



DAISEY is a shared measurement system. DAISEY was designed by social scientists to help communities see the difference they are making in the lives of at-risk children, youth and families. Implementation of a shared measurement system will allow KS MIECHV partners improve data quality, track progress toward shared goals, and enhance communication and collaboration.

KS MIECHV Data Dictionary

This tool provides information on the data elements collected in DAISEY. Each section of this document represents a form. Each form section has information about the data elements in that form, including a definitions/descriptions, possible responses, and the purpose of each element.

This document will not provide all information necessary for preparing data for Import into DAISEY. For detailed information on Import requirements, see the Data Crosswalk.

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Form Overview

Form	Form Description	Frequency
Caregiver Profile	"Profiles should be created for all primary caregivers <u>referred</u> to your organization. The primary caregiver is typically the primary parent involved in the program; if more than one caregiver is involved, allow the caregivers to decide who is the primary caregiver. The other parent can be entered as a secondary caregiver (secondary caregiver data will not be in DAISEY reports). If the primary caregiver changes after enrollment, change the label to the new primary caregiver. A Caregiver Profile should be created at the same time as a Caregiver Enrollment-Discharge form and should not be changed unless an error is found.	* <u>When referral is received</u> by LIA (completed at same time as Caregiver Enrollment-Discharge form) * As needed (most profile data should not change). Change may include update/correction to name, gender, DOB,race/ethnicity, active status. * Only one profile form should be completed per individual. * Subsequent enrollments should be attached to the existing profile
Child Profile	A child profile should be created on each child enrolled in the program. For prenatal enrollments, this profile should be completed within 15 days of the child's birth; for postnatal enrollments, this profile should be completed within 15 days of enrollment. Once this profile is completed, the profile must be immediately linked to the primary caregiver's profile.	* Within 15 days of enrollment (Caregiver enrolls postnatally) * Within 30 days of child birth (Caregiver enrolls prenatally) * As needed (most profile data should not change). Change may include update/correction to name, gender, DOB,race/ethnicity, active status. * Only one profile form should be completed per individual. * Subsequent enrollments should be attached to the existing profile
Caregiver Enrollment-Discharge	This form is created for all referrals to the program. If a caregiver enrolls in the program, this form is updated with the enrollment date. All subsequent pregnancies require a <u>new</u> form to be created.	* When referral is received by LIA (completed at same time as Caregiver Profile) * Needs to be updated at time of discharge
Child Enrollment-Discharge	For live births where a caregiver is enrolled in the program. Children can be discharged if there is a death, removal from the home, or they age out of services.	* Within 15 days of enrollment (Caregiver enrolls postnatally) * Within 15 days of child birth (Caregiver enrolls prenatally) * Created at same time as Child Profile * Needs to be updated at time of discharge
Caregiver Demographics	Complete within 30 days of caregiver enrollment in the program. A new form is completed once a year in Q4 for all actively enrolled caregivers. The form contains information on Priority Populations, as well as basic demographic information about the caregiver or household.	* Within 30 days of enrollment * Annually - completed during Q4 for all active families
Child Demographics	This form is created within 30 days of enrollment in the program (postnatal enrollment) or within 30 days of child birth (prenatal). A new form is completed once a year in Q4 for all actively enrolled children. The form contains basic demographic information about the child or household.	* Within 30 days of enrollment (Caregiver enrolls postnatally) * Within 30 days of child birth (Caregiver enrolls prenatally) * Annually - completed during Q4 for all active families
Home Visit	A new home visit form should be created within 72 hours of each home visit. If two or more forms are submitted for a family on the same date, only the most recent form will be counted for that date. A family should have no more than one home visit per date.	* Within 72 hours of every home visit
Child Activity	A new child activity form should be created within 72 hours of each home visit a child is involved in. If more than one child is involved in a home visit, complete a form for each child.	* Within 72 hours of each home visit where child is involved
Staff Profile	All staff funded (any amount) through MIECHV need to be submitted on this form. Only supervisors should complete or edit these forms. Please do not delete forms when staff leave. Instead, update the form to add in an end date. Staff assigned to multiple roles should have one Staff Profile per role. For example, a staff person partially funded as a Supervisor and as a Home Visitor would have a Staff Profile for each role. Staff who change roles within the same MIECHV-funded agency OR leave to go to another MIECHV-funded agency should have a Staff Profile for each role. Please note: All staffing changes must be updated within 10 calendar days. Please reach out to KDHE with questions about the Staff Profile.	* Within 10 calendar days of any staffing change

Instructions

This Data Dictionary is organized into sections by Form. Each Form section provides information for the categories below with each row representing one data element.

Form Name

Question Label	Question Data Type	Auto-fill	Mandatory	Response Options	Explanation
The data element or question as it appears in DAISEY.	The format of the response options in DAISEY. May include: Drop-down (single choice), Drop-down list (multiple choice), Date, Text, Narrative, & Auto-generated.	Response will be filled out based on the last saved answer.	Response must be completed	If the data element or question includes a menu of possible responses, the responses are listed here. Otherwise, there will be "N/A".	Purpose and/or guidance for the data element or question.

Caregiver Profile

<u>Question Label</u>	<u>Question Data Type</u>	<u>Response Options</u>	<u>Auto-fill</u>	<u>Mandatory</u>	<u>Explanation</u>
Caregiver ID	Text	Auto-generated			
Caregiver System ID	Auto-generated	Auto-generated			
Alternate ID	Text	N/A			This was used to indicate previous REDCap numbers. Programs are able to use this field at their discretion (delete, use non-DAISEY numbers, etc.).
First Name	Text	N/A		X	First name of caregiver
Last Name	Text	N/A		X	Last name of caregiver
Date of Birth	Date	mm/dd/yyyy			Caregiver date of birth
Is this the primary caregiver of the child?	Drop-down list (single choice)	Yes No			This will be autogenerated as Yes for all cases as only the primary caregivers should be added to DAISEY; data is not required by KDHE to be reported on the secondary caregiver. If the primary caregiver leaves the home and the secondary caregiver becomes the primary caregiver, the secondary caregiver can be promoted to primary caregiver status. Secondary caregiver data is not reflected in reports.
If No, Select Primary Caregiver	Drop-down list (single choice)	Auto-generated			Automatically selected by system
Caregiver Gender	Drop-down list (single choice)	1,Female 2,Male 3,Non-binary 4,Prefer not to disclose		X	Based off parent report, not your observation.
Caregiver Race	Drop-down list (single choice)	1,American Indian or Alaska Native 2,Asian 3,Black or African American 4,Native Hawaiian or Other Pacific Islander 5,White 6,Multiracial		X	This is based on parent report, not your observation. More than one race may be selected.
Caregiver Ethnicity	Drop-down list (single choice)	1,Hispanic or Latino 2,Not Hispanic or Latino		X	This is based on parent report, not your observation. Hispanic/Latino is considered ethnicity rather than a race so both race and ethnicity should be choices for each caregiver.
Active Status	Drop-down list (single choice)	Active Inactive			This field does not discharge a family. Status will only affect how the caregiver shows up in the search grid; inactive caregivers will not appear in the search grid. *Consider: hiding with branching logic

Child Profile

<u>Question Label</u>	<u>Question Data Type</u>	<u>Response Options</u>	<u>Auto-fill</u>	<u>Mandatory</u>	<u>Explanation</u>
Child ID	Text	Auto-generated			
Alternate ID	Text	N/A			This was used to indicate previous REDCap numbers. Programs are able to use this field at their discretion (delete, use non-DAISEY numbers, etc.).
Primary Caregiver ID	Text	Auto-generated			
Primary Caregiver System ID	Text	Auto-generated			
First Name	Text	N/A		X	First name of child
Last Name	Text	N/A		X	Last name of child
Date of Birth	Date	mm/dd/yyyy		X	Child date of birth
Gestational Age at birth (in weeks)	Text				
Child Gender	Drop-down list (single choice)	1,Female 2,Male 3,Non-binary 4,Unknown/Did Not Report		X	This is based on parent report.
Child Race	Drop-down list (single choice)	1,American Indian or Alaska Native 2,Asian 3,Black or African American 4,Native Hawaiian or Other Pacific Islander 5,White 6,Multiracial		X	This is based on parent report, not your observation. More than one race may be selected.
Child Ethnicity	Drop-down list (single choice)	1,Hispanic or Latino 2,Not Hispanic or Latino		X	This is based on parent report, not your observation. Hispanic/Latino is considered ethnicity rather than a race so both race and ethnicity should be choices for each child.
Active Status	Drop-down list (single choice)	Active Inactive			This field does not discharge a child. Status will only affect how the child shows up in the search grid.

Caregiver Enrollment-Discharge

<u>Question Label</u>	<u>Question Data Type</u>	<u>Response Options</u>	<u>Auto-fill</u>	<u>Mandatory</u>	<u>Explanation</u>
Date of Activity	Date			X	Date the organization received referral. Enter a new Engagement-Discharge form for each subsequent pregnancy.
Which caregiver was involved?	Drop-down list (single choice)			X	Select caregiver you are enrolling/discharging in the program.
Date referral received	Date				Enter the date the agency received the referral.
Engagement Outcome	Drop-down list (single choice)	1,Enrolled in program 2,Declined services 3,Not eligible for services 4,Did not respond to outreach attempts 5,Other			Select the response that best represents caregiver engagement with the program.
Other engagement outcome (specify)	Text				If "Other" is selected, provide brief description of engagement outcome.
Enrollment Date	Date			X	Date the family enrolled in the program. Official enrollment date is determined by your program. Everyone who officially enrolls in your program should be entered into DAISEY.
Program Model	Drop-down list (single choice)	1,HFA 2,PAT		X	N/A
Pregnancy Status at Enrollment	Drop-down list (single choice)	1,Pregnant 2,Postpartum 3,NA		X	
Estimated Due Date	Date				This date should be the estimated date of delivery for prenatal enrollees.
Did pregnancy result in a live birth?	Drop-down list (single choice)	0,No 1,Yes 2,N/A Still Pregnant			N/A
Date of Discharge	Date				Date family discharged from the program according to program guidelines.

<u>Question Label</u>	<u>Question Data Type</u>	<u>Response Options</u>	<u>Auto-fill</u>	<u>Mandatory</u>	<u>Explanation</u>
Reason for Client Discharge	Drop-down list (single choice)	1,Completed program model 2,Achieved case goals 3,Age out 4,Dissatisfied 5,Lack of interest 6,Too busy 7,Declined 8,Unable to contact or locate 9,Inactivity 10,Failure to follow guidelines 11,Family no longer eligible 12,Switched home visiting programs 13,Family moved away 14,Child removed from custody 15,Child adopted 16, Institutionalized 17,Needs exceed program 18,Program full 19,Program lost funding 20,Miscarriage or stillbirth 21,Death of Parent or child			If one of the selections does not seem to apply, select the closest reason. Use reasons consistently to better assess why families are leaving services.

Child Enrollment-Discharge

<u>Question Label</u>	<u>Question Data Type</u>	<u>Response Options</u>	<u>Auto-fill</u>	<u>Mandatory</u>	<u>Explanation</u>
Date of Activity	Date			X	Date the organization received referral. Enter a new Engagement-Discharge form for each subsequent pregnancy.
Which child was involved?	Drop-down list (single choice)			X	Select child you are enrolling/discharging in the program.
Enrollment Date	Date			X	Date the family enrolled in the program (if caregiver enrolls <u>post</u> natally) OR Child date of birth (if caregiver enrolls <u>pre</u> natally). Official enrollment date is determined by your program. Everyone who officially enrolls in your program should be entered into DAISEY.
Date of Discharge	Date				Date family discharged from the program according to program guidelines. This field will only appear when "Completed Program" and "Stopped services before completion" are selected in the Retention Status question.
Reason for Client Discharge	Drop-down list (single choice)	1,Age out 2,Child removed from custody 3,Death of Parent or child 4,Other			Select reason child discharged from program before caregiver discharged.
Other	Text	Text			Option appears if "other" is selected. Prior approval is needed from KDHE Program Consultant before selecting "Other."

Caregiver Demographics

<u>Question Label</u>	<u>Question Data Type</u>	<u>Response Options</u>	<u>Auto-fill</u>	<u>Mandatory</u>	<u>Explanation</u>
Date of Activity	Date			X	
Which caregiver was involved?	Drop-down list (single choice)	Auto-generated		X	
Completing at Enrollment or Annually?	Drop-down list (single choice)	1,Enrollment 2,Annual		X	
Marital Status	Drop-down list (single choice)	1,Never Married 2,Married 3,Not Married but Living Together with Partner 4,Separated or Divorced or Widowed		X	Marital Status at the time you complete the Caregiver Demographics form.
Current Health Insurance	Drop-down list (single choice)	1,No Insurance Coverage 2,Medicaid or CHIP 3,Tri Care 4,Private or Other	X		
Has this caregiver had continuous health insurance coverage for the past 6 months?	Drop-down list (single choice)	1,Yes 0,No			Benchmark Measure 16.
Was the caregiver using tobacco or cigarettes at enrollment?	Drop-down list (single choice)	1,Yes 0,No		X	This includes all forms of tobacco or cigarette use, including: cigars, pipes, hookahs, chew, dip, snuff, and electronic nicotine delivery systems (e.g. e-cigs).
Was the primary caregiver already receiving tobacco cessation services at enrollment?	Drop-down list (single choice)	1,Yes 0,No			This question will appear if the previous question about tobacco use is "Yes".
Date of Referral for Tobacco Cessation	Date				This is only for caregivers who reported using tobacco or cigarettes at enrollment that were not already receiving tobacco cessation services at enrollment. "Referral" should be defined by each Program. Benchmark Measure 6.
Current Education Status	Drop-down list (single choice)	1,Has HS Diploma or GED 2, Does not have HS Diploma or GED	X	X	

<u>Question Label</u>	<u>Question Data Type</u>	<u>Response Options</u>	<u>Auto-fill</u>	<u>Mandatory</u>	<u>Explanation</u>
Is the caregiver currently enrolled in high school or a GED program?	Drop-down list (single choice)	1,Yes 0,No			Benchmark Measure 15.
Employment Status	Drop-down list (single choice)	1,Employed Full Time 2,Employed Part Time 3, Not Employed	X		N/A
County	Drop-down list (single choice)	7,Allen 15,Anderson 8,Bourbon 9,Chautauqua 1,Cherokee 16,Clark 17,Coffey 18,Comanche 10,Cowley 11,Crawford 19,Edwards 12,Elk 20,Finney 21,Ford 22,Grant 23,Gray 24,Greeley 25,Greenwood 26,Hamilton 27,Haskell 28,Hodgeman 29,Kearny 30,Kiowa 2,Labette 13,Linn 31,Meade 3,Montgomery 32,Morton 4,Neosho 33,Seward 34,Stanton 35,Stevens 6,Wilson 14,Woodson 5,Wyandotte	X	X	N/A
Zip Code	Text		X	X	N/A
Total People Living in Household	Text			X	Enter the number of people living in the home at time of enrollment. If the mother is pregnant, include the prenatal child in the total number.
Annual Household Income	Text			X	Enter the family's annual income as they report it at enrollment. This should be an exact number rather than an estimate; the family may reference returns, income receipts, calculation by hourly wage, or bank statements. It is important for family's to have basic budgeting skills by understanding the revenue and expenditures of the household. TANF, SSI/SSDI, unemployment income, and child support should be included in this number. For teen parents living with their parents, consult with your organization to find out who is considered part of the household.

<u>Question Label</u>	<u>Question Data Type</u>	<u>Response Options</u>	<u>Auto-fill</u>	<u>Mandatory</u>	<u>Explanation</u>
Housing Status	Drop-down list (single choice)	1,Owns or shares own home or condominium or apartment 2,Rents or shares own home or apartment 3,Lives in public housing 4,Lives with parent or family member 5,Not homeless but some other arrangement 6,Homeless and sharing housing 7,Homeless and living in an emergency or transitional shelter 8,Homeless with some other arrangement		X	N/A
Primary Language Spoken at Home	Drop-down list (single choice)	1,English 2,Spanish 3,Other	X		If multiple languages are spoken in the home, the caregiver should choose which language to report as primary.
Indicate other language spoken at home:	Text				
Household has a history of child abuse or neglect or has had interactions with child welfare services.	Drop-down list (single choice)	1,Yes 0,No	X	X	Based on self-report, an enrollee who has a history of abuse or neglect and has had involvement with child welfare services either as a child or an adult.
Someone in the household has a history of substance abuse or needs substance abuse treatment:	Drop-down list (single choice)	1,Yes 0,No	X	X	Based on self-report, an enrollee who has a history of substance abuse or who has been identified as needing substance abuse services through a substance abuse screening administered upon enrollment.
Someone in the household uses tobacco products in the home	Drop-down list (single choice)	1,Yes 0,No	X	X	Based on self-report, enrollee who use tobacco products in the home or who have been identified as using tobacco through a substance abuse screening administered during enrollment. Tobacco use is identified as combustibles (cigarettes, cigars, pipes, hookahs, bidis), non-combustibles (chew, dip, snuff, snus, and dissolvables), and electronic nicotine delivery systems (ENDS).

<u>Question Label</u>	<u>Question Data Type</u>	<u>Response Options</u>	<u>Auto-fill</u>	<u>Mandatory</u>	<u>Explanation</u>
Someone in the household has attained low student achievement or has a child with low student achievement:	Drop-down list (single choice)	1,Yes 0,No	X	X	This is based on self-report from the caregiver. Do they perceive themselves or their children to have low student achievement?
Household has a child with developmental delays or disabilities?	Drop-down list (single choice)	1,Yes 0,No	X	X	This should be based on both parent report. Do any children in the household have an Individualized Family Services Plan (IFSP) or Individualized Education Program (IEP)?
Someone in household currently serving or formerly served in the US armed forces	Drop-down list (single choice)	1,Yes 0,No	X	X	Based on self-report, families that include individuals who are serving or formerly served in the Armed Forces. 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.

Child Demographics

<u>Question Label</u>	<u>Question Data Type</u>	<u>Response Options</u>	<u>Auto-fill</u>	<u>Mandatory</u>	<u>Explanation</u>
Date of Activity	Date	mm/dd/yyyy		X	
Which child was involved?	Drop-down list (single choice)	N/A		X	Complete one demographics form for each child enrolled in DAISEY.
Completing at Enrollment or Annually?	Drop-down list (single choice)	1,Enrollment 2,Annual		X	
Current Health Insurance	Drop-down list (single choice)	1,No Insurance Coverage 2,Medicaid or CHIP 3,Tri Care 4,Private or Other	X		
What is this Child's Usual Source of Medical Care?	Drop-down list (single choice)	1,Doctor or Nurse Practitioner Office 2,Hospital Emergency Room 3,Hospital Outpatient 4,Federally Qualified	X		Specify where the child typically receives medical care.
Does This Child Have a Usual Source of Dental Care?	Drop-down list (single choice)	1,Yes - Has a Usual Source of Dental Care 0,No - Does not have a Usual Source of Dental Care	X		"Usual source of dental care" — refers to a usual source of dental care, or dental home, meaning that a child's oral health care is delivered in a comprehensive, continuously accessible, coordinated, and family-centered way by a licensed dentist.
Did the child receive any amount of breast milk at age 6 months?	Drop-down list (single choice)	1,Yes 0,No	X		This is a snapshot of how much breastmilk, if any, the child consumed when they turned 6 months old. This question does not account for any breastfeeding that took place before or after this date. Benchmark Measure 2.
If no, did mother have a medical condition preventing her from breastfeeding?	Drop-down list (single choice)	1,Yes 0,No	X		Medical exclusion criteria can be found at www.cdc.gov/breastfeeding/disease
Safe Sleep: Is/was infant always placed to sleep on their back, without bed sharing or soft bedding, through 12 months of age?	Drop-down list (single choice)	1,Yes 0,No		X	All 3 of the criteria must be met to select 'Yes': 1. Put to sleep on back, 2. No bed sharing, 3. No soft bedding. Benchmark Measure 7.

Home Visit

<u>Question Label</u>	<u>Question Data Type</u>	<u>Response Options</u>	<u>Auto-fill</u>	<u>Mandatory</u>	<u>Explanation</u>
Which caregiver was involved?	Drop-down list (single choice)	Auto-generated		X	
Date of Activity	Date			X	Date home visit completed with caregiver. Home visit forms should be completed within 72 business hours after a home visit.
First and Last Name of Home Visitor	Text			X	First and last name of the worker assigned to the participant. If more than one worker is assigned, choose one as the primary worker. When worker changes, go back to profile and enter name of new home visitor. Name should be entered the same for each profile the worker serves.
Was the home visit in-person or virtual?	Drop-down list (single choice)	1,In-person 2,Virtual		X	
Select caregiver screeners completed during this home visit:	Drop down list - multiselect	1,EPDS 2,Substance Use Screen 3,Relationship Screen			Only the screeners selected will appear on the form.
Was Caregiver asked if they have any concerns for their child's development, behavior, or learning?	Text			X	This should be asked at each postnatal visit. Benchmark Measure 13.
Current Pregnancy Status	Drop-down list (single choice)	0,Not Pregnant 1,Pregnant		X	
Did mom reach 8 weeks postpartum this quarter?	Drop-down list (single choice)	1,Yes 0,No			
Did she receive a postpartum medical visit?	Drop-down list (single choice)	1,Yes 0,No			This should be the date of her postpartum visit. Required for prenatal enrollees or caregivers enrolled less than 30 days postpartum. Benchmark Measure 5.
Date of Postpartum Medical Visit	Date	mm/dd/yyyy			Postpartum medical visit should occur within 8 weeks (56 days) of delivery. This will appear if answer is "yes" to "Did she receive a postpartum medical visit?"
Reason why postpartum medical visit did not occur	Drop-down list (single choice)	1,No insurance 2, Client refused 3, No transportation 4, Other			"Other" and "client refused" will provide option to enter text explanation.

<u>Question Label</u>	<u>Question Data Type</u>	<u>Response Options</u>	<u>Auto-fill</u>	<u>Mandatory</u>	<u>Explanation</u>
Other (please explain)	Text field	Open text field			If one of the selections does not seem to apply, select the closest reason. Use reasons consistently to better assess why parents are not accessing postpartum medical visits.
Client refused (please explain)	Text field	Open text field			If one of the selections does not seem to apply, select the closest reason. Use reasons consistently to better assess why clients are refusing postpartum medical visits.
Date of Edinburgh Postnatal Depression Screening completed	Date	mm/dd/yyyy			Depression screening should occur at least once per client. Prenatal enrollees should be screened within 3 months of delivery. Postnatal enrollees should be screened within 3 months of enrollment. Benchmark Measure 3.
Edinburgh Postnatal Depression Screening Score	Numeric	N/A			Any score 10 or higher indicates a referral for depression service is needed.
Was a referral made?	Drop-down list (single choice)	Yes No- already receiving services No- other reason			Selecting already receiving services excludes caregiver from Measure 17 (completed depression referral)
Date of Referral Made for Depression	Date	mm/dd/yyyy			"Referral" should be defined by each Program.
What provider type was caregiver referred to?	Drop-down list (single choice)	Community-Based Support Group External Mental Health Provider - CMHC External Mental Health Provider - Private Practice Internal Mental Health Provider MCO/MCO Care Coordinator OB/GYN Primary Care Provider Other			
Please specify other provider type:	Text	Open text field			If provider type not listed, type response in the text field.

<u>Question Label</u>	<u>Question Data Type</u>	<u>Response Options</u>	<u>Auto-fill</u>	<u>Mandatory</u>	<u>Explanation</u>
Date of Referral Completed for Depression	Date	mm/dd/yyyy			Date caregiver was seen by referred agency. Benchmark Measure 17. Please remember to return to this form and add referral completion date
Why was a referral not provided?	Narrative	Open text field			Provide reason for not providing referral.
Was the caregiver in crisis?	Drop-down list (single choice)	1,Yes 0,No			
What action was taken (brief summary)	Narrative	Open text field			If caregiver was in crisis, provide brief explanation of action taken.
Date of Substance Abuse Screening	Date	Date (mm/dd/yyyy)			Data of the Substance Abuse Screening.
UNCOPE Screening Score	Text	Numeric			UNCOPE Screening score.
Was a brief intervention provided?	Drop-down list (single choice)	1,Yes 0,No			
What brief intervention was provided?	Drop-down list (multiple choice)	1,Reviewed screening results 2,Made clinical recommendations 3,Provided education, community and/or			
Please specify other intervention type:	Narrative	Open text field			If other, type response in text field.
Why was a brief intervention not provided?	Narrative	Open text field			Provide explanation for not providing intervention.
Was a referral provided?	Drop-down list (single choice)	1,Yes 0,No			

<u>Question Label</u>	<u>Question Data Type</u>	<u>Response Options</u>	<u>Auto-fill</u>	<u>Mandatory</u>	<u>Explanation</u>
What provider type was patient referred to?	Drop-down list (multiple choice)	1,Beacon Health Options 2, Substance Use Treatment Provider 3,Internal Mental Health Provider 4,External Mental Health Provider - CMHC 5, External Mental Health Provider - Private Practice 6, MCO/MCO Care Coordinator 7,Community-Based Support Group 9,Primary Care Provider 8,Other			
Please specify other provider type:	Narrative	Open text field			If other, type response in text field.
Why was a referral not provided?	Narrative	Open text field			Provide explanation for not providing referral
Date of Relationship Screen (WEB)	Date	mm/dd/yyyy			Screeners should be completed within 6 months of enrollment. Benchmark Measure 14.
Relationship Screen (WEB) Score	Text	N/A			A score of 20 or greater indicates a referral is needed.
Date of Referral Made for Intimate Partner Violence	Date	mm/dd/yyyy			"Referral" should be defined by each Program. Benchmark Measure 19.
Date Safety Plan Made for Intimate Partner Violence	Date	mm/dd/yyyy			Date that safety plan was completed with participant.

Child Activity

<u>Question Label</u>	<u>Question Data Type</u>	<u>Response Options</u>	<u>Auto-fill</u>	<u>Mandatory</u>	<u>Explanation</u>
Which child was involved?	Drop-down list (single choice)			X	N/A
Date of Activity	Date			X	Discharge date; date form is completed for active families.
Did the child receive the last recommended well-child visit based on the child's current age?	Drop-down list (single choice)	1,Yes 0,No			The AAP recommends visits at the following age intervals: 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. Benchmark Measure 4.
Number of child ER visits due to injury since the last visit	Text				Only include non-fatal, injury-related ER visits
During a typical week, does a family member read, tell stories, or sing songs to the child every day?	Drop-down list (single choice)	1,Yes 0,No	X		This question should be asked at each home visit. Answer "Yes" if the following conditions are met: a caregiver must read, sing, and/or tell stories to the child every day (during a typical week). Benchmark Measure 11.
Which Parent-Child Interaction Assessment was Completed?	Drop-down list (single choice)	4,PICCOLO 5,CHEERS			An approved screening tool should be completed <u>once in each fiscal year</u> (October 1st - September 30th) for children between the ages of 3 months - 47 months. Benchmark Measure 10.
Date of Parent-Child Interaction Assessment	Date				N/A
Please indicate if an ASQ-3 Screening was conducted:	Drop-down list (single choice)	1,9 Month ASQ-3 2,18 Month ASQ-3 3,24 Month ASQ-3			
Previous to reaching this 9 month screening interval, did the child have an identified developmental delay which would exclude them from this screening?	Drop-down list (single choice)	1,Yes 0,No			N/A
Date of 9 month ASQ-3 screening	Date				Follow age guidelines for screening tool. Benchmark Measure 12.

<u>Question Label</u>	<u>Question Data Type</u>	<u>Response Options</u>	<u>Auto-fill</u>	<u>Mandatory</u>	<u>Explanation</u>
Does the child need additional referral or assessment resulting from this 9 month ASQ-3 screening?	Drop-down list (single choice)	1,Yes 0,No			N/A
Date of 9 month ASQ-3 referral	Date	Date (mm/dd/yyyy)			N/A
Date 9 month ASQ-3 referral completed	Date	Date (mm/dd/yyyy)			The date the referral was completed or the date the referral completion was verified. Benchmark Measure 18.
Previous to reaching this 18 month screening interval, did the child have an identified developmental delay which would exclude them from this screening?	Drop-down list (single choice)	1,Yes 0,No			N/A
Date of 18 month ASQ-3 screening	Date	Date (mm/dd/yyyy)			Follow age guidelines for screening tool. Benchmark Measure 12.
Does the child need additional referral or assessment resulting from this 18 month ASQ-3 screening?	Drop-down list (single choice)	1,Yes 0,No			N/A
Date of 18 month ASQ-3 referral	Date	Date (mm/dd/yyyy)			N/A

<u>Question Label</u>	<u>Question Data Type</u>	<u>Response Options</u>	<u>Auto-fill</u>	<u>Mandatory</u>	<u>Explanation</u>
Date 18 month ASQ-3 referral completed	Date	Date (mm/dd/yyyy)			The date the referral was completed or the date the referral completion was verified. Benchmark Measure 18.
Previous to reaching this 24 month screening interval, did the child have an identified developmental delay which would exclude them from this screening?	Drop-down list (single choice)	1,Yes 0,No			
Date of 24 month ASQ-3 screening	Date	Date (mm/dd/yyyy)			Follow age guidelines for screening tool. Benchmark Measure 12.
Does the child need additional referral or assessment resulting from this 24 month ASQ-3 screening?	Drop-down list (single choice)	1,Yes 0,No			N/A
Date of 24 month ASQ-3 referral	Date	Date (mm/dd/yyyy)			N/A
Date 24 month ASQ-3 referral completed	Date	Date (mm/dd/yyyy)			The date the referral was completed or the date the referral completion was verified. Benchmark Measure 18.

Staff Profile

<u>Question Label</u>	<u>Question Data Type</u>	<u>Response Options</u>	<u>Auto-fill</u>	<u>Mandatory</u>	<u>Explanation</u>
KS MIECHV Staff Profile					
Environment ID	Auto-generated				
<u>Staff Profile Instructions</u> All staff funded (any amount) through MIECHV need to be submitted on this form. Staffing information should match your contract with KDHE and be included for Supervisors, Home Visitors, and Other staff. Only supervisors should complete or edit these forms. Please do not delete forms when staff leave. Instead, update the form to add in an end date. Staff assigned to multiple roles should have one Staff Profile per role. For example, a staff person partially funded as a Supervisor and as a Home Visitor would have a Staff Profile for each role. Staff who change roles within the same MIECHV-funded agency OR leave to go to another MIECHV-funded agency should have a Staff Profile for each role. Please note: All staffing changes must be <u>updated within 10 calendar days</u>. Please reach out to KDHE with questions about the Staff Profile.					
KS MIECHV Staff Profile					
Environment Type					
Position Category	Drop-down list (single choice)	1,Supervisor 2,Home Visitor 3,Other		X	Select option for employee's current position.
Model	Drop-down list (single choice)	1,HFA 2,PAT		X	Select the model the employee is currently affiliated with.
FTE (decimal form)	Text				Enter FTE in decimal form (example: 1.0 FTE)
Environment Name	Text			X	Enter staff first and last name
Email address	Text			X	Email address of the employee
Race & Ethnicity	Drop-down list (multiple choice)	Native 2,Asian 3,Black or African American 4,Native Hawaiian or		X	This is based on home visitor report, not your observation. More than one may be selected.
Organization hire date	Date (mm/dd/yyyy)			X	The date that the employee was hired at the organization.
MIECHV hire date	Date (mm/dd/yyyy)			X	The date the employee was hired for a MIECHV-funded position. Note: this could be the same date the employee was hired for the organization, but it may be a different date if the employee was originally hired in the organization, but not with a MIECHV-funded position.
Employment end date	Date (mm/dd/yyyy)				Enter the employee's last day at work, if applicable.

<u>Question Label</u>	<u>Question Data Type</u>	<u>Response Options</u>	<u>Auto-fill</u>	<u>Mandatory</u>	<u>Explanation</u>
Reason for employment ending	Drop-down list (multiple choice)	1,Accepted position with another home visiting agency 2,Accepted another position within the agency 3,Left the home visiting field 4,Retirement 5,Other			
If other, please provide brief description	Text				
Planned caseload capacity (#of families)	Numeric			X	Enter the planned caseload size as stated in the contract for each HV
Additional comments	Text				Please enter any additional comments about capacity, FTE
Active Status	Drop-down list (single choice)	Active Inactive			This field does not discharge an environment profile. Status will only affect how the environment profile shows up in the search grid.