along with the caregiver, then the user at the new agency can exit the child(ren).

➢ The "transfer" status with the transfer date appears in the status history tab of the caregiver's record.

Transferring: Step by Step

To transfer a caregiver to another program, go to the Summary tab and choose <Transfer Agency> from the Actions menu in the top right corner. A popup will appear to confirm that the caregiver has signed consent to approve transferring their records to the receiving agency.

If yes, a Transfer Agency popup appears to select the new agency and the start date. Click <Save> and a message confirming the transfer appears. The caregiver will no longer appear as an enrolled caregiver at the original agency. The caregiver will appear in the pending intakes bucket of the supervisor at the receiving agency. From there, the supervisor only needs to assign a home visitor, and the caregiver will be enrolled.

If the User selects <No> to the question asking whether consent was signed, the popup message closes, the user is returned to the Summary page, and the transfer does not occur.

How to exit a caregiver

To exit a caregiver, go into their record and choose <Exit Caregiver> from the Actions menu in the top right corner. An Exit Caregiver popup window will appear. Enter the Exit Date, Exit Reason, Benefits of Service, and Notes. Entering notes in the notes section is optional, and intended only to be an aid to the home visitor or their supervisor if they choose. Once you click < Submit>, the caregiver will go to the Exited Caregivers bucket.
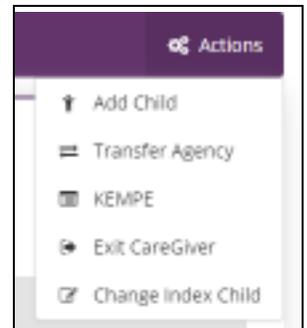
How to re-enroll a caregiver

After a caregiver has exited from the program, their record is stored in the "Exited Caregivers" bucket. To reenroll a caregiver, simply click on the "Exited Caregivers" bucket and locate the caregiver you want to reenroll. Note that you can sort caregiver records by ID, name, enrollment date, and exit date, by clicking on the respective column header. Supervisors can also select caregivers associated with particular home visitors by using the home visitor dropdown located under the Enrolled Caregivers

bucket.

When you locate the caregiver you want to re-enroll, click on the Options drop-down and choose <Reenroll>. A popup window will appear and prompt the user for information, specifically: whether the caregiver signed consent, whether they are prenatal, and updated risk information. If children were associated with the caregiver, the user can choose whether to re-enroll the children as well.

If a caregiver is re-enrolled within six months (i.e. six months or less from the exit date), then virtually the entire record is restored, and very little information needs to be updated. Once you enter the

information in the reenrollment popup, the caregiver moves to the Pending Intakes screen. From there, to complete the re-enrollment, the home visitor needs to be assigned, and a home visit needs to be added. When these steps are completed, the re-enrolled caregiver moves to the Enrolled Caregivers bucket.

If more than six months has passed since the caregiver exited, then much more of the caregiver's information needs to be updated. After the reenrollment popup is completed and the user hits <Submit>, the caregiver goes to the Pending Intakes screen (just like it does when less time has gone by). However, if more than six months has passed, most of the information on the enrollment form also need to be filled out again. Completing the reenrollment for a caregiver when more than 6 months has gone by is similar to enrolling a caregiver initially in that all three steps are necessary: update the enrollment form, assign a home visitor, and record the first home visit. In the case of reenrollments though, (unlike with brand new enrollments), some of the original information is carried over and is already in place on the enrollment form. Additionally, all the information from the previous enrollment, including home visits and assessments, is also carried over.

Appendixes

Appendix I: Map of Home Visiting Regions

Connecticut Towns

Enrolling a Caregiver

Referral Information

Pending Intakes

	Home Visitor	Enrollment Form	1st Home Visit
Caregiver 1	√	√	
Caregiver 2	√		
Caregiver 3	√	√	

Enrollment Form

1st Home Visit

Close Referral

Caregiver Summary Page
(caregiver is enrolled)

Home Visit Information

Exited

Summary

Referral

Demographics

Education/ Income

Health and Wellness

Screening and Follow-up

Status history

Households

Consents

Appendix III: Definitions

Household Income Household income refers to the annual gross income for the household (which includes both home visiting enrollees and non-enrollees), recorded at enrollment and annually thereafter. *Further clarification:*
Do include forms of cash. That includes:
>Paychecks
>Money from family, friends
>Child support or alimony
>Social Security, SSI, SSDI
>TANF

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

<u>Priority Populations</u>

Below are the definitions for Priority Populations. Please note that in ECIS the first two (low-income and pregnant women under 21) will be derived from the demographics section, the following 6 are recorded under "Priority Populations".

Low-Income: An individual or family with an income determined to be below the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services in accordance with section 673(2) of the Omnibus Budget Reconciliation Act of 1981 [Title V, Sec. 501(b)(2)]. See http://www.federalregister.gov/articles/2011/01/20/2011-1237/annual-update-of-the-hhs-poverty-guidelines

Pregnant women under 21: Households with expectant mothers who enroll in the program and are under 21 years old during the reporting period.

Have a history of child abuse or neglect or have had interactions with child welfare services: Based on self- report, a household with members who have a history of abuse or neglect and have had involvement with child welfare services either as a child or as an adult. *Further clarification: the interaction with child welfare services can be in the capacity either as a victim of child abuse or neglect, or as a perpetrator. We are not including foster parents in this count, even though they have interactions with the child welfare system.*

Have a history of substance abuse or need substance abuse treatment: Based on self-report, a household with members who have a history of substance abuse or who have been identified as needing substance abuse services through a substance abuse screening administered upon enrollment.

Are users of tobacco products in the home: Based on self-report, a household with members who use tobacco products in the home or who have been identified as using tobacco through a substance abuse screening administered during intake. Tobacco use is defined as combustibles (cigarettes, cigars, pipes, hookahs, bidis), non- combustibles (chew, dip, snuff, snus, and dissolvables), and electronic nicotine delivery systems (ENDS).

Have, or have children with, low student achievement: Based on self-report, a household with members who have perceived themselves or their child(ren) as having low student achievement.

Have a child or children with developmental delays or disabilities: Based on self-report or home visitor/staff observation, a household with members who have a child or children suspected of having a developmental delay or disability.

Are in families that are or have served in the armed forces: Based on self-report, households that include individuals who are serving or formerly served in the Armed Forces, including such households that have members of the Armed Forces who have had multiple deployments outside of the United States. For this criterion, definition includes a military member's dependent acquired through marriage, adoption, or other action during the course of a member's current tour of assigned duty.

Appendix IV: Where to Enter MIECHV Benchmarks in ECIS

The list below shows where in ECIS to enter the information that each benchmark is based on. For definitions of each benchmark, please see the benchmark definitions handouts.

1. Preterm Birth ....Index child's record: determined from gestational age on the Health & Wellness tab. Gestational age is determined by EDD from caregiver's referral, and child DOB from the child's enrollment. EDD and DOB can both be found on the child's demographics tab.

2. Breastfeeding ....Mother's record: Health & Wellness tab

3. Depression Screening ....Mother's record: Screenings/Follow Up tab

4. Well Child Visits..Index child's record: Health & Wellness tab

5. Postpartum Care ....Mother's record: Health & Wellness tab

6. Tobacco Cessation Referrals....................................Caregiver's record: Health & Wellness tab

7. Safe Sleep ....Index child's record: Health & Wellness tab

8. Child Injury...Index and siblings record: Injuries & Maltreatment tab

9. Child Maltreatment ....Index and siblings record: Injuries & Maltreatment tab

10. Parent-Child Interaction ....Index child's record: Early Language & Literacy tab

11. Early Language and Literacy Activities................Index child's record: Early Language & Literacy tab

12. Developmental Screening ....Index child's record: Early Language & Literacy tab

13. Behavioral Concerns...Caregiver's record: Summary Page, Home Visit log

14. Intimate Partner Violence Screening ....Caregiver's record: Screenings/Follow Up tab

15. Primary Caregiver Education...............................Caregiver's record: Education/Income tab (derived from caregiver educational attainment, caregiver educational status, updates to both with dates)

16. Continuity of Insurance Coverage.........................Caregiver's record: Health & Wellness tab (derived from caregiver insurance coverage and subsequent confirmation dates)

17. Completed Depression Referrals ....Caregiver's record: Screenings/Follow Up tab

18. Completed Developmental Referrals.....................Index and sibling's records: Early Language & Literacy tab (click the green plus sign on the far left of the ASQ table to see referrals)

19. Intimate Partner Violence Referrals....................Caregiver's record: Screenings/Follow Up tab