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**Program Evaluation**

**&**

**Forms Manual**

**“Red Book”**

December 2015

**Program Evaluation and Forms Manual**

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**Introduction**

This manual was created to help Healthy Families Oregon staff navigate all of the forms and evaluation information that is connected to our program. This manual is meant as a training tool for all new staff and also as an ongoing reference tool.

## Healthy Families Oregon Overview

Healthy Families Oregon (HFO) is an evidence-based home visiting program accredited by Healthy Families America (HFA). It was established by the Oregon Legislature in 1993.

The primary goals of Healthy Families Oregon are:

* Reducing child abuse and neglect
* Increasing healthy outcomes for young children and their families
* Improving school readiness by optimizing early learning opportunities, starting at or before the time of birth

Having a baby is challenging for all parents. When there are added burdens like poverty, unemployment, being single and/or a teen parent, the difficulties increase. When, in addition to these, there are also added problems like mental health issues, drug/alcohol addiction, or criminal involvement, the risks of poor outcomes for children multiply. These overburdened families are the people that Healthy Families Oregon is designed to serve. It is a voluntary program. Years of data show that the parents who can most benefit from Healthy Families Oregon are also those who are most likely to want to participate.

**Screening and Referral Services**

Screening systems vary across sites and are designed to be cost-effective, locally-organized systems that build on existing community resources and networks. Using a research-based screening tool, the New Baby Questionnaire, Healthy Families workers or volunteers screen parents for characteristics associated with poor child and family outcomes, such as social isolation, lack of prenatal care, depression, substance abuse, and financial stress. Families who have few, or no, characteristics that place them at risk for poor outcomes, may receive short-term information and referral services from the screener. For example, families may receive a packet of child development and parenting information, or a telephone call with information about community resources such as parenting support groups or breast-feeding assistance.

**Home Visiting Services**

Families who have positive (high risk) screens are offered home visiting services through the Healthy Families Oregon program (pending availability of space). Using the Healthy Families America model, Healthy Families Oregon offers up to three years of home visiting services for Oregon’s high risk families. Newly enrolled families receive weekly home visits from a qualified and trained Healthy Families home visitor. Visits decrease in frequency as the family’s needs decrease. Home Visitors have limited caseloads in order to support their work with families.

Home visits focus on supporting parents in their role as the child’s first teacher, providing evidence-based parenting and child development information, coaching, and support. Home visitors also help parents to access needed community resources, including basic tangible supports such as food, clothing, baby supplies and housing, as well as more specialized assistance such as mental health counseling, substance abuse treatment, or health services. Home Visitors also work with parents to make sure children are developing positively, providing regular developmental assessments and monitoring of children’s immunization status and access to preventive health care. Some sites also provide parent support groups, parent-child play groups, and other activities to support parents and their children.

**Healthy Families Oregon Forms Overview**

The following provides information on all of the forms, including program evaluation forms, used to document Healthy Families Oregon (HFO) services throughout the state system. All forms have been designed to meet Healthy Families America best practice standards and the new Integrated Strategies for Home Visiting Core training, while at the same time, streamlining paperwork as much as possible.

**Coding System**

The information in this manual describes the forms utilized by the state system, including the program evaluation forms (NPC). All forms and templates are titled in **RED** and the following coding system shows the requirements for their use:

* **State Standardized & Required (SR):** Sites must use these specific forms. Cosmetic changes (such as adding the name of local site) are allowed, but the content of the existing form may not be modified.
* **Required (R):** Sites are required to have forms that meet this purpose. Sample forms are included but sites may prefer local versions as long as key information is captured.
* **Optional (O):** Healthy Families Oregon has found these forms helpful in meeting best practice standards but they are not required. These forms may be modified as needed at the local level.
* **Tools / Samples (TS):** These optional tools and samples have been provided by local sites, Healthy Families America or the State office. They may be supportive to local sites.

**Forms are grouped by:**

* **Service Initiation**
* **Service Delivery**
* **Staff Support**
* **Governance and Administration**

HFO program forms in this manual are available electronically through Drop-Box HFO Oregon Documents located on the HFO website:

[**http://oregonearlylearning.com/other-priorities/healthy-families-oregon/healthy-family-providers-page/**](http://oregonearlylearning.com/other-priorities/healthy-families-oregon/healthy-family-providers-page/)

[All Forms and Manuals are available here](https://www.dropbox.com/sh/d6axce4hqy3ozou/AAB3IuYo8NusbxqzAlguVYDPa?dl=0)

**Program evaluation forms (listed on page 7) that require the use of “bubble sheets” are provided to sites directly by NPC Research; requests for more forms should be sent to: healthyfamilies@npcresearch.com**

The following page has a list of all the forms used in Healthy Families Oregon, including the program evaluation forms:

**Healthy Families Oregon Forms List**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Form**  **Type** | **Eng/**  **Span** | **Comments** |
| **Service Initiation** |  |  |  |
| **Welcome to Healthy Families**  (Consent to Participate in program and evaluation) | SR | √ | Templates |
| **New Baby Questionnaire** | SR | √ |  |
| **Give Your Baby a Healthy Start**  (Consent to Contact) | O | √ | Templates |
| **Service Delivery** |  |  |  |
| **Data Tracking Form** | SR |  | Auto fills due dates |
| **Prenatal Data Tracking Form** | SR |  | Auto fills due dates |
| **Family Rights & Confidentiality** | SR | √ |  |
| **Authorization to Release Information** | SR | √ |  |
| **Family Intake** | SR |  | NPC Research |
| **Parent Survey Template for Writing Narrative** | SR |  |  |
| **Home Visit Record** | SR |  |  |
| **Family Concerns and Referrals** | SR | √ | **Blue paper** |
| **Family Values Activity** | SR | √ |  |
| **Wishes for my Child (Two options)** | SR | √ |  |
| **My Parenting Experience I and II-A, II-B** | SR | √ | NPC Research |
| **Ages & Stages Questionnaire (ASQ) & ASQ-SE** | SR | √ |  |
| **Family Update** | SR |  | NPC Research |
| **Level Change Form** | SR |  | **Green** **paper** |
| **Home Observation for Measurement of Environment (HOME) Forms: 12-24 months, 36-48 months** | SR |  | NPC Research |
| **Home Visitor Plan to Support Family – Initial Approach** | SR |  |  |
| **Home Visitor Plan to Support Family – Transition Planning** | SR |  |  |
| **Family Goal Plan** | R | √ |  |
| **Contact Log and/or Monthly Service Log** | R |  |  |
| **Immunization Tracking** | R |  | CDC Website or Alert System |
| **Exit/Re-Entry Form** | R |  |  |
| **Referral Tracking Form** | O |  | **Blue** **paper** |
| **Service Level X: Creative Outreach Tracking Form** | O |  | **Pink paper** |
| **Family Transfer Summary Form** | O |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff Support** | **Type** | **Eng/**  **Span** | **Comments** |
| **General Weekly Supervision** | SR |  |  |
| **Family Progress Review** | SR |  |  |
| **Supervision Log** | SR |  |  |
| **Home Visit Completion/Caseload Management** | SR |  | HFO Statewide Database |
| **Parent Survey Inter-rater Reliability** | SR |  |  |
| **Supervision of Supervisors and Program Managers** | R |  |  |
| **Documentation of Learning (2 forms)** | R |  | Professional Exp./Education *OR* Self Study/Training |
| **QA Observation of Home Visit** | R |  |  |
| **QA Observation of Parent Survey** | R |  |  |
| **QA Phone Surveys for Active Families** | R |  |  |
| **Home Visitor Plan to Support Family - Ongoing** | O |  |  |
| **Home Visitor Development Plan** | O |  |  |
| **HFO Required Training Log** | R |  |  |
| **3, 6, 12 Month Training Log** | O |  |  |
| **Ongoing Training** | O |  |  |
| **Supervision Binder Organization** | O |  |  |
| **Supervision Tracking Form** | O |  |  |
| **Governance and Administration** |  |  |  |
| **Program Goal Plan** | SR |  |  |
| **Quality Assurance Checklist for Program Managers** | SR |  |  |
| **Healthy Families Program Budget Template** | SR |  |  |
| **Annual Screening Review Template** | SR |  |  |
| **Family Acceptance Analysis Template** | SR |  |  |
| **Family Retention Analysis Template** | SR |  |  |
| **Home Visit Completion – Plan to Increase Template** | SR |  |  |
| **Staff Satisfaction and Retention Analysis & Plan Template** | SR |  |  |
| **Cultural Sensitivity Template and Guidelines** | R |  |  |
| **Staff Cultural Competency Survey** | R |  |  |
| **Staff Satisfaction Survey** | R |  |  |
| **Staff Exit Survey** | R |  | NPC Research |
| **Medicaid Time Tracker Log** | R |  |  |
| **Medicaid Monitoring Form** | R |  |  |
| **Family File Checklist** | O |  |  |
| **Supervision File Checklist** | O |  |  |
| **SAMPLES in HFO Statewide Database:** |  |  |  |
| **Family Goal Plan** |  |  |  |
| **Home Visitor Plan to Support Family – Initial Approach** |  |  |  |
| **Home Visit Record** |  |  |  |
| **General Weekly Supervision** |  |  |  |
| **Family Progress Review** |  |  |  |
| **Advisory Board Review Calendar** |  |  |  |
|  |  |  |  |

Updated 12/15

**Healthy Families Oregon Program Evaluation Overview**

Evaluation of the Healthy Families Oregon program is conducted by NPC Research of Portland, Oregon. Detailed information about the evaluation is available at [www.npcresearch.com](http://www.npcresearch.com). The Institutional Review Board for the Healthy Families Oregon program evaluation is at Portland State University.

The NPC Research evaluation team gathers information all individual sites and presents its findings in an Annual Status Report (current and past reports are available on the NPC website). Over the years, Healthy Families Oregon has consistently shown impressive results in reducing child maltreatment rates and in improving health and school readiness for the children it serves. Health Families America (HFA) requires that programs gather, analyze, and make plans for continuous quality improvement based on their evaluation results in some key areas. The evaluation reports are used in the continuous quality improvement process.

The Healthy Families Oregon status report include data tables that show how sites are doing meeting the Oregon Performance Indicators, which are based on the HFA best practice standards. These indicators are approved and revised every two years by the Healthy Families Oregon Advisory Committee.

**The two types of Oregon Performance Indicators are:**

1. **Service Delivery Indicators**: These measure the number of families served by local sites, timing of services provided, the frequency of home visits, and the length of time that families stay in the program
2. **Outcome Indicators**: These measure the outcomes of Healthy Families Oregon by gathering data from families who are participating in the program such as having a medical home, up-to-date immunizations, parents reading to children, positive parent-child interactions, reduction of stress and developing social supports

In addition to conducting the ongoing statewide Healthy Families Oregon program evaluation, NPC Research has conducted a randomized clinical trial. This study examines in depth the program’s ability to reduce child abuse and neglect.

**Collecting Data with Families**

The Healthy Families Oregon evaluation relies on staff and families to provide the data it uses. Home visitors enlist the cooperation of families as they work together to fill out the forms that give NPC the data. In return, NPC presents information that program staff need to help them to do their work more effectively. The continued success of Healthy Families Oregon in achieving funding to do its work is in large part due to the outstanding results reported year after year by the evaluation. The data is also critical in gaining and maintaining HFA accreditation.

**Managing the Data**

Measurement of data occurs at entry into the Healthy Families program, either during the prenatal period or when the child is born, and thereafter, at 6 month intervals. If families consent, demographic information about the families screened is entered at the local level into HFO Statewide Database and a Healthy Families Oregon identification number is obtained. In order to protect the confidentiality of the children and their parents, the ID number is then used in place of a name by local staff on all evaluation forms. These forms are then sent to NPC. This evaluation data is managed in two ways:

1. Information is gathered on forms that are sent to NPC, scanned, and entered into their database
2. Information is entered into the HFO Statewide Database. This system allows program staff to see and monitor their data and run reports.

**Program Evaluation Forms Overview**

**General Instructions for Program Evaluation Forms Sent to NPC:**

The program evaluation forms that are sent in by your local sites are scanned by NPC to collect the data. This means that it is very important to always fill in the bubbles on every form, as well as only use the copies that are sent to you from NPC as they are on special paper. All forms should be complete as possible as NPC cannot process the form if required fields are missing.

**Program Evaluation Forms Provided by NPC:**

* **Family Intake (grey)**
* **My Parenting Experience I (blue)**
* **My Parenting Experience II A (yellow)**
* **My Parenting Experience II B (yellow)**
* **Family Update (purple)**
* **HOME Inventory 12-24 months (light brown)**
* **HOME Inventory 36-48 months (goldenrod)**

***Note:*** *The following forms are entered at a local level into the* ***HFO Statewide Database****:*

* Parent Survey scores
* New Baby Questionnaire (NBQ)
* Home Visit data/Caseload Management
* Exit/Re-entry Form

**Sending Data to NPC Research**

Evaluation forms are collected at each site and sent to NPC Research on a monthly basis. Contact NPC Research with any questions about data management related to the bubble forms. In order for reports to be accurate, it is extremely important that all forms are turned in to the site and to NPC on a timely basis. Data collected during the prior month should be completed and sent to NPC postmarked by the 10th of each month. For example, data collected during June should be submitted to the site and mailed to NPC by July 10.

You should also be sure that each form you are including in the mailing has the “Minimum Required Fields” completed. If any of the required fields are left blank, NPC will follow up with sites (via e-mail, phone or hard copy return of forms) requesting the missing data. The errors will need to be corrected before they can be processed.

**IMPORTANT!** In order for reports to be accurate, all data must be received by NPC Research in a timely manner. Please make sure staff submit paperwork promptly, and that the paper work is submitted quickly to NPC for processing.

***Send all data from the prior month postmarked by the 10th of the following month to:***

**Healthy Families Oregon**

**NPC Research**

**5100 SW Macadam Ave, Suite 575**

**Portland, OR 97239-3867**

**Overview of NPC Data Collection for Program Evaluation**

Once home visiting has started, the real work of the program begins. Regarding the program evaluation, it is essential to establish a “baseline” for families so we know what’s going on with them at the beginning of services. This way the evaluation can measure their progress.

Gathering data from the ***Parent Survey***, ***Family Intake Form***, and ***My Parenting Experience I*** establishes the important baseline for the family. In addition, as time goes on, you will gather data at regular intervals from the ***Family Update***, ***My Parenting Experience II A and* *B***, and the ***HOME Inventory***, which will record a family’s progress.

The ***Data Tracking Form***, discussed later in this manual, was created as a tool to help sites manage tracking paperwork that they complete. This form can be individualized for each family by adding the baby’s birthday and subsequently creating due dates for the paperwork that needs to be completed.

At the beginning of services with a family, there is a lot to do! Home visitors may feel like they are bombarding families with questions and forms to fill out – all of those activities that are considered “paperwork” and can be seen as a nuisance. ***You are encouraged to try to make the most of these times when you ask parents a lot of questions; it may provide you with a great opportunity to get to know your new families and to build trust by demonstrating that you are interested in their story and are a good listener.***

**NPC Program Evaluation Forms & Due Dates**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s Age in Months** | | | | | | | | | | | | | |
| **Measurement**  **Tools** | **1**  **Mo** | **4**  **Mos** | **6**  **Mos** | **8**  **Mos** | **12**  **Mos** | **18**  **Mos** | **24**  **Mos** | **30**  **Mos** | **36**  **Mos** | **42**  **Mos** | **48**  **Mos** |  |  |
| **Family Intake** | **X** |  |  |  |  |  |  |  |  |  |  |  |  |
| **My Parenting Experience I** | **X** |  |  |  |  |  |  |  |  |  |  |  |  |
| **My Parenting Experience II**  **(A and B)** |  |  | **X** |  | **X** |  | **X** |  | **X** |  | **X** |  |  |
| **Family Update** |  |  | **X** |  | **X** | **X** | **X** | **X** | **X** | **X** | **X** |  |  |
| **Depression Screen (required prenatally as well)** | **X**  **w/in**  **3 mo.** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Developmental screen: ASQ**  **NOTE: Report most recent ASQ on next Family Update** |  | **X** |  | **X** | **X** | **X** | **X** | **X** | **X** |  | **X** |  |  |
| **Developmental Screen: ASQ-SE**  **NOTE: Report most recent ASQ-SE on next Family Update** |  |  | **X** |  | **X** | **X** | **X** | **X** | **X** |  | **X** |  |  |
| **HOME/Preschool HOME** |  |  |  |  | **X** |  | **X** |  | **X** |  | **X** |  |  |

|  |  |
| --- | --- |
| **Program Evaluation Forms:**  **Minimum Required Fields**   * This table lists the specific information for each evaluation form that MUST BE COMPLETED In order to process (scan) the evaluation form into the NPC databases. * Please make sure each form you send has the required fields indicated below completed. * If the fields are not completed, NPC will be unable to process the form * Please note that this is not the minimum amount of data you should fill in on a form, as all forms should be as complete as possible. | |
|  |  |
| **Survey** | **Required Fields** |
| **Family Intake** | Visitor ID |
|  | Child ID |
|  | County |
|  | Today's Date (date you are filling out the form) |
|  | Child’s Date of Birth |
|  |  |
|  |  |
| **Family Update** | Family Update Type (6 month, 12 month, etc.) |
|  | Child's age |
|  | Visitor ID |
|  | Child's ID number |
|  | County |
|  | Child’s Date of Birth |
|  | 1. Today's date |
|  | 29. A “Yes’, “No” or “DK” response.  If response is Yes, ID number from The HFO Statewide Database must be entered |
|  |  |
| **My Parenting Experience I** | 1. Today's Date |
|  | 2. Baby's birth date |
|  | A. Visitor ID |
|  | B. Child’s ID number |
|  | C. County |
|  |  |
| **My Parenting Experience II**  **(A and B)** | 1. Today's date |
|  | 2. Baby's birth date |
|  | A. Parent Update type (6 month, 12 month, etc.) |
|  | B. Visitor ID |
|  | C. Child ID’s number |
|  | D. County |
|  | \*REMEMBER: Part B should always be submitted in a sealed, confidential envelope |
|  |  |
| **HOME INVENTORY** | Visitor ID |
| 12-24 months, 36-48 months | Child’s ID number |
|  | County |
|  | Today’s Date |
|  | Child’s Date of Birth |
|  | Child’s Age (in months) |
|  | HOME Survey type |
|  |  |

**Frequently Asked Questions about Program Evaluation (bubble) Forms:**

**Can I use pencil or any color ink when filling out a Healthy Families Oregon form?**

**Please use only black or blue ink** when completing the Healthy Families Oregon forms. Pencils, or alternative pen colors like green or pink, make it difficult during the data entry process because the scanner software cannot read these lighter colors.

**What are some other issues that come up during this scanning process that I should be aware of for completing Healthy Families Oregon forms?**

* None of the NPC evaluation forms should be submitted prenatally. All the version 10 (and higher) forms are designed to be completed and submitted postnatally only.
* Verify that you are using the correct state ID for the client you for whom you are completing a form (incorrect IDs on forms results in incomplete data for your family). If it helps you, you are free to write the name or initials of the client on the survey, provided it does not appear over any printed material.
* Double check both the form date and the DOB. Commonly incorrect dates are written on forms.
* Don’t forget: the My Parenting Experience II-B is a confidential form that should be completed by the parent and returned in the My Parenting Experience II-B envelope.
* Please use clear, legible handwriting when writing in the worker ID, Child ID, and date fields for a more efficient data entry process.
* Please make sure to write numbers within the space provided as the scanner does not read anything outside of the outlined box.
* If a mistake is made when completing a form, it is best to cross out the mistake and fill in the correct bubble or write in the correct number next to the error.
* If you do not know the response to a question, please leave that bubble or textbox blank—there is no need to draw a line through the box or cross out the number bubbles.

**When is it too late to complete a form?**

For the most accurate data, forms should be completed within a month of the due date.

**What is the best way to complete a My Parenting Experience II B form since it is supposed to be confidential for the parent?**

A best practice when completing the PSIIB forms is to complete the sections indicated on the bottom of the form (Visitor ID, Child ID, County, etc.) ***before*** giving it to the parent for further completion. Additionally, it is recommended that each worker fill out the “Today’s Date” and “Baby’s Date of Birth” fields before the parent is asked to respond to the questions so that the birth year is accurate. Then, the worker should ask the parent to complete the form and seal it in the confidential envelope. The information on the envelope should be completed by the worker.

**Can’t I just write the Worker ID and Child DOB on the MPEIIB envelope instead of writing it another time on the form?**

The information needs to be documented correctly on both the form and envelope. Sometimes forms are inserted into the wrong envelopes by accident or have missing information, which makes it difficult and time-consuming when processing forms for data entry.

**Is there anything important to remember when filling out a Family Update form?**

As always, please make sure to write the correct Child Date of Birth, paying particular attention to the birth year. Also, Question 29 on the Family Update, indicating whether or not the mother gave birth to another child, is an important component to the program evaluation process. **Please do not leave this question blank.** If the response to Question 29 is “Yes,” indicating that another child has been born since the last Family Update form was completed, remember to provide the new child’s state assigned ID (obtained from HFO Statewide Database).

**The Family Update form is multiple pages and sometimes it falls apart. What is the best way to secure the pages and make sure that the correct information is collected for each family?**

It is a recommended best practice that the Child ID is written on the top of the second page so that if the pages are separated, the information can be easily matched. While it is easier for workers to complete the forms when the pages are together, please do not tape or staple the pages if the perforated form detaches. If you wish, a paperclip can be used to secure the pages together.

**How do I request more blank Healthy Families Oregon Evaluation Forms from NPC?**

Anytime you need additional forms you can send a request to: [Healthyfamilies@npcresearch.com](mailto:HealthyStart@npcresearch.com), or any of the evaluation staff.

**Service Initiation Forms**

**Healthy Families Oregon Service Initiation**

**Confidentiality Safeguards**

The Healthy Families Oregon program and its program evaluation team have developed stringent confidentiality procedures to protect the rights of families and allow for the sharing of critical program and outcome information. Family privacy is protected. The Healthy Families Oregon evaluation procedures for ensuring informed participant consent, confidentiality, and data security are reviewed annually by the Institutional Review Board (IRB) (currently through Portland State University), to ensure protections are adequate and in compliance with federal guidelines.

Identification numbers for Healthy Families Oregon babies and their families are assigned by HFO Statewide Database to ensure privacy. All evaluation information collected by home visitors is transmitted to NPC Research by identification number only.

**Training for Screeners**

At many sites, explaining Healthy Families to parents and getting their consent for screening and the evaluation is done by either dedicated screeners employed by the program, volunteers, or staff of other agencies like hospitals, clinics, or WIC offices. Healthy Families America and Healthy Families Oregon require that people completing screening for the program receive training on the screening process. A screeners work needs to be monitored to be sure screens are scored consistently and parents’ consent is obtained appropriately. Local procedures for training screeners may vary, but the information given in this section is used by many sites as the core of that training.

Staff who obtain the consent to participate in screening should review the consent form in detail with the family. Typically, the consent form is reviewed in person with the parent. However, verbal consent may be granted (over the telephone) if the Healthy Families staff mails the consent form and HIPAA form to the parent, documents the date verbal consent was given, and documents the date they sent the forms in the mail. If the family accepts Healthy Families services, staff must obtain the signed consent form from the parent, give the parent a copy of the form, and maintain the signed form in their records.

**Gaining Consent from Parents**

There are two forms used to document initial consent:

**1. Consent to Contact: Give Your Baby a Healthy Start Form (O)**

English and Spanish

This **CONSENT TO CONTACT** form is available electronically in the Document Manager-HF Templates within HFO Statewide Database for local sites to encourage community referral coordination This form can be edited to include local site information. ***This does not replace the Welcome to Healthy Families Oregon form that is required prior to conducting the New Baby Questionnaire***.

Some programs use the “consent to contact” form, *Give Your Baby a Healthy Start*, as the initial point of consent. This form is frequently used by community partner agencies (like WIC, medical clinics and hospitals, public health departments, etc.) to help link their clients with the Healthy Families program. By signing this form, parents are saying they would like Healthy Families to contact them so they can learn more about the program – they are not making any kind of a commitment – just releasing their contact information to be passed along to Healthy Families. Partner agencies give the completed forms to the program, which then contacts the parents. This process is optional. This tool works well for some communities and sites, but is not required. The consent to contact form is available in both English and Spanish.

**2. Consent to Participate: Welcome to Healthy Families Form (SR)**

English and Spanish

As required by our research evaluation project, this **CONSENT TO PARTICIPATE** form has been reviewed and approved by the Institutional Review Board (IRB). IRB strives for excellence in human research participant protection. Due to IRB review, *this form* ***may not be edited*** *at the local level (except to personalize the program title with the site’s name).*This form is required prior to conducting the New Baby Questionnaire and prior to receiving Healthy Families Oregon home visiting services. Participation in the program is voluntary. Most forms are not required in order to receive services. However, this consent form is required to conduct the NBQ which determines eligibility for services. Therefore, it **is required** for all families enrolled in Healthy Families Oregon.

This consent form is available in English and Spanish. If a parent speaks another language, or is cognitively challenged and unable to understand the forms, it is the responsibility of the program to provide translation services.

**Talking Points for the Consent to Participate Form**

As the family’s first contact with the program, it is important for you to help the family understand the consent form. Below are “key points” to go over with families when they sign the consent form. ***We suggest you review the consent form verbally with the parent, summarizing the key points below.***

**About the Healthy Families Oregon Program**

This paragraph tells you that if you participate in the program you:

* **Will be contacted** by phone, email or in person to learn more about services, and
* **Agree to fill out a short questionnaire** (The New Baby Questionnaire), which will tell us about whether you’re eligible for additional services, and help us to know which other services in the community you might want to know about.

**It also tells you that everything in Healthy Families Oregon is voluntary**

You can skip any question at any time. Even if you sign this consent form, you can always change your mind later.

**About the Healthy Families Oregon Program Evaluation & Confidentiality**

This part of the form reviews the program evaluation and how information is kept confidential:

* **The program has an evaluation** to help us know whether the program is working for families.
* **The program evaluation is very important** for helping us improve the program and for our funding, *but y*ou can be in the program even if you don’t want to be in the program evaluation.
* If you participate in the evaluation, all the information you provide will be kept **confidential,** and shared with the researchers for program evaluation purposes only.
* This means your name and information about you or your family will **not be shared with** those outside of Healthy Families Oregon or the program evaluation team without your permission.
* The only exception to this is that, like doctors, nurses and teachers, program staff are required by law to report any time they suspect child abuse or neglect.
* Here is some more information about **HIPAA**, just like the papers you get at the doctor’s or dentist’s office. This tells you more about how we keep your information private, and who to call if you have questions or problems *(hand the parent the HIPAA information form now if it is your process to get HIPAA acknowledgement when you get consent for screening).*

**Benefits of Healthy Families Oregon**

Here we are saying that if you participate in the program, we hope you will get some valuable information and other services that can help you as a new parent. And, as said before, participating in the program evaluation helps the program to continue to improve our services.

**Questions & Next Steps**

If you have any questions, this paragraph just tells you whom to call to get more information. After the parents read and understand the consent form, have them complete the “Welcome to Healthy Families Oregon” form with their consent and contact information. Copy the form and keep one for your program’s records. Give a copy to the parent for their information.

**The New Baby Questionnaire Screening Tool**

The New Baby Questionnaire (NBQ) determines eligibility for Healthy Families Oregon. Sites determine a screening process for completing the NBQ that meets their local needs; however, the NBQ must be scored consistently by all screeners across sites. A Spanish language version is also available.

**New Baby Questionnaire Form (NBQ) (SR)**

English and Spanish versions of the NBQ can be located at: <https://www.dropbox.com/sh/d6axce4hqy3ozou/AAB3IuYo8NusbxqzAlguVYDPa?dl=0>.

NBQ information, once collected, is entered directly into HFO Statewide Database at the local site level. NPC Research will have access to the data for reporting purposes. Completed NBQ forms should not need to be sent to NPC Research. Each local site will determine how to archive any completed NBQs that do not result in home visiting participation.

**Step 1: Obtain Consent**

Completing the New Baby Questionnaire is entirely voluntary. Families must sign the Welcome to Healthy Families consent form in order to proceed with completing the New Baby Questionnaire and any other forms. *Please note that consent forms can also be used to document attempts to offer screening.*

If a family consents to “participate in Healthy Families Oregon and its statewide program evaluation” (option #1) on the Welcome to Healthy Families consent form, the family can participate in completing the New Baby Questionnaire. Enter items from the consent form into the HFO Statewide Database to obtain a Healthy Families ID Number (choose Consent Type ID = Full). Remember to first search to see if the family or caregiver is already in the database.

If there are multiple births (twins, triplets, etc.), enter the first-born child as the primary client (First Born Client 1). Next, link the twin or sibling to the family (caregiver) by selecting the appropriate family from the Family item. Fill in the remainder of the information for the twin/sibling(s). Make note of the twin/sibling(s) ID number in your files and record these ID numbers on the consent form and NBQ.

If a family consents to “participate in Healthy Families Oregon but not the program evaluation,” you must still enter them into HFO Statewide Database, but make sure to choose Consent Type ID = Partial and do not send forms to NPC Research. However, it is important to keep the consent and screening forms for your records.

If a family does not want to participate in screening ("Am not interested in Healthy Families Oregon") do not enter the family into HFO Statewide Database, and do not send forms to NPC Research. However, it is important to keep the consent forms for your records for end-of-the-year reports of families served. If a family refuses service and a signature cannot be obtained, the home visitor should document the attempt to provide screening/service by indicating the parent has refused and writing the date on the form. Again, keep the consent form documenting the refusal for your records. By definition, you would not offer service to families who do not participate in screening.

**For Families Who Consent to Services and Evaluation:**

***Step 2: Administer the New Baby Questionnaire***

In this chapter, you will find a sample interview protocol of how an Eligibility Screener (or other HFO staff/volunteer) may ask a family the New Baby Questionnaire questions. This protocol has been developed to assist you in administering the New Baby Questionnaire. You may choose to use it or develop your own style of asking these questions.

***Step 3: Score the New Baby Questionnaire***

See New Baby Questionnaire instructions below

***Step 4: Enter family information into HFO Statewide Database and obtain a State ID Number***

**Directions for Administering and Scoring the New Baby Questionnaire (version 2, last revised 7/2015)**

**Families are eligible for Healthy Families Home Visiting Services if:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **They have depression (score of 3 or higher on #22a & #22b),** | | | |
| **Item** |  | **Parent Response** | **Risk Factor** |
| Item 22a & 22b | = | (score associated with both items combined must equal 3 or higher) | Depression |
|  |  |  |  |
| 1. **They have anxiety (score of 3 or higher on #23a & #23b),** | | | |
| **Item** |  | **Parent Response** | **Risk Factor** |
|  |  |  |  |
| Item 23a & 23b | = | (score associated with both items combined must equal 3 or higher) | Anxiety |
|  |  |  |  |
| 1. **They have drinking/drug use issues (“somewhat” or “serious) on #25,** | | | |
| **Item** |  | **Parent Response** | **Risk Factor** |
| Item 25 | = | Somewhat of a problem | Drinking/Drug use issues |
|  | = | Serious problems |  |
| 1. **There is known involvement in the child welfare system (clinical positive, program use item F),** | | | |
| **Item** |  | **Clinical Positive** | **Risk Factor** |
| Item F | = | Program knowledge of child welfare involvement (either as an adult or child) | Child Welfare involvement |
|  |  |  |  |
| 1. **They have any two or more risk factors below:** | | | |
|  |  |  |  |
| **Item** |  | **Parent Response** | **Risk Factor** |
| Item 12: | = | No (more than 14 weeks) | Late prenatal care |
|  |  |  |  |
| Item 13: | = | No (less than 5 times) | Lack of comprehensive prenatal care |
|  |  |  |  |
| Item 14a: | = | Mother is 19 years old or younger | Teen parent |
|  |  |  |  |
| Item 15: | = | No | Unmarried parent |
|  |  |  |  |
| Item 16 | = | Parenting 3 or more other children under age 5 | Multiple very young children |
|  |  |  |  |
| Item 17 | = | Yes (currently parenting special needs child of any age) | Special needs child |
|  |  |  |  |
| Item 18: | = | Less than high school | Less than HS education |
|  |  |  |  |
| Items 19a & 19b: | = | Both mother and spouse/partner (if present) not employed at least 30 hours a week.  If no spouse/partner, mother not employed at least 30 hours a week. | No stable employment (household) |
|  |  |  |  |
| Item 20: | = | Yes (some or most of the time) | Trouble paying for basic expenses |
|  |  |  |  |
| Item 21: | = | No (have not been living in stable housing past 60 days) | Unstable housing |
|  |  |  |  |
| Item 24: | = | Some or Serious problems | Relationship problems |
|  |  |  |  |
| Item 26: | = | Only 1 or no (0) people to talk to | Lack of social support |
|  |  |  |  |

**NBQ Interview Guide**

This guide has been developed to assist you with the New Baby Questionnaire. You may either have the parent(s) fill out the questionnaire themselves, or you may ask the questions in an interview format (*the interview format is the desired practice*). Healthy Families Oregon sites vary on how they facilitate the completion of this information; however, it is ideal to have the mother/primary caregiver respond to the items. This protocol was created particularly for sites that interview their families to collect this information. **Remember,** by this time, **the parent/family has already consented to being asked to answer the following questions**. These are simply suggestions about how to address questions to families, and it is not expected that sites would follow this guide word-for-word.

***Explanation of data-sharing consent (marked “Agree to Participate in Healthy Families and its program evaluation” on the consent form):***

Healthy Families Oregon is engaged in ongoing program evaluation to make sure that the program is meeting its goal of providing positive support to families with new babies. Part of this evaluation involves collecting information about who participates in Healthy Families. If you agree to share data with Healthy Families program evaluation, some basic demographic information will be entered into the Healthy Families database, such as baby's date of birth and gender. In addition, answers to the New Baby Questionnaire will be used in the program's ongoing evaluation to ensure that the program is serving the families who most need support and service. All of your information will be kept confidential, and no one outside the program and its contracted program evaluators will have access to your information.

You may include information that you learn from doctors, counselors, community partners, etc., about the family, even if it is different from what the family reports. Please use your professional judgment in recording what you believe to be the most accurate information.

***The following introduction may be made:***

"On the information sheet you said that you would be willing to complete the New Baby Questionnaire. It is one page, front and back, and contains some simple questions about you, your baby, and what's going on in your life right now. Answering the questions will help us to see if there are any community programs or services that might be a support to you, your family, and your baby. It should only take a few minutes to answer these questions."

***Please note that the following are only suggestions for asking the questions on the NBQ (in an “interview” format). Feel free to make any changes appropriate to your site.***

|  |  |
| --- | --- |
| **“I have a few questions about you and your baby.”**  *OR, if interviewing a partner, spouse, or guardian, you would say,* **"Now I have some questions for you about the mother and baby (or use baby’s name). Please answer the following questions based on how you think the mother would answer the questions."** | |
| 1a. & 1b. | **“Please spell your name for me.”**  **“And how do you spell your baby’s name?”**  *If baby is not born and/or does not have a name, you may leave this field blank.* |
| 2a. | *Fill in the date that you administered this questionnaire.* |
| 2b. | **“Which county do you live in?”** |
| 3. | **“Are you currently pregnant?”**  *(If you know mother just gave birth to her baby, you can answer this question based on your knowledge.)*  *If “yes”, ask* ***“How many weeks pregnant are you? What is* your baby’s estimated birth date?”**  If “no”, ask **“What is your baby’s birth date?”** |
| 4. | **“Did you have twins/triplets?”** (You can answer this question based on your knowledge). |
| 5. | **“Is your baby a boy or a girl?”**  If mom is still pregnant, but she knows the sex of her baby, you may enter in the child’s sex rather than mark “still pregnant.” |
| 6. | **“What racial or ethnic group would you say best describes your baby?”** |
| 7. | **“What racial or ethnic group would you say best describes you?”** |
| 8. | **“What languages do you prefer to communicate in (written or spoken)?”** |
| 9. | **“Do you speak any other languages?”** |
| ***"Now I will ask you some health-related questions."*** | |
| 10. | **“Do you have health insurance for your baby? If so, what type of health insurance does your baby have?”**  *If baby is not yet born, but mother has health insurance planned for her baby after birth, you can indicate the planned health insurance.*  *However, if the health insurance mom has for the baby just covers the pregnancy and the first post-natal visit (Citizen Alien Waived Emergency Medical (CAWEM) Plus) mark “No health insurance.”* |
| 11. | **“Do you have health insurance for yourself? If so, what type of health insurance do you have?”**  *Please note that “Oregon Health Plan (OHP) or other Medicaid, state or federal health insurance” includes insurance provided by the military.* |
| 12. | **“For this pregnancy, did you see a doctor or health care provider during the first 14 weeks you were pregnant (not including the visit that was only for a pregnancy test)?”** |
| 13. | **“During the entire pregnancy, did you see a doctor or health care provider 5 or more times?”**  *If the mother is still pregnant but has seen a health care provider 5 or more times already, you may mark “Yes.”*  *For adoptive parents, questions 12 & 13 should be completed only if the adoptive parent knows about the birth mother’s prenatal care.* |
| ***"The next questions are general questions about you and your life."*** | |
| 14a. & 14b. | **“How old are you? What is your birthday? What year were you born?”** |
| 15. | **“Are you married now?”**  *If mom is separated or in the process of divorce, but still technically married, this question should be scored as married. Additionally, the mom does not have to be married to the baby’s father. If she is married to someone else, that still counts as married.* |
| 16. | **“Are you currently parenting other children?”**  *If yes,* **“How many are under the age of 5, counting this pregnancy/new baby?”**  *Example: If mom has one other child under the age of 5 and is currently pregnant, the total number to enter is “2.” Additionally, if mom has 2 other children, 1 age 7 and one age 4 and is pregnant, the answer would still be “2” because only 2 of her 3 children are under the age of 5. “Under the age of 5” includes all children who have not yet reached their 5th birthday.* |
| 17. | **“Do any of the children you parent, regardless of age, have special needs?”**  *This should include any children being parented by this mother, regardless of the child’s age.*  *For this question, “special needs” are however the mother wants to define it; there is no need for proof of diagnosis.* |
| 18. | **“What is the highest level of school you completed?”**  *You should complete this item based on the equivalent US education. For instance, if “high school” in country of origin is equivalent to 8th grade in US, the answer would be “less than high school education.”* |
| 19a. & 19b. | **“Do you have a job now [or after maternity leave is over]?”**  *If yes:* **“Do you work 30 hours a week or more?”**  **“Does your spouse or partner have a job right now [or after s/he gets back from maternity or paternity leave]?”**  *If yes:* **“Does s/he work 30 hours a week or more?”** |
| 20. | **“Sometimes people have a hard time paying their bills. Do you ever have trouble paying for basic living expenses like, for example, rent, food, or electricity? “**  *Basic living expenses may also include diapers, formula, clothing, etc.—however the parent wants to define their basic living expenses.*  *Score this item based on parent interpretation of “having a hard time”—for instance, if the mom is on SNAP but doesn’t feel like she is having trouble, code as “No.” Similarly, if she is on SNAP and interprets that as having trouble paying for food, code as “Yes.”* |

|  |  |
| --- | --- |
| *At this point, if the mother (or primary caregiver) is not the one completing the NBQ, skip questions 21-26.* | |
| 21. | **“In the past 60 days (2 months), have you been living in stable housing (housing that you own, rent, or live in as part of a household)?”**  *If parent is unsure, you could probe by asking whether they experienced stress or concern about knowing where they were going to be living in the past 60 days.* |
| 22a. & 22b. | **“Sometimes people feel sad or depressed. During the past two weeks, how often have you been bothered by feeling down, depressed, or hopeless? Would you say not at all, several days in the past two weeks, more than half the days in the past two weeks, or nearly every day in the past two weeks?”**  **“During the past two weeks, how often have you been bothered by having little interest or pleasure in doing things? Would you say not at all, several days in the past two weeks, more than half the days in the past two weeks, or nearly every day in the past two weeks?”**  *If the parent indicates that there answer is only because they were pregnant and tired, this should still be scored however they answer it.* |
| 23a. & 22b. | **“Just like feeling sad or depressed, some people feel anxiety in their life. During the past two weeks how often have you been bothered by feeling nervous, anxious or on edge? Would you say not at all, several days in the past two weeks, more than half the days in the past two weeks, or nearly every day in the past two weeks?”**  **“And about how often during the past two weeks have you been bothered by not being able to stop or control your worrying? Would you say not at all, several days in the past two weeks, more than half the days in the past two weeks, or nearly every day in the past two weeks?”** |
| 24. | **“Everyone has problems with their family relationships at times. Do you feel like you have few/minor problems, some problems or serious problems in your family?”**  *Family can include anyone the mother considers to be part of their family.* |
| 25. | **“Some people use drugs and/or alcohol more than others. Do you think drug and/or alcohol use is a problem in your family?”**  *If yes,* **“Would you consider it somewhat of a problem or a serious problem?”** |
| 26. | **“How many people do you know that you could turn to for support, or talk to about problems, concerns, or things that are bothering you?”** |

|  |  |
| --- | --- |
| *To ask of anyone completing the NBQ:* | |
| 27. | **“Thank you very much for answering these questions for me. Do you have anything that you’d like to ask, or any other information you’d like me to know about you?”**  *Other site-specific information can be added here.* |

**NBQ Scoring Guide**

A scoring guide should be filled out for every NBQ administered. Typically, screeners will complete the scoring guide when the parent is not present, and later attach it to the NBQ.

Next to each potential risk factor, indicate if the risk factor was present by entering a “1” in the score sheet. If the risk factor was not present, enter a “0.” Please note that the actual NBQ form includes subscripts next to qualifying risk questions to assist with this scoring.

If the total number of “1’s” is two or more, the family has a positive NBQ (eligible for service). However there are a two exceptions to this: (a) if the family has any of the three single indicator risks present (#22 Depression, #23 Anxiety, or #25 Drug/Alcohol Use), then the family is eligible for service or (b) there is a clinical override, including known child welfare involvement by the parent (as either a child or adult)—see section “Program Use Form”.

|  |  |
| --- | --- |
| **Risk Factor Items**  **Subscripts on NBQ scale items indicate scoring information** | **Score 1=positive 0=negative** |
| 12. Late Prenatal Care |  |
| 13. Comprehensive Prenatal Care |  |
| 14a. Mother 19 years of age or younger |  |
| 15. Mother is not married |  |
| 16. Parenting three or more children under the age of 5 |  |
| 17. At least one child has special needs |  |
| 18. Mother does not have a high school diploma or GED |  |
| 19. Household employment  If mother is single/no spouse or partner: 19a = 1 (mother no stable employment)  If mother has spouse/partner: 19a & 19b = 1 (both must be 1, no stable employment) |  |
| 20. Trouble paying for basic living expenses |  |
| 21. Unstable housing |  |
| \*\*22A&B. PHQ2 (Depression) – Total Score for items 22A + 22B = 3 or higher |  |
| \*\*23A&B. GAD2 (Anxiety) – Total Score for items 23A + 23B = 3 or higher |  |
| 24. Relationship problems – “some” or “serious” = positive |  |
| \*\*25. Drug/alcohol use – “somewhat” or “serious” = positive |  |
| 26. Social support – 0 or 1 people to talk to = positive |  |
| ***Total Score (Sum of Above)*** |  |
| ***\*\*Are any single item eligibility items positive (Items 22A&B, 23A&B, or 25? (Y/N)*** |  |

**Program Use Form**

***Screener Use Section:***

***This section for Screener use only:***

1. Mother’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ B. Mother’s DOB: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_
2. Primary Child ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Twin ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Triplet ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Was NBQ completed by the mother of the baby?

○ Yes

○ No 🡪 If no, what was the respondent’s relationship to the mother? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Where was this screen conducted?

○ Hospital - name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

○ Health Clinic - name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

○ Parent home

○ Phone

○ Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Screening Result

○ Negative Screen

○ Not Eligible

○ Clinical Positive\* Recommended (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Note: If the program has been made aware of child welfare involvement (as an adult or child), the family should be marked clinical positive (automatic qualifier) regardless if they had any other risk factors.

Approval Initials for Clinical Positive (required): \_\_\_\_\_\_\_\_\_\_\_

○ Positive Screen

1. **If Positive or Clinical Positive Screen ->** Initial Interest at Screening (Is parent interested in HV’s if space is available?)**:**

○ Interested if available

○ Not interested, too busy

○ Not interested, feels services are not needed

○ Not interested, other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Once the NBQ is scored, the screener should complete the first half of the “Program Use” form.

* Items A & B: Fill in the mother’s name and DOB (transfer the information over from the NBQ)
* Item C: Fill in the Child ID number(s). Note: these ID numbers are obtained from the State Data System based on information that is entered once the remainder of this section is completed.
* Item D: Indicate whether or not the mother completed the NBQ. If mother did not complete the NBQ, indicate the relationship to the mother of the person who did complete it (for example, “spouse/partner”).
* Item E: Indicate where you conducted the screen.
* Item F: Indicate the screening result (based on the above scoring guide). If the screening result was negative, but you are suggesting a clinical positive override to the score, you must enter the reason for the override AND get program manager approval (as denoted by initials) for the override reason.
* Item G: **For positive screens (or clinical positive overrides) only**: indicate the mother’s “Interest in Healthy Family Services if a program slot was available” on the form. Remember, the intention of this item is to assess potential interest in program services. **It is not an actual offer of services**.

***Program Use Section:***

***This section to be completed by staff assigning or offering home visits (e.g. PM, supervisor, home visitor) only for those families who indicated “Interested if Available” in question G, above:***

1. Service Offer: Were Home Visits Offered to the Family?

○ **Yes**, home visits were offered to this family.

**No, not offered because caseloads were full (indicate status below):**

○ Caseload full and did not meet local priority criteria

○ Caseload full, met priority, but program at capacity

**No, not offered, other reasons (indicate below)**

○ Could not locate or reach family to make offer/family unresponsive to contact attempts

○ Family moved out of state

○ Family is already involved in another home visiting program

○ Other reason, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If HFO not offered (based on question H, above), were referral(s) made to another (non-HFO) home visiting program?

○ Yes🡪 What program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

○ No

1. Acceptance Status When Offered Home Visiting Slot (leave blank if not offered HFO slot):

○ Accepted home visiting services

○ Declined offered service, too busy

○ Declined offered service, feels services not needed

○ Declined offered service, other reason, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After outreach to offer home visit services is accomplished, program staff should complete the program use only section of the program use form.

* Item H: Indicate if home visits were offered to the family.
* Item I: If home visits were not offered, but a referral was made to another home visiting program, indicate the program.
* Item J: Indicate whether or not the family accepted or declined the service offer. Please note that this is considered a verbal acceptance of home visiting services, not an indicator of receipt of service. Specific definitions for the declined reasons include:
  + **Parent too busy**: Family was eligible for, but declined, services because the parent didn't have time to participate
  + **Feels services are not needed**: Family was eligible for, but declined, services because the parent did not feel that services were needed
  + **Other reason (specify)**: Provide a brief description of why the family declined. If reason is unknown indicate “reason unknown”

**Service Delivery Forms**

**Family Intake Form (SR) (NPC FORM)**

The Family Intake Form is filled out for all new families who have received a home visit. The information form is filled out by the home visitor during the first month of service and provides the evaluation, as noted earlier, with baseline information about the parent(s) being served in Healthy Families. This information allows the evaluation to measure how effective the service is in making positive changes in their lives.

**IMPORTANT**: Even if a family is on creative outreach, the home visitor must submit a Family Intake form on the family based on the most recent information you have on the family.Always fill in the bubbles for Visitor ID, Child ID, Site County, Today’s Date, Child’s Date of Birth, and Date of First Home Visit.

**Directions for the Family Intake Form**

The Family Intake is divided into two sections:

1. *Demographic Information*
2. *Basic Services and Resources*

**Demographic Information**

**1. Gross monthly family income**

Choose the category that best describes the financial resources for this family. Family is defined as newborn child and primary caregiver(s). If the family lives with parent(s) or relatives and shares expenses, use the caregiver(s) personal income. If the family lives with parent(s) or relatives and the caregiver has no personal income, use the gross monthly income of the household.

**2. Size of family supported by income**

Choose the number of people supported by the family income. If the baby is not born, do not include the baby in this number.

**Basic Services and Resources**

**3. Was baby premature?**

Choose “Yes’ if the baby was born at thirty-six (36) weeks or less gestational age.

**4. Who is baby’s primary caregiver(s)?**

Choose the best description of baby’s primary caregiver at this time. **Please choose only one response! If mother and father jointly act as primary caregiver, choose “Mother and second parent figure” then specify the second parent figure on question 12.**

O Mother only

O Mother and second parent figure

O Father only

O Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. If there is a second parent figure, specify:**

O No second parent figure

O Specify second parent figure if applicable:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Coding instructions***

Please fill in bubble for *Yes, No, or DK (Don’t Know*) for questions 13-15. Answer these questions to the best of your knowledge at this time.

**6. Is this family receiving services from DHS Child Welfare?**

This includes both voluntary and involuntary services related to parenting and maintaining the safety of the child.

**7. Have you made any DHS Child Welfare reports on this family?**

Indicate yes only if a formal report has been made to DHS Child Welfare, e.g., through the Child Abuse hotline or other formal referral source. Do not include reports made for spousal abuse. Child abuse/neglect reports do not have to be substantiated.

**8. At this time, do you know of any other DHS Child Welfare reports on this family?**

Indicate yes only if you have knowledge of other child abuse/neglect reports (e.g., if parents or caseworker informs you) on the family.

**9. Did mother smoke during pregnancy?**

Yes, if mother smoked at any time during her pregnancy.

**10. Does mother currently smoke?**

Yes, if the mother currently smokes (even if not in the home). This question tracks passive smoke exposure.

**11. Does anyone else currently living in household smoke?**

This question tracks passive smoke exposure. Please indicate, “yes” even if the individual typically goes outside when smoking.

**12. Does baby have a primary health care provider?**

Yes, if baby is linked to pediatric health care provider or family practitioner at this time.

**13. Does the primary caregiver have a primary health care provider?**

The definition of a primary health care provider according to Healthy Families America is "the primary individual, provider, medical group, public and/or private health agency, or a culturally recognized medical professional where participants can go to receive a full array of health, mental health and medical services.”

**14. Is mother breast-feeding baby (either totally or part time)?**

Yes, if mother is breast-feeding at all, even if supplementing with formula.

**15. What prenatal care did the mother receive?**

Choose the best description of the mother’s prenatal care. For first-time adoptive parents, this question should be completed based on the biological mother’s information (if known):

O Early, comprehensive prenatal care

*Criteria: a) Five or more total checkups and b) Care beginning at or before* 3rd month/12 weeks gestation.

O Limited prenatal care

*Criteria: a) Less than five checkups and/or b) Care beginning at or after 3rd month/12 weeks gestation.*

O No prenatal care

O Unknown: Use this only if you do not know the type/frequency of the mother’s prenatal care.

**16. Is there anything else you want to tell us about this family?**

This is a general notes section that you can use for your own notes or to indicate something to the evaluation team.

**Family Update Form (SR) (NPC FORM)**

The Family Update is completed every 6 months throughout the duration of services to track family progress.

**Directions for the Family Update Form**

Please fill in the bubbles for Family Update type, Child's Age, Visitor ID, Child’s ID, Site County, and Child’s Date of Birth. The Family Update is divided into five sections:

1. **Current Family Status**

This section is for basic caregiver information such as employment, family income and/or any changes in primary caregiver.

1. **Basic Services & Resources**

The purpose of this section is to document the family’s service needs and the extent to which Healthy Families is offering referrals to meet those needs. This section should reflect any service needed or received SINCE THE LAST FAMILY UPDATE or INTAKE.

**IMPORTANT**

*If the family had a need for a service at intake, you should use the 6-Month Update to show the status of that need by the time of the update. If a family needed a service at Intake, DO NOT indicate that the service is no longer needed at the UPDATE without also indicating whether Healthy Families helped to connect them (or not).*

Please choose one of the following options for each of the items a-l to indicate which services the family currently lacks. This should be based on your best judgment of the family’s current needs, even if the family does not recognize the need at this time.

* *Did anyone need service?*: Mark "Yes" next to every service that someone in the family had a need for, and "No" next to the services that no one in the family needed.
* *Was a referral made?*: Mark “Yes” next to every service that a referral was given, and “No” next to needed services that were not given a referral
* *Was family connected to service?*: If you connected any member of the family with a needed service (even if other services are still needed by this or another family member), mark, "Yes" next to each service you connected a family member with, and mark, "No," next to needed services that you did not connect a family member with.

1. *Dental services*

Services related to dental health/hygiene (e.g., a dentist).

1. *Drug/alcohol treatment*

Needs or uses services for substance abuse issues, including further assessment if a drug/alcohol problem is suspected. Includes AA/NA group attendance.

1. *Domestic violence assistance*

Needs or utilizes services related to domestic violence issues in the family (e.g., shelter, anger management).

1. *Education assistance*

Including obtaining GED, attending college, tutoring, literacy, etc.

1. *Housing*

Assistance in finding, paying for, or maintaining housing.

1. *Job training or employment services*

Assistance or support maintaining, improving, or finding employment.

*g. Mental health counseling*

Family needs or uses mental health services, including assessment if mental health issues are suspected.

*h. Medicaid/OHP*

OHP = Oregon Health Plan (or other publicly funding insurance), assistance obtaining, qualifying, working with, or maintaining Medicaid or OHP.

i*. Public health nursing services*

(Babies First!, CaCoon, MCM)

*j. TANF or other cash assistance*

Family needs assistance obtaining, working with, or maintaining cash assistance. Family needs assistance obtaining, working with, or maintaining other forms of cash assistance (e.g., disability payments).

*k. Food Assistance (WIC, SNAP, food boxes, etc.)*

*Assistance obtaining food support and/or services.*

*l. Other (specify)*

**EXAMPLES:**

If, at intake, a family needed “Dental Services”, and you provided that family with dental services, indicate “YES” to the first question (Did anyone need service?), and indicate “YES” for the question of whether Healthy Families connected the family with service.

If Healthy Families had NOT offered a referral, you would indicate “YES” to whether anyone needed the service and “NO” to whether Healthy Families connected the family with services. For the “NO” response, you would then indicate whether you attempted to connect the family and found services to be unavailable or the family ineligible.

Finally, if you HAD provided the family with a referral for dental services, even if the family still needs more assistance in this area, you would mark “YES” to the question of whether the family lacked needed services, and “YES” to whether you connected that family with services.

1. **Current Issues**

DHS services may be voluntary or involuntary for parenting or to support the safety of the child. Only document formal reports to the DHS Child Welfare System (e.g., calls to the hotline), even if they are not to be founded. Do not include reports made for spousal abuse. Also document if a child was removed from a home, even temporarily, by DHS Child Welfare.

1. **Health**

Choose the best description for the child’s current immunization status, preferably based on a review of the immunization record. If you marked "No immunizations, parent declines," then mark "Yes" or "No" to the question asking whether you made a referral for immunizations. Also report if the child or mother had been to the emergency room for any reason since the last Update/Intake. Note any regular passive smoke exposure from sources at home or outside the home such as day-care providers.

1. **Developmental Screenings**

Because Healthy Families uses the ASQ and ASQ-SE, it is assumed that screening will be completed using those tools. However, if a different developmental screening was completed by a partner agency (and information from that screen has been provided to you), it is not necessary to complete the ASQ or ASQ-SE. In this situation, please note the age of the developmental screening (33a/34a), the developmental status on the most recent screening (33c/34c), indicate actions for delays or monitoring (33d/34d) and include the partner agency and the name of the screening tool under question 33d/34d.

Diagnosis typically must be made by Early Intervention services and requires an IFSP/IEP for the child. If the child is receiving regular developmental screening through Early Intervention (EI) services, then ASQ screening by Healthy Families is optional; sites would be expected to be working closely with EI on developmental supports for the child, but duplicative screening is not required (or recommended). It is possible that a child could be receiving EI services but not be having EI do the developmental assessments.

Always indicate the most recent screening completed, for instance, a 4-month ASQ Screening can be reported on the 6-month Family Update. Please note that Social/Emotional subscale should be completed at 6-month intervals. If delays were indicated, please indicate what action has been taken.

Choose the appropriate social-emotional developmental screening. If you have two screenings, such as 8 and 12 months, choose the most recent one. Please note that the new Social/Emotional subscale should be completed at approximately the same time as the other ASQ subscales, however the times are not exactly similar. If delays on the ASQ-SE were indicated, please indicate what action has been taken and mark all that apply.

**My Parenting Experience I, II-A & II-B (SR) (NPC FORM)**

**Form Directions**

My Parenting Experience forms provide an opportunity for parents to provide information directly to the Healthy Families Oregon evaluation team. This information is critical to ongoing program development and improvement, and is best obtained in a manner that allows parents to “have a voice” in the evaluation process. Information about key parent outcomes provided by parents is a critical part of the evaluation process. Parent satisfaction with services and relationships with Healthy Families staff provides key information about the quality of relationships that staff build with Healthy Families participants.

1. The home visitor fills out the information on the bottom part of the first page of the My Parenting Experience form, prior to presenting the survey to the parent.
2. Home visitors should bring My Parenting Experience (I or II-A and II-B) to the parent during a home visit, and present the form to them as something we would encourage them to complete as part of our ongoing efforts to improve Healthy Families Oregon’s services to families (see “Tips” below). Workers should be trained in how to approach parents about the parent survey to encourage parents’ participation. **Home visitors should not leave these forms with the parent, but should collect them after it has been completed.**
3. Home visitors should give the parent sufficient privacy to complete the survey, and/or any assistance she/he may need in completing it. Although the goal is to have the parents complete the survey, some parents may need assistance from the home visitor in completing the survey (e.g., if there are language and/or literacy issues). If the home visitor does assist the parent, please indicate this in the “For Program Use Only” section, #F.
4. Parents should be asked to complete the My Parenting Experience I and My Parenting Experience II-A and return it to the home visitor. Parents should be asked to complete My Parenting Experience II-B, place it in the envelope, seal the envelope and return it to the worker.
5. Home visitors should review and photocopy My Parenting Experience I and II-A forms. However, the program should never unseal the II-B envelope or keep a copy of its contents. Forms should then be turned in with their other evaluation forms to be returned to NPC with the usual monthly submission of evaluation forms.
6. For tracking purposes, if the parent declines or does not complete for any other reason, the home visitor should complete the “For Program Use Only” section, indicating for item #D (on PS I) or item #E (on PS IIs) that “Caregiver declines” and ***keep in the family file.***

***Who completes the My Parenting Experience Forms?***

The parent who is the primary caregiver completes the forms. If both parents complete the survey, **only** return the survey completed by the primary caregiver to NPC. The other form may be kept for your records. Please let us know if any questions are confusing for the parents; we will keep track of suggestions as we consider form changes.

***When are the My Parenting Experience forms filled out?***

Home visitors ask the parent/primary caregiver to complete the My Parenting Experience I during the first month after the child’s birth (these are not completed prenatally). My Parenting Experience II (A and B) is completed when the child is 6, 12, 24, 36, and 48 months of age. ***Spanish versions are available****.*

**HOME INVENTORY FORM (SR) (NPC)**

The HOME (Home Observation for Measurement of the Environment, Bradley & Caldwell, 2002) Inventory is used by the Healthy Families Oregon evaluation team to measure the extent to which Healthy Families Oregon children, whose families receive home visitation services, are living in nurturing and supportive environments. The HOME Inventory assesses the following outcome indicators:

* Nurturing, responsive care
* Family effectiveness as child’s first teacher

Numerous studies show that the HOME is a valid measure of the quality of a child’s early learning environment, and that this environment is related to being ready to learn when the child reaches kindergarten age. In particular, the HOME has been found to be a strong predictor of developmental outcomes for children, particularly in the cognitive and language areas. The HOME has been used in over 200 research studies and has been shown to be valid in a large range of diverse families. Conducting the HOME assessment also provides an opportunity to talk with parents about how to continue to improve the quality of the child’s learning environment.

**Training Video:** A training video for the HOME assessment is available from the Early Learning Division. Please contact [the](mailto:healthystart@npcresearch) Healthy Families Program Coordinator to obtain a DVD.

**HOME “Review Sheet.”** A simple guide for information needed during the HOME assessment is included at the end of this chapter. We recommend copying this form for home visitors to use during the HOME assessment.

#### **Overview**

The HOME Inventory is designed to give a picture of the home learning environment from the child’s point of view:

* Scores are based on both ***observations*** and ***information obtained from the parent*** during a home visit at a time when the child is awake and engaged in a normal routine for that time.
* After the visit, the home visitor answers either *Yes* or *No* to a series of questions relating to family support for children’s learning. Questions are grouped into a series of categories as follows.

#### **Timing**

**12 and 24-Month HOME:** Healthy Families sites administer the 12 and 24-month HOME Inventory to each family participating in Intensive Service around the child’s 1st and 2nd birthdays.

**36 and 48-Month HOME:** Healthy Families sites administer the 36 and 48-Month HOME Inventory to each family participating in Intensive Service at the child’s 3rd and 4th birthdays.

#### **Administration**

Healthy Families home visitors have built a strong relationship with parents by the time of the first administration of the HOME Inventory. Using the HOME will have two major advantages, since it provides:

* An opportunity for the parent and home visitor to review the child’s learning environment together.
* Normative information on the child’s environment for the evaluation.

#### **Talking about the child’s daily routine**

The HOME is conducted through a conversation/observation format where the parent is asked to describe a typical day for the child. As the day is reviewed, information necessary to score the inventory can be obtained with follow-up questions relating to daily routines, trips for the child out of the home, and discipline. *Sample questions are provided for these areas (see end of this chapter).* However, in most cases, this information flows naturally from the conversation.

#### **Talking about the child’s toys and play materials**

The second part of the conversation focuses on the toys and other learning materials in the home. The visitor asks the child’s favorite toys and/or play materials. As the parent and visitor look at the child’s favorite toys and play materials, necessary information can be obtained through follow-up questions. *Sample questions are provided.*

We recommend that the home visitor alert the parent to the coming conversation during the previous visit. The visitor might say,

“Let’s spend some time next week looking over what [child] is doing right now; what s/he is playing with, what s/he’s interested in. That will give us a chance to think about what s/he needs to continue to grow and develop as well as s/he is right now.”

## Sub-Scales on the HOME Form

|  |  |
| --- | --- |
| 12 and 24-month HOME  1. **Responsivity.** The extent to which the parent responds to the child’s behavior verbally, emotionally, and physically. 2. **Acceptance.** Parent acceptance of less than optimal behavior and avoidance of undue restriction and punishment. 3. **Organization.** Regularity and predictability (without monotony) of the environment, safety of the physical environment, and access to family and community supports. 4. **Learning Materials.** Provision of play and learning materials capable of stimulating development. 5. **Involvement.** Active involvement of the parent in the child’s learning and stimulation of mature behavior. 6. **Variety.** Opportunities for variety in daily stimulation and inclusion of the child in daily family life. | 36 and 48-month HOME  1. **Learning Stimulation.** Provision of appropriate toys, games, and reading materials. The child must have access to the items and be allowed to play with them when s/he wants to. 2. **Language Stimulation.** The extent to which the parent encourages language development. 3. **Physical Environment.** Safety of the physical environment. 4. **Warmth and Acceptance.** The extent to which the parent/caregiver emotionally and verbally responds to the child, illustrating warmth and affection in the relationship. 5. **Academic Stimulation.** Parent/caregiver encouragement of academic behaviors. 6. **Modeling.** Parent/caregiver involvement in modeling and encouraging social maturity. 7. **Variety of Experience.** Opportunities for variety of daily stimulation. 8. **Acceptance.** Parent/caregiver acceptance of less than optimal behavior and avoidance of undue restrictions and punishment. |

#### **Scoring**

**Review and score the HOME Inventory as soon as possible after your visit.** You do not have to refer to the Inventory during the visit, although you may wish to have the sample questions at hand.

**Items are scored as either *Yes* or *No*.** Items are scored as *Yes* if the behavior is observed or the parent reports the item to be characteristic of the child’s environment. Items are scored as *No* if the behavior is not observed or if the conditions do not exist. Refer to the appropriate “Coding Instruction” at the end of this chapter for a discussion of individual items. The total score is the number of items that were answered *Yes* for each section.

***What if you don’t observe a particular behavior during the home visit, but you have seen it on a previous visit?***

For example, this week the parent did not caress or kiss the child at least once during the visit, but last week, the parent did several times. We are trying to maintain standardized conditions for the evaluation. **Therefore, we request that you report *only* what you observed during this particular home visit for items requiring specific observation during the visit:**

* Starred items 1 – 6, 8 – 14, 16, 17, 29, 35 on the 12 and 24-Month version
* Starred items 15, 17, 19 – 25, 27 – 32, 52 – 55 on the 36 and 48-Month version

You may have information *about other items* from earlier home visits (like regularity of health care or regularity of any alternative care giving arrangements). You do not have to inquire about these conditions again.

Either before or after you complete filling out the HOME, *please put some additional pieces of information on the form:*

|  |  |
| --- | --- |
| * Your Worker ID number * Child’s Healthy Families Oregon ID number * County of Service * Date of visit/assessment * Child’s date of birth | * Childs initials (optional—this is to help with your own record keeping) * Child’s age in months at time of assessment * Which HOME time period you are completing it for (i.e., 12, 24, 36, or 48 months) |

#### **Using the information from the HOME**

We will report the information in aggregate form for the Healthy Families Oregon projects across the state. Because there is normative information for the HOME Inventory, we can report the percentage of children who have supportive (above average) environments. We can also look at changes in environments over time by comparing scores at 12 months with scores at 24 months, 36 months, and 48 months.

**HOME 12-24 Months**

**Score Summary**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Subscale | Subscale Items | Percentile Range | | |
| Lowest Fourth | Middle Half | Upper Fourth |
| I. Responsivity | 1-11 | 0-6 | 7-9 | 10-11 |
| II. Acceptance | 12-19 | - | - | - |
| III. Organization | 20-25 | - | - | - |
| IV. Learning Materials | 26-34 | 0-4 | 5-7 | 8-9 |
| V. Involvement | 35-40 | 0-2 | 3-4 | 5-6 |
| VI. Variety | 40-45 | - | - | - |
|  | Poor | Fair | Good | Very Good | |
| TOTAL SCORE | 0-25 | 26-36 | 37-40 | 41-45 | |

**HOME 36-48 Months**

**Score Summary**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Subscale | Subscale Items | Percentile Range | | |
| Lowest Fourth | Middle Half | Upper Fourth |
| I. Learning Stimulation | 1-11 | 0-2 | 3-9 | 10-11 |
| II. Language Stimulation | 12-18 | 0-4 | 5-6 | 7 |
| III. Physical Environment | 19-25 | 0-3 | 4-6 | 7 |
| IV. Warmth and Affection | 26-32 | 0-3 | 4-5 | 6-7 |
| V. Academic Stimulation | 33-37 | 0-2 | 3-4 | 5 |
| VI. Modeling | 38-42 | 0-1 | 2-3 | 4-5 |
| VII. Variety of Experience | 43-51 | 0-4 | 5-7 | 8-9 |
| VIII. Acceptance | 52-55 | 0-2 | 3 | 4 |
| TOTAL SCORE | | 0-29 | 30-45 | 46-55 |

HOME CODING INSTRUCTIONS

12 and 24-Month Version

Home Observation for Measurement of the Environment (HOME) [[1]](#footnote-1)

**Items that need to be directly observed on the HOME form**

**are 1-6, 8-14, 16-17, 29 & 35**

***I. Emotional and Verbal Responsivity of the Parent***

**1. Parent spontaneously vocalizes to child at least twice during the visit (excluding** scolding). “Vocalizes” refers to any sound or words emitted by the parent. For example, s/he may say, “S-s-s” or “Sweet baby,” or any random words or sounds. In order for this item to be scored positively, the parent’s vocalizations must have occurred spontaneously as opposed to having occurred in response to some vocalization by the child.

**2. Parent responds verbally to child’s vocalizations or verbalizations.** Again the parental response may be either a complete word or words or merely clearly differentiated sounds, e.g., “ta-ta”; “tsk-tsk,” or “You talking to Mommy?” The key factor here is that the parent is responding to the child’s vocalization, not ignoring it. If the child does not vocalize during the interview, thereby denying the parent an opportunity to respond, the score would still be *No*.

**3.** **Parent tells child the name of object or person during the visit**. The parent does not have to say, “That’s an apple,” or “We call this a purse,” in order to obtain credit on this item. What is being measured here is the adult’s sensitivity to the child’s search for labels of objects around him. Credit for this item may be earned by a pattern of emphasis with the voice. For example, “Do you remember Amelia?” referring to the interviewer. S/he has “taught” the word with her intonation and supplied a referent for the child.

**4.** **Parent’s speech is distinct, clear, and audible**. A positive score on this item is determined by whether the interviewer is able to understand what the parent says. This item should not be interpreted as meaning that dialect usage mandates a negative score. What is important is whether the interviewer can understand and communicate with the parent.

**5. Parent initiates verbal interchanges with visitor.** The parent talks with the visitor, asking questions or making spontaneous comments. The key words here are “initiates” and “spontaneous.” In order to be credited on this item the parent must demonstrate some initiative in asking two or three questions or making comments that go beyond the bare minimum needed to give an answer. It is not necessary that the parent do this on all questions; however, occasionally s/he should take the initiative in the conversation and be a little wordy.

**6. Parent converses freely and easily.** The parent expresses ideas freely and easily and uses statements of appropriate length for conversation (e.g., gives more than brief answers). In order to receive credit on this item, spontaneity is not as important as fluency. That is, the parent will be talking about things that are very close to them, and it should be very easy for the parent to express ideas on this subject. A *No* would be given to a person who, throughout the visit, tends to speak in one-word sentences or to use headshakes. An occasional exception would not earn credit; the characteristic speech pattern should be noted.

**7.** **Parent permits child to engage in “messy” play**. Included may be such things as playing with sand, mud, water, finger-paints, or, for young babies, food.

**8. Parent spontaneously praises child at least twice**. Parent spontaneously praises child’s qualities or behavior twice during the visit. In scoring this item, do not hesitate to read the parent’s affect – any achievement reported with pride should count (can dress himself, has a good disposition, etc.). However, occasionally a parent will indicate approval of their child’s behavior by making what appears to be a negative statement, “I tell you, this kid is really bad.” If the parent says that with a smile on their face and immediately follows the statement with some rather remarkable achievement, “Would you believe he climbed out of his crib, got his bottle, and climbed back in all by himself?” from which one can obviously infer that the parent is proud of him, then consider this one instance of praise. Do not credit this kind of semantic reversal if it stops with the negative term; score only if some proof of positive feeling is offered.

**9. Parent’s voice conveys positive feelings toward child**. When speaking of or to child, parent’s voice conveys positive feeling. What you are looking for here is evidence that the parent feels good about their child (e.g., sounds animated when s/he speaks about him, does not use a flat or querulous tone of voice).

**10.** **Parent caresses or kisses child at least once during the visit.** Under “caresses” would be included a hug, a stroke of hair, patting an arm or leg, reaching out affectionately and touching the face, etc. Blowing a kiss as well as actually establishing physical contact may be counted as a kiss.

**11. Parent responds positively to praise of child offered by visitor**. In order for the parent to earn credit on this item, the interviewer must remember to offer some praise of the child. Make certain that your praise is genuine (i.e., do not try to force praise that you do not feel as you look at the child). Usually you will have no trouble deciding how to score this, as a parent might agree with you, add more facts to encourage your further, beam, etc. However, sometimes you will get little more than a “thank you” said without feeling or an embarrassed smile. If so, find more than one occasion to praise the child. If you consistently get a response that shows no feeling or pleasure, then score *No*. Be alert to observe the parent’s facial expression when you offer a remark.

***II. Acceptance***

**12.** **Parent does not shout at child.** A positive score on this item requires that the parent not raise her voice to a level above that required by the distance between parent and child.

**13.** **Parent does not express overt annoyance with or hostility toward child**. A parent would receive a *No* on this item if s/he complains that the child is hard to take care of, that he is wearing her out, if s/he calls him “bad” without the affectionate joke described above, says he will not mind, and so on. Examples that would fail to receive credit would be remarks such as, “I don’t know what I’m going to do with this kid,” or “This kid is driving me up the wall.” A parent might tell a child to stop doing something several times during the interview and still be credited for this term if her general tone is positive.

**14.** **Parent neither slaps nor spanks child during the visit.** Occasionally a visitor will feel that s/he does not know whether a parent is playing or seriously slapping or spanking a child. The best guide to use in such instances is the child’s behavior. If the child reacts with pleasure or happiness, chances are this represents a style of positive interaction between him and his parent. If he frowns or looks unhappy or whimpers or cries, you can feel pretty confident that, however the parent intended it, he does not perceive it as pleasurable. Score

*No* accordingly.

**15. Parent reports that no more than one instance of physical punishment occurred during the past week**. Most parents define physical punishment as spanking; some apparently seem to regard it as true punishment only if something other than the hand has been used. Some parents regard restraint and shaking a child also as involving physical punishment. When in doubt, take the parent’s definition.

**16.** **Parent does not scold or criticize the child during the visit.** This item is obviously similar to #13 above. However, the main difference is that on this item the parent must make the negative remark *directly toward the child*. That is, “You are a bad boy,” not, “He (speaking to interviewer) is a bad boy.” If such a remark occurs even once, score *No*, otherwise score *Yes*.

**17. Parent does not interfere with child’s actions or restrict child more than three times during the visit**. Restrictions and interference here refer to such things as: taking a toy away from a child; putting a child who has climbed up on the sofa back down on the floor; putting a child who is crawling around the floor into a playpen or crib; slapping a child as he starts to pick up the visitor’s handbag. In the last instance, the item would be applicable to both items #17 and also #14. The restrictions may also be verbal, such as, “Stop that; ” “Get out of there.” Do not code as interference any action taken to prevent the child from harming himself (e.g., running into the street).

**18.** **At least ten books are present and visible in the home.** The word “visible” was added to this item to make it an observation and not an interview item. However, being able to observe whether there are books present in the home might require a request to go through the entire house or apartment without being invited to do so by the parent. In such instances, do not hesitate to ask about the books that the family has. The intent of this item is to find out something about whether the child is growing up in a reading family, or in a family that values having books around. For example, there might be a set of encyclopedia on the shelf that have obviously not been read. Even so, credit would be given for the item, as the presence of books indicates that the family values their possessions.

**19. Family has a pet.** Pet refers to an animal that the family takes care of and the child can play with or look at (i.e., one that stays in the home on a semi-permanent rather than temporary basis, such as a dog, cat, bird, turtle, goldfish, or hamster as opposed to a captured grasshopper, a lame bird, or a jar full of lightening bugs, etc.).

***III. Organization***

**20.** **Childcare, if used, is provided by one of three regular substitutes.** The intent of this item is to determine whether the child’s social environment is reasonably predictable and stable. Thus if the parent says that s/he leaves her baby with her 10-year-old daughter, this would still be scored positively even though the interviewer might question the 10-year-old’s ability to provide adequate care. Credit the father as a substitute on this item also (if he is regularly used for child care).

**21.** **Child is taken to grocery store at least once a week.** This item attempts to get at the breadth of experience that the young child has. A grocery store is a very stimulating environment for a young child. Any size store is a very stimulating environment for a young child, so any store that s/he gets taken to should be credited. Do not worry about whether it is a supermarket or a tiny neighborhood hole-in-the-wall.

**22. Child gets out of the home at least 4 times a week.** The child may go no farther than the yard in order for credit to be given on this item. The intent of the item is exposure to sounds and sights and objects and people other than those routinely available within the house or apartment.

**23. Child is taken regularly to a doctor’s office or clinic.** This item is intended both to assess the regularity and consistency of the environment and also whether the environment offers the necessary conditions for growth and development. Scoring should be pretty much in terms of the age of the child (i.e., approximately once a month up to about eight or nine months of age and once every six months to a year thereafter).

**24. Child had a special place for toys and treasures.** This item relates to the regularity and predictability of the environment for the child. The special place may be a closet, drawer, a plastic basket, or even a cardboard box or paper bag. It need not be a fancy chest especially sold for the purpose of containing children’s toys. It does not have to be in a special room. The availability of the special place to the child either to remove or return toys by himself is the essence of this item. The special place does not have to belong exclusively to the key child; it may be shared with another sibling.

**25. Child’s play environment appears is safe.** Examples of hazards are: broken glass lying around, furniture with obvious wood splinters on it, an uncovered rotary fan, boards with nails sticking out, unprotected stairs for a pre-walking baby, house so close to the street that child could not safely play in the yard, pot handles extending over edge of the stove, etc. Overcrowding or clutter would not count as a hazard unless it existed to the extent that it could injure the child.

***IV. Learning Materials***

**26. Child has access to large muscle activity toys or pieces of equipment.** Examples are crib gym, ball, rocking horse, jump seat, door swing, or any of the items mentioned in #28. If such equipment had not been provided by the parent but is available in the apartment or housing project, the item should be credited so long as the infant or young child is granted access to it. Also, the item need not be identified by the family as “belonging” to the child (the child might share it with siblings). However, it must be available to the child. Thus, for all the toy items, credit would not be given if someone had bought the toy for the child but it had been lost, broken, or stolen. In such cases it would not be available to the child.

**27. Child had push or pull toy**. Examples are toy lawnmowers, vacuum or carpet sweepers, corn poppers, music boxes on a stick, xylophone that is pulled by a string, wagon, etc.

**28. Child has stroller or walker, kiddie car, scooter, or tricycle.** These items are all self-explanatory—anything with wheels that a child can ride on.

**29. Parent provides toys for child to play with during the visit.** In order to be credited on this item, the parent must make some special effort to see to it that the child has something interesting to do during the time they will be talking to the interviewer. If the interview is conducted in a room that contains a number of toys or the child’s toy box, one should assume that the parent has taken special efforts to have something available to entertain the child during the interview. If, however, the child tires of what is available and begins to whimper or to ask for something to do, this item should not be scored unless at that time the parent makes some special effort to bring out a new toy or do something else to interest the child.

**30. Provides learning equipment appropriate to age – cuddly toy or role-playing toys.** This is an item that has a certain amount of age flexibility. For children up to about 18 months a teddy bear or other stuffed animal or doll would provide the tactile experience presumably offered by a cuddly toy. For children between roughly 18 months and age three, any kind of doll or stuffed animal that stimulates make-believe would be credited. It may occasionally be more difficult to decide on this item when the key child is a boy, as families are often loathe to provide their boys with anything that is “sissy.” In such cases a cowboy suit or policeman’s or fireman’s hat might be acceptable. Cowboy boots would not.

**31. Provides learning facilitators, such as mobile, table and chair, high chair, play pen.** What is essential here is that the parent provides the child with a piece of equipment considered necessary for learning, not just with a toy. (Mobile was included in order to having something applicable to young infants.)

**32. Child has simple eye-hand coordination toys**. These toys include items to go in and out of a box or other receptacle, fit together toys, building toys, and beads to string. The items should be fairly small and should require precise hand movement. The child should not be able to move around and manipulate them at the same time.

**33. Child has complex eye-hand coordination toys**. The parent provides eye-hand coordination toys that permit combinations, such as stacking or nesting toys, blocks or building toys. Obviously this item is similar to the previous one. The key feature here is combinations. Good examples are Rocker Stackers, Bristle Blocks, Duplos or Legos, Nuts and Bolts, or Tinker Toys.

**34. Toys for literature and music.** The parent provides books, CDs, tapes, or toy musical instruments. The “literature” part (books, talking CDs, tapes) of this item seldom causes any trouble, although the “music” part does. A CD player that the child himself may manipulate would be a perfect example in that both story CDs and music CDs could be played on it. Again, consider the age of the child in scoring this item. For example, a rattle with a musical jingle would be acceptable for a baby but not for a toddler. The radio is acceptable if the child is allowed to turn it on and select a station. The same would be true for a CD player that belongs to the entire family. If the family CD player is accepted, then the toys must be available (one for literature and one for music) in order for credit to be given on this item.

*Throughout items #29 - #34, the key to scoring is that the child be allowed to manipulate the play with the item even though he may not choose to do so. For example, the parent may report that s/he has bought blocks for her child but that the child never plays with them. In such instances inquire in order to determine whether this is because he is not interested or whether s/he has kept them from him. “Provides” requires that the child is not forbidden to touch, handle or play with the item. The parent does not have to be the one who bought the items. What is critical is that the items be available to the child.*

***V. Parent Involvement with the Child***

**35. Parent keeps child in visual range and tends to look at the child often.** “Often” means frequently enough to ensure safety of the child and to keep some kind of interpersonal contact with the child—the sort of thing lovers do when in the same room but out of reach of one another.

**36. Parent “talks” to child while doing household work.** “Talking” to the child in this item means that the parent in the course of their own work activities finds a way of including the child in what s/he is doing. The parent may talk directly to the child; for example, “Well, Mommy’s going to wash these dishes now;” or s/he may simply talk to the child as s/he goes about their work, “I don’t see how one family can get a house so dirty.”

**37. Parent consciously encourages developmental advance.** The key word in this item is “consciously,” as it is indicative of a teaching attitude on the part of the parent. Credit on this item is given to the parent who finds little ways to help their child learn to roll over, who occasionally puts a toy out of reach to encourage the child to crawl for it, who gives them a spoon to let him/her try to feed himself/herself, who tries to teach them to play patty-cake.

**38. Parent invests “maturing” toys with value via the parent’s attention.** Maturing toys are those that, the first time the child is introduced to them, call for abilities a little bit beyond any the child had demonstrated to date. Thus, they involve the acquisition of new skills and offer the child a challenge. Many times parents will buy such toys, put them down in front of the child, and assume that the child should take it completely from there. Success on this item requires that the parent “talks up” the new toy, sits down and play with it themselves with pleasure and glee, or shows the child how it can be used and encourages the child to play with it. The encouragement should be participatory, not merely offering some command like “Go play with the fancy blocks I bought you.”

**39. Parent structures child’s play period.** Parent recognizes the short attention span of the young child and makes occasional suggestions as to things the child might wish to do. Structuring need not involve any request that the child play. For example, the parent who notes a fretful child and who goes and gets a corn popper and puts in down in front of the child is structuring his play period. Credit should also be given for a more verbal parent. For example, one who says, ”Why don’t you go and get your corn popper and play with it.”

**40. Parent provides toys that challenge the child to develop new skills**. Parent understands the child’s ability and interest level and finds materials that will challenge the child to show further development. Credit should be given even if the parent appears to overestimate the skills that her baby is ready to begin to acquire.

***VI. Variety***

**41. Father provides some care every day.** The “father” does not necessarily have to be a husband or the parent or even a biological father of the child. He must, however, be someone *who plays a fathering role*; such as the parent’s boyfriend(s)/partner(s), parent’s father. IF there is no father or father figure in the home, score *No* for this item. For credit to be given, father does not have to live in the home 24 hours a day, but must have some daily contact with the child.

**42. Parent reads stories to child at least three times weekly.** This should refer to a children’s book or magazine and, except with young infants, should be more than merely turning pages of a magazine and saying words.

**43. Child eats at least one meal per day with parent(s) plus one other adult parent figure.** This may be any meal, and the child may either be helped or placed in high chair at table. He may be fed in a feeding table provided the table is pulled right up to the table and the child is conversationally included at the table. **In one-parent families with no person who either is the father or who plays the father role, this receives an automatic *No.***

**44. Family visits or receives visits from relatives approximately once a month.** No further explanation needed. Define “relative” loosely.

**45. Child has three or more books of his own.** The books may be shared with siblings, but they should be recognized as belonging primarily to the child. They may have formerly belonged to an older sibling.

HOME CODING INSTRUCTIONS

**36 and 48-Month HOME**

**Items that need to be directly observed are 15, 17, 19-25, 27-32 and 52-54**

***I. Learning Stimulation***

The first seven items must be present in the home, in usable condition (cannot be broken or have parts missing), and the child must be allowed to play with them when s/he wants to. They cannot be kept in storage, or on the top shelf in a closet where the child does not have access to them.

**1. Toys to learn colors and sizes and shapes.** This does not have to refer to one toy that teaches all these things. However, if the parent has bought a single toy that teaches all these things, credit should be given. Examples of individual toys that merit credit for these items are shape sorting cubes, press-outs, puzzles, and peg boards.

**2. Three or more puzzles.** This item is more or less self-explanatory. However, the puzzles must be appropriate to the child’s age, and all of the pieces must be present. Many times a parent will say, “oh yes, he has lots of puzzles, but I don’t know where the pieces are.” Thus it is a good idea to inquire about all the parts.

**3. Music player and at least 5 children’s records, tapes, or CDs.** The CD player may be that of the parents as long as the child has their own CDs and is permitted to hear them and use the CD player to play his/her own CDs.

**4. Toys or games permitting free expression.** Examples of toys allowing free expression would be clay, finger paints, play dough, crayons, and paint and paper.

**5. Toys or games necessitating refined movements.** Examples: paint by number (very simple level), dot book, coloring books, crayons, scissors and paper, paper dolls, and stringing beads.

**6. Toys or games facilitating learning numbers.** This could include puzzles with numbers, blocks, books, games, and playing cards.

**7. Ten children’s books.** These must be children’s books and must be in readable condition. They need not be the sole property of the child but may be shared with siblings or have been handed down by older children.

**8. At least ten books are present and visible in the home.** The word “visible” was added this item to make it an observation rather than an interview item if possible. However, being able to observe without going through the entire home is usually difficult. In such instances do not hesitate to ask about the reading habits of the family. A simple question like, “Do you enjoy reading when you have some free time?” and “When you read books do you use the library or is it easier to buy books?”

The intent of the item is to find out something about whether the child is growing up in a family that reads and values having books around. There might be a set of encyclopedias on the shelf, which appears to be unopened. Nonetheless, presence of the books would indicate that the family values their possession and credit would thus be given.

**9. Family buys a newspaper daily and reads it.** This is also designed to get at the reading habits of the family. The question should not be scored “yes” unless the paper is read daily. It does not have to be read in its entirety, but the news should be sampled fairly completely (more than comics and TV section). It is acceptable if only one parent reads the paper.

**10. Family subscribes to at least one magazine.** When discussing books it is usually easy to ask if the parent ever finds time to read magazines. Any magazine the family might subscribe to is acceptable, including children’s magazines such as “Highlights” and “Jack and Jill”.

**11. Child is encouraged to learn shapes.** A parent might mention that “A ball is round,” or “That block is square” when s/he is playing with the child. With an older child who uses paper and pencil the parent might take the time to draw different shapes for the child.

***II. Language Stimulation***

**12. Toys to learn animals.** Examples for this could include toy animals, books about animals, circus games, and animal puzzles.

**13. Child is encouraged to learn the alphabet**. For this item any attempt to introduce the child to the letters is acceptable. Teaching her to write her name, talking about and pointing out letters in books or magazines, and working with chalk board are usually the most common forms of teaching the letters.

**14. Parent teaches child some simple manners, such as to say, “Please,” “Thank you,” and “I’m sorry.”** The concern here is with explanations rather than mandates or rules that either have no follow through or rely only on punishment. Mandates do not count as teaching. This is often a difficult item to get an answer to. One approach might be: “At school each teacher had different rules: There are sharing, politeness, not to fight, or to say “please” when the child asks for something. What is important to you for Jane right at this time when s/he is three years old? Has this come up yet? How do you usually handle it?”

**15. Parent uses correct grammar and pronunciation.** To receive credit the parent must be able to communicate with the interviewer. Pronunciation with enough precision that the parent can be understood is more important than precise grammar. The parent may have challenges with the English language, but precise grammar in another language that the child is learning.

**16. Parent encourages child to relate experiences or takes time to listen to him relate** **experiences.** This is designed to find out whether the parent takes an active interest in the child’s experiences and activities. Does s/he actively inquire about what s/he did when he was across the street at a friend’s birthday party or what s/he did at school in the morning? In order for this to receive credit the parent must make an active effort to have the child relate his/her experiences.

**17. When speaking of or to child, parent’s voice conveys positive feeling.** Is the parent pleased with their child? Does the parent enjoy their child and talk about him/her in a pleasant, joyful manner rather than talk in a flat tone that communicates, “S/he’s here, so I’ll put up with him/her.”

**18. Child is permitted some choice in lunch or breakfast menu.** “Permitted” and “some” are the key words in this item. An opener to the discussion of food could be, “Is s/he willing to eat whatever you prepare, or does s/he tell you what s/he wants?” “Does s/he usually eat what you fix whether s/he likes it or not?”

***III. Physical Environment***

**19. Building has no potentially dangerous structural or health defects** (e.g., plaster coming down from the ceiling, stairway with boards missing, rodents). The interviewer should use his or her good judgment in scoring this item. Some of the most common concerns for this item are: open gas fires in a small home, and the presence of bleach, cleaning fluids, and other poisons within easy reach of a small child. Overcrowding or clutter in the home would not count as a hazard unless it is to such an extent that it could injure the child.

**20. Child’s outside play environment appears safe and free of hazards.** (No outside play area requires an automatic *No*.) Once again the interviewer should use good judgment on the scoring. Examples of typical hazards are: broken glass lying around, junk cars abandoned in the yard or along the side of the street, open ditches or a house so close to the street that a child could not safely play in the yard, and boards with nails sticking up out of them.

**21. The interior of the home is not dark or perceptually monotonous.** On this item the interviewer can take into account the lack of lighting, drawn drapes, lack of pictures or plants, or a seeming lack of effort to dress the home up and make it attractive.

**22. Neighborhood has trees, grass, birds – is esthetically pleasing.** This, of course, would be a case where junk cars and garbage and other debris are not present.

**23. Home has 100 square feet of living space per person.** In making a rough calculation for this item, we use as a general rule of thumb a 9x12 room as being about the right amount of space for one person. A little simple math is then all that is required for scoring.

**24. The rooms are not overcrowded with furniture.** Is the furniture arranged in a manner so that all of the exits are free and easily accessible? Does the living area allow for freedom of movement and room for the children to play, unless another specified area is designated as a play area?

**25. All visible rooms of the home are reasonably clean and minimally cluttered.** The interviewer will have to use his or her good judgment based on the degree of neatness/cleanliness that can be expected with children.

***IV. Warmth and Acceptance***

**26. Parent holds child close ten to fifteen minutes per day** (e.g. during TV, story time, or visiting). This may not be possible at one sitting especially if the parent has several children wanting her attention. A couple of minutes several times a day will receive credit.

**27. Parent converses with child at least twice during visit.** (Scolding and suspicious comments are not counted.) This item involves parental conversation, not just vocalization, which can be any sounds or words exchanged with the child. The parent must make an effort to converse with the child and ask question, to talk about things, or to engage in verbal interchange other than scolding or degrading comments.

**28. Parent answers child’s question or request verbally.** In order to receive credit for this item the parent must make an effort to answer the question for the child. If the parent is unable to answer it at the moment s/he may tell the child s/he doesn’t know but that they will look up the answer later. Responses such as “I am busy, go away” or “Don’t bother me now” do not receive credit.

**29. Parent usually responds verbally to child’s talking.** The key here is that the parent recognizes and acknowledges the child’s vocalizations and does not ignore them. For a score of *Yes*, the response may be a word or series of words or sounds such as, “uh huh,” “um” or “sure.” If the child does not vocalize in any way during the interview, thereby giving no opportunity for response, the score would be *No*.

**30. Parent spontaneously praises child’s qualities or behavior twice during visit.** The key word here is “spontaneous,” but since most parents enjoy talking about and are proud of their children, this is not too hard to observe. Frequently a parent will tell you how well her child throws a ball or runs and will brag about how well s/he dresses him/herself or can get his/her own drink.

**31. Parent caresses, kisses or cuddles child at least once during visit**. This need not be a wild burst of showy affection. Simple signs of concern such as a parent gently tucking the child’s shirt in, holding the child on his/her lap, holding a hand, or a gentle pat on the shoulder would all receive a *Yes*.

**32. Parent sets up situation that allows child to “show off” during visit.** Does the parent consciously get the child to sing a song, count, show how a toy works or anything that allows the child to do something to impress the visitor?

***V. Academic Stimulation***

**33. Child is encouraged to learn colors.** Any attempt by the parent to teach colors. Common times are when the child is being dressed, when playing with toys, or watching cars go by.

**34. Child is encouraged to learn patterned speech** (e.g., nursery rhymes, prayers, songs, TV commercials). Frequently this is a good time to include the child and ask him if he know any songs or nursery rhymes. The parent will usually beam with pride and encourage the child to sing or recite a poem. Many families say a blessing before meals, and the children are encouraged to join in. Also many children learn and are able to repeat the popular TV commercials. Be sure to inquire where the child learned these, as they may have been learned at church or in daycare. If this is the case be sure to continue to probe to find out whether or not the parent or other members of the family actually teaches the child any of these things.

**35. Child is encouraged to learn spatial relationships** (up, down, under, big, little, etc.). This is one most parents do without really being aware of it. A child is told to pick his toys “up” and put them “in” the box. However, credit should be given only if there is evidence of deliberate and planned clarification of the meaning of these confusing prepositions.

**36. Child is encouraged to learn numbers.** Any attempt at teaching the child numbers is given a *Yes* score. Counting the child’s toes or fingers, asking the child, “How old are you?” and showing him/her by holding up a certain number of fingers are examples of such activities.

**37. Child is encouraged to learn to read a few words.** This is another area where ability increases with age. At the lowest level (age three) credit is given for making an attempt to teach the child to recognize his/her printed name. Another acceptable procedure is to use books to teach the child the association between “D” for dog and the association of a picture with a dog.

***VI. Modeling***

**38. Some delay of food gratification is demanded of the child** (e.g., not to whine or demand food unless within ½ hour of meal time). This can usually be scored during a discussion of food and eating habits; however, it is often not necessary to ask the parent directly whether the child snacks any time s/he is hungry or whether s/he must wait until mealtime.

**39. Family has TV, and it is used judiciously, not left on continuously.** Not having a TV requires an automatic *No*. Any scheduling is scored *Yes*. If the TV is turned on in the morning and left on all during the day, regardless of what is on, a score of *No* is given. To get at this item, the interviewer might say something like, “I’m sure you find the TV a lot of company. Do you usually leave it on all day or just turn it on for special programs?”

**40. Parent introduces interviewer to child**. In many cases the child already knows the interviewer; however, the parent must still remind the child of the visitor’s name. A formal introduction is not necessary for credit. A comment such as, “You remember Mary, don’t you?” or “Show Mary the new book you got for your birthday” will receive credit. The object is for the parent to make the child aware of the visitor’s name and the fact that s/he has come to visit both of them and not just the parent.

**41. Child can express negative feelings without harsh reprisal.** In this case “harsh” does not necessarily mean physical punishment but it should connote some punishment such as deprivation of privilege. Examples of negative feelings would be “I hate you, you mean old lady!” “I hate squash, and I won’t eat it!” or a tantrum where the child kicks, screams, and throws.

**42. Child is permitted to hit parent without harsh reprisal.** In this case “permitted to hit” includes any and all times **without physical punishment** from the parent. For items 41 and 42, if the parent states this hasn’t happened yet, ask her what s/he would do if it did occur. Most parents are very willing to talk about their child’s behavior, their discipline, and you will find little difficulty in asking, “Does Johnny ever get angry and negative about you or some of the things around?” “Tell me about some of the times this might happen?” “Does he ever get angry enough to hit you?” “How do you think a parent should handle that kind of thing?”

***VII. Variety of Experience***

**43. Real or toy musical instrument.** Examples will include a piano, drum, toy xylophone, guitar, and radio (either real or toy).

**44. Family members have taken child on one outing (picnic, shopping, excursion) at least every other week**. Family member can include anyone in the child’s immediate family such as an aunt, uncle, or older sibling as long as they are over twelve years old. These outings may include the barber shop, dime store, picnic in the park, zoo, drive-in movie, ice cream shop, etc. and must occur two or three times a month.

**45. Child has been taken by family member on a trip more than 50 miles from his home during the past year (50 mile radial distance not total distance).** This item is pretty much self-explanatory, and each interviewer will have to be the judge as to whether or not the area of the trip meets the requirements.

**46. Child has been taken by a family member to a scientific, historical, or art museum within the past year.** This is pretty much self-explanatory in that almost any type of museum will do; a local art center, a clock museum, natural history museum, or an art display even if held in a local bank or other display area.

**47. Tries to get child to pick up and put away toys after play session, without help.** Does the parent actually ask and try to get the child to pick up his or her own toys after each play session or before going to bed rather than doing it herself because it is easier? Some typical probing questions might be, “Do you pick up the toys yourself or try to get him to do it each day? Is it something you would rather have him do than do it yourself?”

**48. Parent uses complex sentence structure and some long words in conversing**. If the parent makes an attempt at carrying on a regular conversation instead of just finding a way to answer all of the questions with “Yes” or “No” or “I don’t know” and not giving any explanation, this should be scored *yes.*

**49. Child’s artwork is displayed some place in house (anything that the child makes).** Occasionally this can be observed, but it is often necessary to get at this through direct questioning. If the parent mentions that the child enjoys coloring and drawing during the discussion of toys, this presents an excellent opportunity to inquire about what he likes to do with his/her creations when s/he completes them or when s/he brings something home from daycare or school.

**50. Child eats at least one meal per day, on most days, with mother (or mother figure) and father (or father figure).** (One-parent families get an automatic *No*.) This can be any meal during the day. The child must eat with the family either at the table or in a highchair pulled up to the table. In the case of large families where part of the family sits in the dining room and part in the kitchen, credit is given if they all eat and sit down together. This usually comes up easily during a discussion of food and can be approached with a question like, “Do you usually feed Johnny early or does the whole family eat together?”

**51. Parent lets child choose certain favorite food products or brands at grocery store.** A good opener is as follows: “I guess Johnny sees a lot of things advertised on TV. Does he want to get some of these things when you go to the store?” “Now that food prices are so high are you able to let him select certain items?” In order to receive credit, the child must express a desire for a product and be allowed to get it not just select an item the parent has asked him to find.

***VIII. Acceptance***

**52. Parent does not scold or derogate (put down) child more than once during visit.** In this item all remarks must be made to the child; that is, the parent must tell the child that s/he is a bad and not simply tell the interviewer that the child is bad. If this occurs more than once during the visit the item should be scored *No*.

**53. Parent does not use physical restraint, shake, grab, pinch child during visit.** In a younger child the parent might be apt to hold the child in her lap even though the child struggles to get down. An older child might be placed in a chair to keep him/her out of the way, or s/he might be jerked back for handling items on a table or pulled away if s/he tried to climb on the interviewer’s lap.

**54. Parent neither slaps nor spanks child during visit.** This item goes hand in hand with number 53. In this item the slaps and spanks must be in anger or as a reprimand for some wrongdoing. An affectionate pat on the bottom as the parent sends the child out to play does not mean the item should receive a *No*.

**55. No more than one instance of physical punishment occurred during the past week.** In this case the interviewer must take the word of the parent. The parents must act as a team. Even if the parent states that this week was most unusual, and the child received more than one spanking, the item should receive a *No*. Definitions of “physical punishment” seem to vary considerably. Many parents consider restraint and shaking a child as physical punishment. If in doubt, take the parent’s definition.

**12 & 24 Month HOME**

**Review Sheet**

|  |  |
| --- | --- |
| **OBSERVE** | **ASK ABOUT (if needed)** |
| **Toys or materials:**   * Gross motor/locomotion * Fine motor * Music * Cuddly * For learning/stimulation * Place to keep toys * 3 books of child’s own   **Household:**   * 10 books * Pet (can be asked) * Safety for child   **Parent-Child Interactions:**   * Kissing/caressing * Discipline * Tells child name of object/person * Responds to child’s vocalizations * Praises child * Visual contact with child * Helps child focus/structure play | **Parent-Child Interactions:**   * Messy play * Talking to child while doing housework * Parent approach to play, new toys, learning * Reading frequency * Discipline, physical punishment * How picks out toys   **Other:**   * Childcare (number of caregivers) * Outings, grocery story, doctor’s office * Pets (if not visible) * Visits from relatives * Care provided by father figure * Mealtimes (together) |

|  |
| --- |
| ***Tips for Home Visitors When Asking Families to Fill Out Forms:*** |
| * **Be positive when you introduce forms:** For example, you can say: “Here are some questions about you, your child and your family. Some of the questions may seem a little personal, but they'll help our program know about services families need and find helpful so that we can continue to improve.”   Words to Use Words to Avoid Interesting, helpful Test, evaluate  * **Participation is voluntary.** Let the parent know that participation is voluntary. Tell the parent: “Answering the questions will help us plan better programs for you and other parents. But whether you answer the questions or not will not affect your eligibility to receive home visits.” * **Be helpful.** Offer to amuse or hold the baby while the parent completes the survey. For some parents, reading the questions aloud may be appropriate. Please note on the survey, in the area provided, whether you or the parent filled out the survey. * **Explain questions** **neutrally.** If the parent asks you to explain a question on the survey, describe it in a neutral way. Reframe the question by *normalizing* the issue such as: “Some people feel \_\_\_\_ and other people feel \_\_\_\_\_. How do you feel?” * **Do not leave the survey with parent.** Please do not leave the survey with the parent(s). One reason not to leave the survey with the parent is that the survey may get lost. A second reason is that there is a strong chance that if the survey is left with the parent others in the household may affect what the parent will say on the survey. Responses from the parents should be from the primary caregiver with no input from others. |

**Parent Survey Summary (SR)**

There are **two formats** of this template are available for writing up the narrative for the Parent Survey. One is an automatic fill form and the other is a lined format to write up the Parent Survey by hand:

1. “Form-fill” template for typing narrative on the computer
2. Lined format for hand-writing narrative

The Parent Survey, is conducted by the home visitor within the first three home visits with all families who agree to participate in Healthy Families Oregon, including families served prenatally. All home visiting staff and their supervisors receive the Parent Survey Core Training by a Healthy Families America certified trainer before using it for the first time. Following this training, staff achieve certification by sending samples of their work to the core training for coaching and feedback within 6 months of having received their core training. *Please see the QuickStart Manual for more information*.

It is important that the Parent Survey is done following the standardized protocol. **The narrative that is written for the Parent Survey is kept in the family file and the assessment scores are entered into the *HFO Statewide Database.*** Supervisors review each Parent Survey and observe an assessment for each home visitor one time a year.

**Authorization for Release of Information (SR)**

English and Spanish

Before confidential information about families is shared with any agencies, community partners, other family members, etc. written consent from the family must be documented on the Authorization for Release of Information Form (ROI). **Parents are informed and sign a new consent form every time information is to be shared with a new external source**. Each provider/agency requires a separate form so as not to break confidentiality. This release is good for one year, or unless the parent decides to revoke their permission. Forms are available in English and Spanish.

**The Authorization for Release of Information will include the following:**

* A signature of the person whose information will be released or parent or legal guardian of a person who is unable to provide authorization
* The ***specific information*** to be released
* The purpose for which the information is to be used
* The specific date the release takes effect
* The timeframe or date the release expires (not to exceed 12 months)
* The name of person/agency to whom the information is to be released
* The name of the site providing the confidential information
* The form needs to identify the parent and child
* Staff signs the form as a representative of the Healthy Families program.

**Prenatal Data Tracking Form (SR)**

The Prenatal Data Tracking Form is only used when services begin during the prenatal period.

***Step by step for using this form:***

* Open the spreadsheet in Excel®
* Enter the child's due date and the date of the 1st Home Visit in the two fields that are highlighted in bright yellow. The due dates for forms and actions will automatically fill in for the prenatal period
* Print the document and place in the family file for on-going tracking by hand
* Once the baby is born, complete the Data Tracking Form with date of birth

**Data Tracking Form (SR)**

The data tracking tools (Excel® spreadsheet) help to track due dates and completion dates for required forms and actions in the Family File – for example, the Parent Survey, Family Values Activity, ASQ, ASQ SE, FGP, and other paperwork.

***Step by step for using this form:***

* Open the spreadsheet in Excel®
* Enter Child’s DOB and date of the first home visit in the two fields that are highlighted in bright yellow. Due dates for forms will automatically fill in when appropriate
* Print the document and place in the family file for on-going tracking by hand
* Sites may add additional rows to the spreadsheet for collecting local data

***NOTE: If the family was serviced prenatally:***

* When baby is born, enter baby DOB and initial first home visit date in full Data Tracking Form. Enter Well Child Exams in the "At Enrollment" section on the full data tracking form. The rest of the "At Enrollment" section is not utilized when services begin prenatally. Draw a line through due and done dates.

**Family Concerns and Referrals (SR)**

English and Spanish

Home visitors will use this form to support families in helping them to start thinking about what they would like from the program, addressing family stressors and concerns, as well as resources families are connected with or would like to be connected. **This form is to be completed by the end of the Parent Survey or the third home visit** and is done with the family in a conversational, supportive manner.

**Family Values Activity (SR)**

English and Spanish

Ideally, home visitors begin this activity on the first visit with families. ***These discussions are meant to be on-going and documentation of a review/revisions with the family are documented on the HVR at least every 6 months***. This activity provides a fun way for home visitors to get to know families, what is important to them, what strengths they have and the uniqueness of their family culture.

Home visitors will introduce the activity as part of process of getting to know them. An example of the process would be: “We take some time the first three visits to really get to know families, what is important to them, what is unique about each family, what is going well for them, as well as any concerns they have and community resources they may want or need. We start out with a fun family values activity. How does that sound to you?”

The preferred method for completing this activity is to use the **Growing** **Great Kids values cards** by allowing parents to select the values that are most important to them. Either way, home visitors will have an opportunity to discuss the values chosen by the family, why they are important, what they look like in their family etc. Additionally home visitors will explore with families what is going well (strengths and resources) and the uniqueness of their family culture. Home visitors will discuss the fact that every family has their own culture and lead a discussion on what traditions and rituals the family may like to pass on or incorporate in to their family. ***Home visitors are asked to make every effort to include both parenting partners in this activity*.**

**Wishes for My Child (SR)**

English and Spanish

Within 45 days of service, home visitors will lead the Wishes for my Child Activity with parents. **This activity is meant to be revisited regularly over the course of home visiting, with documentation on the HVR of a review or revision with parents at least every 6 months**. Home visitors may choose to use the Reachables Child Qualities cards and provided form, the form with qualities families can circle or the form provided by Growing Great Kids.

This activity provides an opportunity for parents to think about how they want to raise their child and helps them to bring mindfulness into parenting practices based on their values. The activity replaces the goal setting for the child and helps the home visitor plan for home visits. This knowledge allows home visitors to support the family by bringing out activities that are meaningful to them and allows for discussions around congruency between what the parents want for their child and their parenting behaviors. This activity will provide for rich discussions and opportunities to for home visitors to point out all the things parents are doing to encourage the chosen qualities for in their child.

**Family Rights and Confidentiality (SR)** *purple paper*

English and Spanish

Family rights and program expectations are outlined in this document that is ***presented and signed on or before the first home visit*** per Healthy Families America guidelines. This is a sentinel standard. This form includes information about confidentiality, our program goals and accessing the grievance policy and includes instances where information may be shared without the family’s consent are explained (i.e., need to report child abuse and neglect). It also describes confidentiality procedures including who can see material in the family file and how the information will be used for evaluation. Again, the form must be signed and dated by the parent/guardian and the home visitor **on or before** the first home visit.

**Ages and Stages Questionnaires (SR)**

English and Spanish

Each site has been provided with both Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire – Social Emotional (ASQ-SE) training manuals and tools. Updated versions of these tools are available for purchase at [www.agesandstages.com](http://www.agesandstages.com). See training manuals for information on utilization of these tools. Remember, the results from these questionnaires need to also be reported on the evaluation Family Update forms.

**Home Visit Records (SR)**

There are **two formats** of the Home Visit Record available:

* Form-fill” template for typing your Home Visit Record on the computer
* Lined format for hand-writing your Home Visit Record

The Home Visit Record (HVR) is the tool used to document a home visit. It is intended to support staff by streamlining the documentation.

**Things to consider when completing this document:**

* Capture important observations, strategies used, issues or concerns that come up in the visit
* CHEEERS is meant to be an assessment of Parent-Child interactions. It is those interactions, overtime that define the Parent-Child relationship – and the level of bonding and attachment. By carefully observing the PCI during home visits, home visitors are able to focus time and attention on strengthening weaker areas and reinforcing the stronger areas of CHEEERS.
* Demonstrate to the reader that home visits are focused on program and family goals
* Document progress of the Family Goal Planand document related discussion as relevant
* Document any of the strategies utilized to support the family from the HV Plan
* Indicate if any referral information was discussed on the visit by using the checkboxes provided. Documentation of referrals and follow-up is required.

Working with a **form fill** template:

* Use the “tab” key to move from section to section or arrows to move throughout document
* Use the space bar or mouse to check or uncheck boxes
* To save the document, you **MUST** chose to **Save As** and change the name of the file
* NOTE: No spell check - Templates do not have spell check capability. To check for spelling errors in the form fill template:
  + Type the narrative in a separate Word document
  + Make any corrections needed including spell check
  + Copy and paste this narrative into the HVR template
  + **Save As** and change the name of the document

**Level Change Form (SR)** *Green paper*

This one-page form documents level changes for families over the duration of their time in Healthy Families. It is completed by the home visitor and reviewed in supervision. Level change forms are kept in the family file.

This system of level assignments objectively measures the gradual progress that families make toward 10 familiar focus areas, with new accomplishments recognized at each level.

*Level P* is for prenatal home visiting services with the visit frequency (weekly, bi-weekly, etc.) agreed upon by the family, HV and supervisor. After the baby is born, the family is reassigned to Level 1.

*Level 1* assignment criteria provide the baseline for all new postpartum families. Families are assigned to Level 1 (or 1-SS if needed) for the first six (6) months of postpartum service as they acquire skills and resources to progress through the other service levels.

After the initial six month postpartum period, families who meet the criteria for a new service level may be reassigned. New assignments to Levels 2, 3 or 4 require that at least 8 of the 10 criteria for the new level are met or exceeded and that all parties have discussed the level change. These discussions must be documented on the HVR and the Family Progress Review supervision notes. Families may also be reassigned to Level 1 or 1-SS if needed when family circumstances change.

Families returning from Level X - Creative Outreach are assigned to their previous service level, unless file documentation demonstrates that they meet or exceed the criteria for another service level.

**Home Visitor Plan to Support Family (SR)**

**The Home Visitor Plan – Initial Approach** is completed by the supervisor and home visitor during the supervision session following the completion of the Parent Survey. Supervisors and home visitors discuss the family strengths, stressors, observations in the home, attachment behaviors (CHEEERS), values, culture and any safety issues. An initial focus is developed in order to best support the family in meeting Healthy Families America goals (positive parent-child relationships, childhood health and development and enhancing family functioning) and addressing risk factors. The initial approach form is completed one time and then goals are continued on the similar Home Visitor Plan to Support Family.

**The Home Visitor Plan – Transition Planning** is completed when transition planning starts for a family either with their early planned exit from the program (moving, too busy to continue, etc.) or before graduation. Transition planning starts no later than 6 months before the graduation date. The supervisor and home visitor, together with the family, plan for the transition out of the program. Steps are outlined, and collaborative partners are identified, if needed.

**Family Goal Plan (FGP) (R)**

English and Spanish

The Family Goal Plan is first due at 60 days after service begins. Home visitors are to lead discussions to assist families in choosing preferably one (no more than two) goal(s) at a time that is important to them. The emphasis is on the process, not what the goal is. Home visitors may use scaling to assist parents in choosing a goal that they have the highest level of motivation to manifest in their lives. Motivation is the key to success and frequent successes build parental confidence and increase motivation. This is meant to be a fluid process that is discussed regularly. Forms are to be used as a guide and are to remain fluid and changeable based on the needs of the family. While this form/process is meant to be fluid, reviewers will check files to ensure they are regularly updated at least every 6 months.

While Family Goal Plans are required, there is no standard required form for the state system. If sites choose to design their own form, it must include the following elements:

* + 1. Family strengths and resources related to the desired goal
    2. One goal per form. Ideally no more than two goals at a given time frame
    3. Discussion of potential barriers and a contingency plan
    4. Steps to achieve goals
    5. Review of progress

Sites may use the Reachables goal cards and/or family values activity to support this process. *Please see the QuickStart Manual for further training and information on the Family Goal Plan process.*

**Contact Log & Monthly Service Log (R)**

Contact logs and/or monthly service logs are required in the Family File to document all service and attempts to provide service. Two options are provided:

* Healthy Families Oregon Contact Log is a lined sheet with 4 columns: date, contact type, notes/comments and initials (for the person making the entry). Dated signatures are at the bottom of the page.
* Monthly Service Log is a lined sheet with the date and type of contact listed as (8 columns) home visit (HV), attempted HV, cancelled HV, drop-by, phone, agency contact, and other. Comments and initials are included in the final column. Dated signatures are at the bottom of the page.

**Exit / Re-Entry Form (R)**

Exit Re-Entry Form is filled out whenever a family leaves or re=enters the program. Information is entered directly into the HFO Statewide Database at the local level. NPC Research will have access to the data for reporting purposes. Remember, to enter the exit date as the day of the last home visit. Please refer to the HFO Statewide Database Technical Help Manual for detailed instructions for data entry.

**Immunization Tracking (R)**

Healthy Families Oregon sites have two ways of tracking immunizations:

1. Print a schedule of immunizations for the child from the Centers for Disease Control (CDC) website and/or
2. Use the web-based ALERT system

1. The CDC website (http://www.cdc.gov/vaccines/schedules/easy-to-read/child.html) has an “Interactive Child Scheduler” where you enter the child’s birth date and an individual immunization schedule is produced with appropriate dates for coming immunizations. A column is provided for recording the date an immunization is received.

2. ALERT is a statewide immunization information system that was developed to achieve complete and timely immunization of all children age 0-18. A major barrier to reaching this goal is the continuing difficulty of keeping immunization records accurate and up-to-date. ALERT helps solve this problem by collecting immunization data from public and private health care providers and linking the records.

Healthy Families Oregon sites are considered as authorized users and can sign-up and access immunization information in ALERT via the online ALERT Registry (www.immalert.org). *If any immunizations have been entered by a provider,* a child’s record can be printed. The record will show both immunizations taken and missing. A “smiley” face will indicate if the child’s immunizations are up-to-date.

**Home Visitor Plan to Support Family-Ongoing (O)**

The Home Visitor Plan provides a framework for supervision sessions that addresses specific areas to focus on with each family. It is a continuation of the HVP-Initial Approach and is ongoing throughout the duration of a family’s time in the program. This process assists home visitors and supervisors in addressing assessment topic areas in order to address potential risk factors and strengthen families by building protective factors. These discussions are meant to be a fluid with **one or two focus areas going at a time.** After identifying an area of focus, barriers are explored and specific strategies are developed in order to best support the family. This tool guides the process of assessing what risk factors to address in order to strengthen families and move them toward success regarding the Healthy Families America program goals.

**Referral Tracking Form (O)** *blue paper*

This optional form is an excellent tool for sites to use in order to demonstrate referrals and follow-up on referrals given to families. *Referral tracking forms are printed on* ***blue paper*** *so it will stand out in the Family File.*

Following the linkages tables, each referral is entered in a separate row with the date and a letter code for the type of referral. Coding the referrals in this way can provide a quick picture of family linkages to needed community resources. Also included here is a tickler regarding Releases of Information (ROI).

Follow-up dates and results are entered for each referral as appropriate. The second page of the form can be duplicated to provide more referral space as needed. Many sites take the Referral Tracking Form on home visits in their soft file, providing ease of documentation. Completed Referral Tracking forms are then placed in the family file.

**Family Transfer Summary Form (O)**

The Family Transfer Summary form is used to document when a family moves to another site and are still interested in receiving services. The referring site completes this form and transmits it to the new program. Different counties may request different information when a file is transferred. This does not replace an Authorization to Release Information when communicating with a different site about the family.

**Service Level X: Creative Outreach Tracking Form (O)**

*This form is printed on* ***pink paper*** *so that it’s easily recognizable in the Family File.*

This optional form provides a way to monitor creative outreach activities. Notation provides information on home visitor responsibilities while a family is on creative outreach. Space is provided for describing the date, type of contact, and any notes or ideas to further the process. At the bottom of the form, the family is either re-engaged with appropriate level assignment or the case is closed after the requisite 90 days. Sites are encouraged to be creative about contacts with families, write handwritten notes, be personal and show concern for families.

**Staff Support Forms**

**Overview of Supervision**

In a parallel process, the supervisor’s relationship with home visitors mirror the relationship of the home visitor with families. Capturing this in writing is a skill! The following documents have been developed with that in mind. They support supervisors to meet best practice standards for documentation while allowing for true reflective supervision. **It is recommended that home visit records are read prior to supervision time in order for the supervisor to be present with the home visitor and allow for more discussion time**.

**Parent Survey Inter-Rater Reliability (SR)**

The inter-rater reliability tool creates a framework for supervisors to evaluate the Parent Survey assessment process with the home visitor and maintain consistency regarding scoring, documentation and content. For all new staff, supervisors are to complete the inter-rater reliability tool with at least the first five completed assessments. Afterwards, inter-rater reliability is conducted every 180 days for each home visitor.

The best time to conduct inter-rater reliability is after an assessment observation. This is required once per year. The home visitor writes up the Parent Survey narrative and scores it. This is then reviewed and scored by the supervisor. The scores are compared using the Parent Survey Inter-Rater Reliability checklist. This form has two columns, one for the scores from the home visitor and the second for the supervisor’s scores. This provides for valuable discussions regarding interpretation of words, documentation skills and ensuring objectivity. The Parent Survey Trainer can be contacted regarding any and all scoring questions.

The administration of the Parent Survey was done reliably if the total score falls within the same scoring range (0-20; 25-35; 40+) or there no more than a 5 point difference in the total. The assessment is considered complete if there is no more than 1 Unknown for MOB or 2 Unknowns for FOB/SO. This is imperative as data from assessments cannot be used if they are not complete AND opportunities for families to seek assistance can be missed if all the questions are not asked.

Additional space on a second page allows for written documentation comments and review with the HV. Both the supervisor and the home visitor sign and date the form. Please see the Parent Survey Assessment Core Training manual and the QuickStart Manual for further training and information.

**Family Progress Review (SR)**

Documentation specific to each family in the program is captured on this form. ***It is not necessary to document what occurred on home visits as this duplicates the home visit record***. The focus of this form is to document **Strategies, Outcomes and Next Steps** as they pertain to the work with families. To meet best practice standards, the following items must be captured:

* Coaching and providing feedback on strength-based approaches and Reflective Strategies used, especially focusing on CHEEEERS observation and documentation
* Support around families in continual crisis
* Reviewing Family Goal Plan progress and process
* Reviewing family progress and level changes
* Reviewing and updating progress on the Home Visitor Plan
* Review of developmental screens (ASQ & ASQ-SE)
* Use of curriculum
* Transition planning for the family
* Anything else that is helpful to staff and ensures continuity of services should the home visitor or supervisor change.

**General Weekly Supervision Form (SR)**

The General Weekly Supervision form is completed *after* the supervisory session has ended. It is designed to demonstrate both **reflective supervision** and **accountability (QA activities)**. Documentation shows that supervisees are provided with (1) skill development, (2) professional support and encouragement, (3) held accountable for quality of their interactions with families including the following:

* Coaching and providing feedback on strength-based approaches and interventions used (e.g., problem-solving, crisis intervention, etc.)
* Impact of work (discussing boundaries, triggers, red flags for burn out, self-care etc.)
* Training (needed, received, implementation of learning)
* Discussing home visit/assessment rates
* Assisting staff in implementing new training into practice
* Assessing cultural sensitivity/practices
* Providing reflection on techniques and approaches
* Identifying areas for growth
* Sharing of information related to community resources
* Home Visit Completion rates, engagement, retention of families

**Supervision Log (SR)**

This quarterly log tracks scheduled supervision, date, time, as well as reason for cancellations and/or rescheduling for each supervisee. The log will provide an easy way to gather evidence of supervision frequency and duration.

**Quality Assurance Observation of Parent Survey (SR)**

As specified in the Healthy Families Oregon Quality Assurance Plan, supervisors observe each home visitor conducting a Parent Survey at least every 365 days. Home visitors new to using the Parent Survey may observed more frequently.

This form asks the supervisor review the observation of the Parent Survey with the home visitor and discuss/support the home visitor around strengths and areas of improvement.

**Quality Assurance Observation of Home Visit (R)**

Supervisors accompany each home visitor they supervise on a home visit at least once every 365 days and more frequently for new home visitors. The observation form for the home visit shows 12 possible interventions such as discussion of child’s health, promotion of positive parent-child interaction, and sharing child development information. The supervisor and home visitor discuss the home visit, check and note observations and document the specifics of the visit. The supervisor also rates whether the HV’s documentation of the visit is consistent with the supervisor’s observation.

Home visit observations should be presented as an opportunity for the supervisor to see all the great work that the home visitor is doing with the family and a chance to give specific feedback on strengths and areas for improvement.

**Quality Assurance Phone Survey for Active Families (R)**

Every six months supervisors contact two families per home visitor to determine parent satisfaction with the program and specifically, their home visitor. While conducting these quality assurance calls is required, there is no standardized form for all to use. Central Administration does provide a sample form for the survey.

Like the home visit observation, this can be seen as an opportunity to get to know the families and hear about all of the support that the family is receiving from the program. This tool can be used if a home visitor is unsure if the family is wanting the program, can reinforce for the family that the program is supporting them. Supervisors then discuss the QA call, preferably in supervision, document the discussion, and focus on the strengths that the home visitor is bring to the family!

**Supervision of Supervisor/Program Manager (R)**

It is required that a form be used to document supervision of supervisors and managers. This form can be used to support documentation requirements. Supervision is monthly for supervisors and quarterly for program managers.

**Documentation & Implementation of Learning (R)**

These forms help staff members think carefully about the training/learning they have experienced and identify how they can use the information to enhance their work. Supervisors sign these forms indicating that they have discussed these topics with the staff member during supervision and approve that the required training topic is meet. Supervisors may check the training box on the general supervision form and document “See doc. of learning.” Sites may utilize their own forms so long as they cover these areas or supervisors may discuss and document this information on the general supervision form.

The form provided is for Self Study and Training completed while working with Healthy Families Oregon.

**Professional Development or Education –** [032\_R\_DocumentationofLearning\_EDandPE]

Professional experience and education are something staff brings with them to the job. To understand and document the previous learning, supervisors discuss topics with the staff member to ensure knowledge and how it is used in the work we do. The top of the page lists the name of the staff member, type of learning and how/where this learning was obtained. The form provides space for the supervisor to note the discussion.

**Training Logs (R) (O)**

Healthy Families staff are required to enter trainings into the web-based Training Tracker within the HFO Statewide Database within 30 days of the training. Also, sites are required to document ongoing trainings and keep a log at their site with this information. Central Administration provides separate training logs for the following categories of training:

**HFO Required Training Log (SR)**

This required training log lists the required training that all staff complete including orientation, core trainings, Medicaid, prenatal, depression screening, ASQ, etc. This form is completed by all new staff and kept in their training notebook.

**3, 6, 12 Month Training Log (O)**

This form tracks all of the HFA E Learning courses for new staff and includes the Training Tracker course number that is entered.

**Ongoing Training (O)**

Although it is required to track all trainings, it is up to the individual site as to how this is done. This form can be used to track ongoing training or sites may create their own form.

**Supervision Binder Organization (O)**

Sites can use this sample to help supervisors organize each supervision binder (by home visitor and each family the home visitor has on their caseload) as well as track quality assurance activities.

**Governance and Administration Forms**

**Budget & Expenditure Worksheet (SR)**

Program managers use the HFO Program Budget and Expenditure Worksheet to prepare the annual program budget. Revenue is apportioned by source: state General Fund, Medicaid Administrative Claiming, county General Fund, federal grant, private grant, cash, in-kind and other (any other type).

Expenditures show salaries and benefits for core services personnel: Home Visitor, Program Supervisor, Program Manager and Support Staff. Salaries are calculated for total FTE by people for each position. Thus, 1.5/3 indicates 3 people working at a position with a total of 1.5 FTE.

Expenditures also are shown for materials and services including office supplies, program supplies, mileage costs, dues and subscriptions, employee training, data processing, professional contracted services, rent, utilizes, and telephone.

All other expenditures, indirect costs and/or capital outlay must be itemized. Upon request, shared services grant management staff provides technical support to assist sites in completing the budget form.

**Annual Review of Screening (SR)**

Sites are required to monitor the screening system annually and develop a plan to address any barriers to delivering the New Baby Questionnaire screen. Additionally, sites are required to monitor families who decline services annually and develop a plan to address barriers. Reasons for decline are documented on the back of the New Baby Questionnaire. This data will be available through the HFO Statewide Database.

**Plan to Increase Home Visit Completion Rate (SR)**

Sites are required to monitor home visit completion rates by entering each home visitor’s individual HVC rates into the HFO Statewide Database on a monthly basis. For those sites with less than a 90% HVC rate, a plan is developed each year to strategically address barriers to completing home visits. The Healthy Families America standard is at least 75% of families will receive at least 75% of the home visits based on their level of service.

**Program Goal Plan (SR)**

Sites complete a Program Goal Plan after receiving their Site Visit Report following the site’s annual site visit. The PGP is prepared with input from the local site staff, local advisory group, and other community partners. Sites include strengths and opportunities for growth around meeting Performance Indicators and addresses four categories: Service Initiation, Service Delivery, Staff Support and Governance & Administration. Each category shows strengths and areas of challenge from the Site Visit Report. The site then sets goals for each category with objectives and strategies. Finally, an action plan is completed showing who will do what tasks when.

**Staff Exit Survey (SR)**

As staff leave your Healthy Families site, they are encouraged to complete an optional, anonymous Staff Exit Survey which gives the program valuable input. Every effort is made to maintain confidentiality. Program Managers or supervisors should print up the survey form and give it to the staff along with a stamped, self-addressed envelope made out to:

NPC Research

Attn: Jerod Tarte

5100 SW Macadam Ave, Suite 575

Portland OR 97239-3867

When NPC receives the survey, they give the information in a de-identified form to the Healthy Families State Coordinator with the site name identified. This survey is kept on file until it is reviewed biennially by the State Advisory Committee.

If there is a need for follow-up, the State Coordinator contact the local program manager in an effort to resolve any issues that need to be addressed immediately to assure that staff are receiving the appropriate support.

**Family Retention Analysis and Plan Template (SR)**

Every two years sites will complete an analysis of family retention rates based on formal and informal data and develop a plan to address retention concerns and increase retention rates. Research demonstrates greater outcomes for families the longer they participate in the program. Sites will compile data from NPC and/or HFO Statewide Database to calculate their site’s 90 day and 12 month retention rates. These calculations and analyses will look at demographic, programmatic, social and other factors. Based on analysis of the data and informal analysis (best guesses of site staff) a concrete, strategic plan to address demographic, programmatic, social and other factors will be developed and implemented. Sites are encouraged to include all staff and advisory committee members in these discussions.

**Family Acceptance Analysis and Plan Template (SR)**

Every two years sites will complete an analysis of the acceptance rates for families. Acceptance rates are defined by the number of families who agrees to participate in home visiting services AND received at least one home visit. The acceptance analysis depends on formal demographic data from the HFO Statewide Database as well as informal data from site staff. The analysis of acceptance rates must include demographic, programmatic, social and other factors. A plan is developed that specifically and strategically addresses barriers to family acceptance. Sites are encouraged to include all staff and advisory committee members in these discussions.

**Cultural Sensitivity Review (SR)**

Every two years, sites are required to develop a Cultural Sensitivity Review that includes a thorough analysis of staff, training, materials and service delivery. Sites utilize staff surveys as well as parent survey information in collecting information for the review.

**Staff Cultural Sensitivity Survey (SR)**

Sites survey staff on cultural sensitivity as part of the cultural competency review, conducted every 2 years. A sample form is available from Central Administration that asks staff members to agree/disagree with six statements such as:

* The materials (videos, handouts, fliers, brochures) I share with families represent their varying cultural backgrounds
* The program supports me in honoring the cultural beliefs and traditions of the families I serve without compromising my own cultural beliefs and traditions.

The survey also includes two open-ended questions relating to how the program can improve its service to be more culturally sensitive.

**Staff Retention and Satisfaction Analysis and Plan (SR)**

Sites monitor staff satisfaction and retention at least every two years. Staff surveys, discussions and exit information are used to inform a plan to effectively retain staff. A staff survey is available under required forms, but may be altered by individual sites or sites may use their own staff survey. It is recommended that surveys be implemented anonymously when possible. A template has been provided to track staff turn-over rates.Sites survey staff satisfaction as part of the Staff Turn-Over (Retention) Analysis, conducted every 2 years. To understand staff turnover, sites must determine why staff stay and why they leave.

**Medicaid Time Tracker Log (R)**

Healthy Families Oregon staff are required to complete time studies on four randomly-chosen days each quarter for Medicaid Administrative Claiming purposes. These random time studies are then entered into the Medicaid Online Time Tracker (MOTT). This form provides a simple way to document how staff spent their time on paper. The right hand column lists the time, in increments of 15 minutes (7:00 – 7:15, etc.) from 7am to 7pm. The middle column is for the worker to note what activities occurred during that period. Codes are shown in the left hand column. The worker circles the appropriate code for that time period.

**Medicaid Monitoring Form (R)**

Supervisors and/or program managers are to monitor at least one Medicaid Administration Day for each Healthy Families staff person at least once every 180 days. Monitoring includes, ensuring codes are properly used and verifying supporting documentation for any billable code (A1, B1, C1, D1). Attach this form to the MOTT printout and Medicaid Time Tracker Log as verification of the review.

1. Fromthe 1984 Administration Manual, Revised Edition**,** Home Observation for Measurement or the Environment, Bettye M. Caldwell & Robert H. Bradley, University of Arkansas at Little Rock [↑](#footnote-ref-1)