

Visit Tracker

Web-based Family Contact Management



Visit Tracker Web - MIECHV Alignment Document

Visit Tracker Web is working with State and National MIECHV grantees to customize Visit Tracker Web to meet data tracking requirements. All improvements planned below are designed and in the programming process and expected to be completed during 2012-2013.

Visit Tracker Web is now tracking all required demographics on primary parent and children required by MIECHV. We plan to include the "HOME VISITING FORM 1" as a report built-in to Visit Tracker for all users.

Visit Tracker Alignment with MIECHV Benchmarks		last updated 1/14/13
	<i>Visit Tracker Data Collection Method</i>	<i>Improvements Planned</i>
I. Benchmark: Improved Maternal and Newborn Health		
a) Prenatal care	Prenatal lesson plans are available and programs can see the number of home visits given to prenatal clients. Prenatal care visits to medical providers are also tracked. Programs will probably have goals to increase total number of prenatal contacts as well as total per family and to track the number of mothers with adequate prenatal care. Reports are available.	additional reports will be added
b) Parental use of alcohol, tobacco, or illicit drugs	Currently tracked as "Suspected Substance Abuse" in the demographics. Also the question "Has parent smoked any cigarettes in the past two weeks?" has been added to the PVR and information tracked over time on the guardian health information screen.	additional reports will be added
c) Preconception care	Prenatal enrollees should be referred to a "medical home" if they don't have one. Medical provider visits of the parent are tracked by date/provider/type of medical issue.	additional reports will be added
d) Inter-birth intervals	Birth intervals could be figured from the previous children enrolled and we are adding "Interbirth intervals" as a PVR discussion topic for tracking when and # of times discussed.	additional reports will be added
e) Screening for maternal depressive symptoms	Checkmarks available on current PVR and score tracking on EPDS in assessments section & reports.	additional reports will be added
f) Breastfeeding	At enrollment and on PVR, breastfeeding data is collected. The # of weeks breastfed is calculated.	additional reports will be added
g) Well-child visits	Medical Provider visits and the type of contact are tracked (prenatal care, ingestion, illness, injury, well child, other). Also the location of visits (Er/Urgent, Physician, Specialist, other) will be tracked.	additional reports will be added

h) Maternal and child health insurance status (may also be used for family economic self-sufficiency)	Currently tracked as risk factor, also tracked as a resource referral for insurance assistance. Home Visiting programs can show improvement by indicating that every uninsured or underinsured family received a resource referral for insurance assistance. We are also now tracking the changes to Health Insurance status over time.	additional reports will be added
II. Benchmark: Prevention of Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits		
a) Visits for children to the emergency department (ED) from all causes	Medical Provider visits tracking has been added and the type of contact is tracked (prenatal care, ingestion, illness, injury, well child, other). Also the location of visits (Er/Urgent, Physician, Specialist, other) is tracked.	additional reports will be added
b) Information provided or training of participants on prevention of child injuries including topics such as safe sleeping, shaken baby syndrome or traumatic brain injury, child passenger safety, poisonings, fire safety (including scalds), water safety (i.e. drowning), and playground safety	Home Visit Form- provide general health and safety information (checkbox) and group meeting planning forms will note the time spent on these issues.	
c) Incidence of child injuries requiring medical treatment	Medical Provider visits are tracked and the type of contact will be tracked (prenatal care, ingestion, illness, injury, well child, other). Also the location of visits (Er/Urgent, Physician, Specialist, other) will be tracked.	additional reports will be added
d) Reported suspected maltreatment for children in the program (allegations that were screened in but not necessarily substantiated)	Currently tracked as risk factor and as a resource referral. "High Needs" report and "Resource Referral" report shows # of referrals for "suspected abuse".	
e) Reported substantiated maltreatment (substantiated/indicated/alternative response victim) for children in the program		Pending States specifications of requirements for National Benchmarks.
f) First-time victims of maltreatment for children in the program		Pending States specifications of requirements for National Benchmarks.
III. Benchmark: Improvements in School Readiness and Achievement		
a) Parent support for children's learning and development (e.g., having appropriate toys available, talking and reading with their child)	Use Kips or LSP Assessment score tracking.	
b) Parent knowledge of child development and of their child's developmental progress	Use Kips or LSP Assessment score tracking	

c) Parenting behaviors and parent-child relationship (e.g., discipline strategies, play interactions)	Use Kips or LSP Assessment score tracking	
d) Parent emotional well-being or parenting stress (Note: some of these data may also be captured for maternal health under that benchmark area)	Use Kips or LSP Assessment score tracking	
e) Child's communication, language and emergent literacy	ASQ or ASQ-3	
f) Child's general cognitive skills	ASQ or ASQ-3	
g) Child's positive approaches to learning including attention	ASQ-SE	
h) Child's social behavior, emotion regulation, and emotional well-being	ASQ-SE	
i) Child's physical health and development	ASQ or ASQ-3	
IV. Benchmark: Reduction in Crime or Domestic Violence* (only one area required)		
a) Crime: Arrests	"involved with corrections" is tracked as a risk factor.	
b) Crime: Convictions	"incarcerated" is tracked as a risk factor.	
c) Domestic Violence: Screening for domestic violence	On the PVR, a checkmark can be placed in the DOVE/Futures without Violence box to track.	
d) Domestic Violence: Of families identified for the presence of domestic violence, referrals for relevant services	"Domestic violence Services" is tracked in the referrals area	
e) Domestic Violence: Of families identified for the presence of domestic violence, families for which a safety plan was completed	"Domestic Violence Safety Plan" is in the Goals area. The date met will be recorded and reported.	
V. Benchmark: Improved Family Economic Self-Sufficiency		
a) Household* income and benefits	Family income is tracked on an annual basis and should be updated yearly. The family income types are tracked (salary, wic, unemploy...) and actual benefit areas are noted.	additional reports will be added
b) Employment or Education of adult members of the household	Current education level of primary caregiver is tracked as it changes over time. Also resource referrals to those needing education assistance. Goals can be set also and % of goals met can be assessed.	additional reports will be added
c) Health insurance status	"uninsured" and "underinsured" is currently tracked as a risk factor. Risk factors should be updated yearly. Guardian health insurance and child health insurance status are tracked over time in a separate Health Insurance History area.	additional reports will be added
VI. Benchmark: Improved Coordination and Referrals for Other Community Resources and Support*		

a) Number of families identified for necessary services	Referral Form & referral report (could be implied by Information checkbox)	
b) Number of families that required services and received a referral to available community resources	Referral Form & referral report (could be implied by Arrangement checkbox)	
c) MOU's: Number of Memoranda of Understanding or other formal agreements with other social services agencies in the community		Pending States specifications of requirements for National Benchmarks.
d) Information sharing: Number of agencies with which the home visiting provider has a clear point of contact in the collaboration community agency that includes regular sharing of information between agencies		Pending States specifications of requirements for National Benchmarks.
e) Number of completed referrals (i.e., home visiting provider is able to track individual family referrals and assess their completing (e.g., by obtaining a report of the service provided)	Referral Form & referral report (Service Received tracked)	

MIECHV Compliance 32/36 = 89%

