

FY 2022-23 First 5 First Steps Data Dictionary

This document attempts to present all First 5 First Steps (F5FS) data collection requirement for FY 2022-23. Please refer to the appropriate tool and assessment manuals for further definitions. In general, there are two types of CMEDS data entry requirements:

1. **Client Level Data:** This includes individual client level information such as demographics, services, and outcome assessments. These data must be manually entered and **are required for all clients in F5FS.**
2. **Performance Measures:** These data are reported in aggregate form, meaning data are added for each category requested. These data are entered in the "Performance Measures" section of CMEDS but must be imported or derived from client level data in CMEDS.

All clients who are served through F5FS must have client level data. This means that clients' data should be entered in the Client module **and** reported aggregately in the Performance Measures by importing or running reports on client level data.

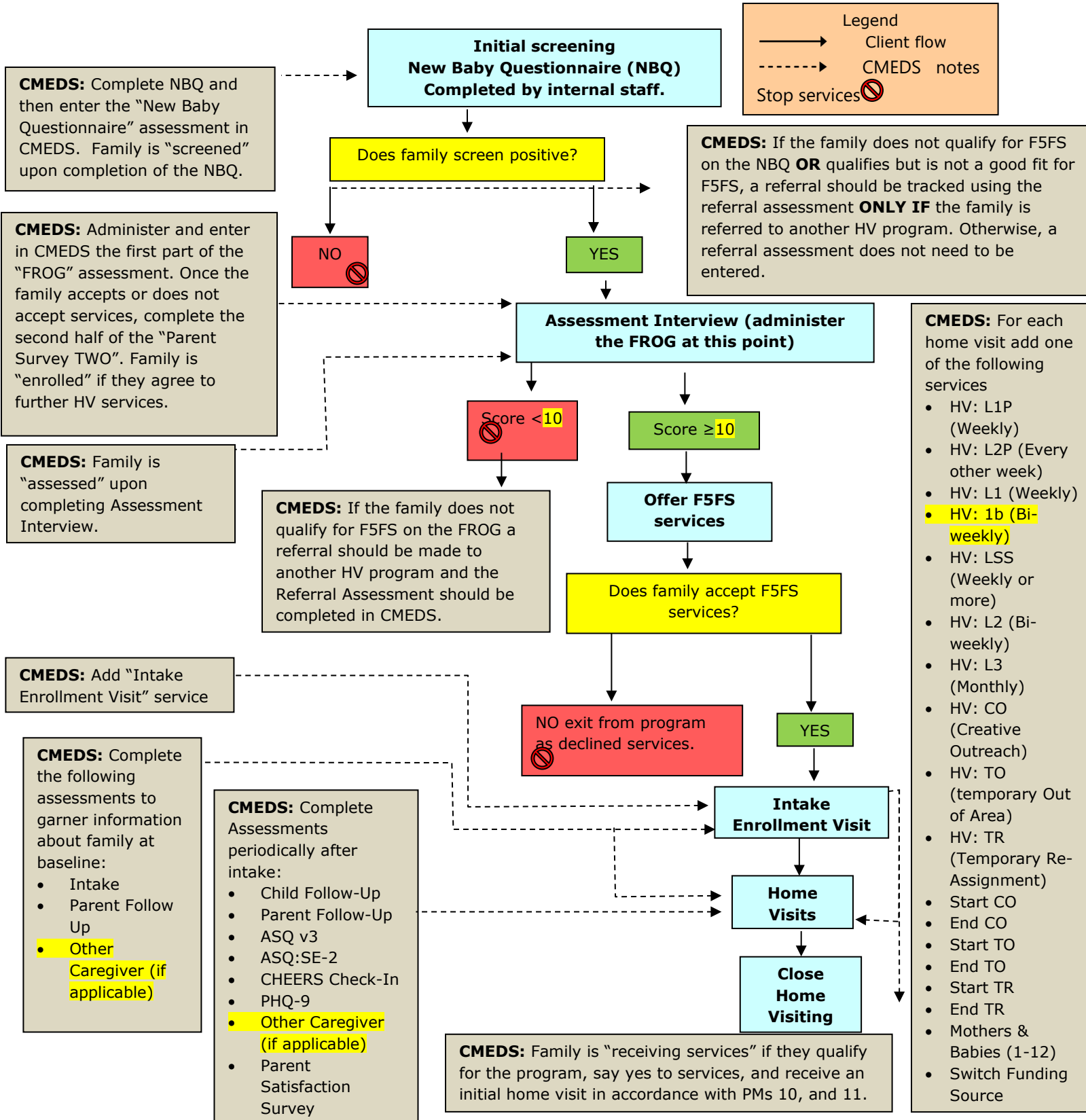
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Note: For more information about how to use CMEDS, add clients, family members, services, and outcomes, see CMEDS instruction handouts that are posted online (CMEDS HELP section) and/or contact the appropriate party per the CMEDS TA Protocol.

F5FS Service/Data Schematic

This diagram represents the flow of services and data entry for F5FS.



Client Demographics

IMPORTANT: For agencies that work in multiple regions, choose the Program from the drop-down menu on main screen.

FamilyID	ClientID	First Name	Last Name	DOB	Phone	City	L...	Cl...	C...	Pr...	Exited/Active
648			HDS South C3 RCH								Active
469			HDS South ECS								Active
98			HDS South RSN SBSCS								Active
56691	640	Jane	Doey	01/01/2008							Active
272105	800	Testclient1	Test	01/01/2020		San ...	01 E...			Harol...	Active
	267954	Nam	Ta	05/18/2011							Active
76511	306894	Son	Practice2	03/01/2010							Active
76520	317533	Child	Client	01/10/2009		Natio...	01 E...				Active
84621	318355	Test	Parent	01/01/1980							Active
76511	319216	Daughter	Practice2	09/09/2009		Guat...	02 S...				Active
76520	319236	Beh	Client	01/30/2008		Chul...					Active
76543	319328	Test	Parents	02/02/1970							Active
76543	319329	Testchild	Parents	06/06/2006							Active
0	319952	Consent	Tester	07/01/2009							Active
199826	319953	Daughter	Practice3	09/20/2010							Active
0	320803	Neechie	Test	01/01/2009							Active
226339	323481	Test	Test	01/01/1900							Active
81984	331771	Son	Practice4	07/29/2012					01 E...		Active
81991	331793	Father	Practice3	01/01/1980					01 E...		Active
81993	331798	Daughter	Practice1	07/01/2012					01 E...		Active

New Client Entry Screen

A client is considered unduplicated the first time they receive services from your program within one region since the beginning of the fiscal year (July 1). If your agency has programs in multiple regions and a client moves from one region to another, the client is considered unduplicated to that region and should be entered again. In order to avoid duplicate entries within a program, search for the client by name before entering them as a new client (make sure to click "All" on the top right side of the screen to include exited clients in your search). New clients can also be added through a family member's record.

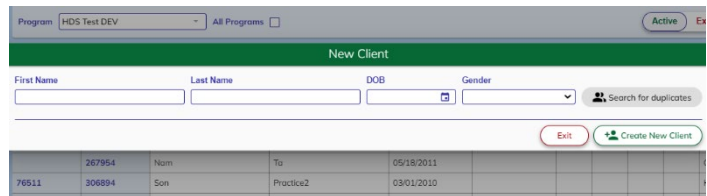
FamilyID	ClientID	First Name	Last Name	DOB	Phone	City	L...	Cl...	C...	Pr...	Exited/Active
56691	246275	Jane	Doey	01/01/2008							Active
272105	246912	Testclient1	Test	01/01/2020		San ...	01 E...			Harol...	Active
	267954	Nam	Ta	05/18/2011							Active
76511	306894	Son	Practice2	03/01/2010							Active
76520	317533	Child	Client	01/10/2009		Natio...	01 E...				Active
84621	318355	Test	Parent	01/01/1980							Active
76511	319216	Daughter	Practice2	09/09/2009		Guat...	02 S...				Active
76520	319236	Beh	Client	01/30/2008		Chul...					Active
76543	319328	Test	Parents	02/02/1970							Active
76543	319329	Testchild	Parents	06/06/2006							Active
0	319952	Consent	Tester	07/01/2009							Active
199826	319953	Daughter	Practice3	09/20/2010							Active
0	320803	Neechie	Test	01/01/2009							Active
226339	323481	Test	Test	01/01/1900							Active
81984	331771	Son	Practice4	07/29/2012					01 E...		Active
81991	331793	Father	Practice3	01/01/1980					01 E...		Active
81993	331798	Daughter	Practice1	07/01/2012					01 E...		Active

The first four data fields are all required to enter a new client. These items should be completed for the client that you are serving, either a child 0-5 or a parent/caregiver of a child 0-5. If parents/children attend services/sessions together, they should all receive their own client record.

- First Name; Middle Name (optional); Last Name

Fictitious names (or numeric IDs) should only be entered here when absolutely necessary and only in the situation that the client information is not yet known (this should only be relevant to foster child cases).

- DOB: This is the date of birth of the client that you are entering (either child age 0-5 or parent). *If you need to enter fictitious or unknown DOB, please use 01/01/1900.*
- Gender: Gender (male or female) of the client you are entering.

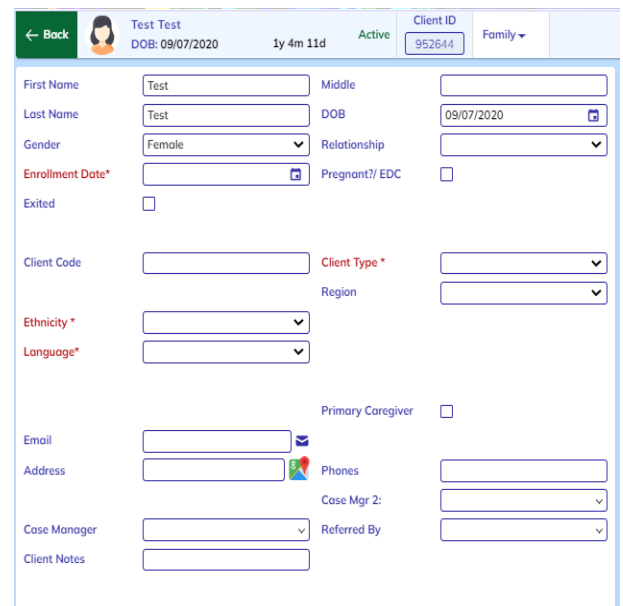


Remaining Demographic Screen

The required elements on this screen include:

A Client should be entered in CMEDS as soon as the referral is received by your agency. If F5FS staff determines that the referral was sent to the incorrect region, the referral should be sent to the correct region who will then enter the client into CMEDS. An NBQ should be entered for every referral (even if the NBQ was not completed. On the assessment, there is a place to indicate whether or not the NBQ was completed.)

- Enrollment Date: This is the date that you first received a referral to serve this client. If you didn't receive a referral, then this date should be the first date of service. This date could be as far back as **January 1, 2006**.
 - If a client was previously served by a different First 5 contract, their enrollment date should be the date they entered the HDS CMEDS program.
- Client Type: The appropriate drop-down option should be selected as it relates to your client- both the child and parent/caregiver(s). For child clients, you must choose the label based on the age of the child on program start date you should always be choosing 0-<3 years of age or 3-5 years of age. For adult clients choose the best fit: prenatal or parents. Client type is required to correctly import performance measure data.



Women who are listed as 'prenatal' clients should be switched to 'parent' following the change of a fiscal year. Missing Demographic reports should be utilized during monthly QA to make sure client type is populated for all clients. The client type should be assigned based on the date the referral first came to your agency (e.g. if the mother is pregnant when you receive the referral, her client type should be prenatal in CMEDS).

- **Note: There will be two primary clients entered into CMEDS: the child and primary caregiver (most often the mother). For families with multiples (ex: twins and triplets), all multiples are target children and should have CMEDS records.**

Children	Children from birth up to the day before their third birthday.
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0 -< 3 years old	
Children 3-5 years old	Children from the day of their third birthday up to their sixth birthday.
Prenatal	A pregnant woman receiving services to promote healthy pregnancies and deliveries. Women who are listed as 'prenatal' clients should be switched to 'parent' following the change of a fiscal year (e.g. if a woman enters the program 30 weeks pregnant and delivers on December 25 th . Assign the client type as prenatal. On July 1 of the new fiscal year, change the client type to parent.)
Parents	Adults acting as the <u>primary caregivers</u> for the target child who receives direct services from a First 5 Commission program. Includes parents, legal guardians, foster parents, and partners of 'prenatal' clients. Does NOT include expecting mothers.
Other	The other category should not be used because only the primary caregiver and child will be entered into CMEDS.

- **Ethnicity:** Ethnicity is required to correctly import performance measure data. The client should only have one ethnicity that fits best and must be one of the following:

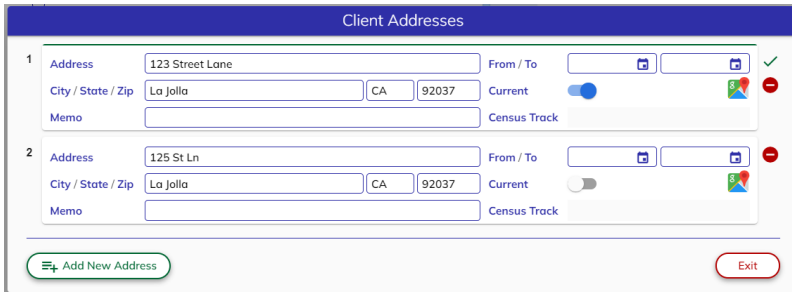
African	People who self-identify as Eritrean, Ethiopian, Somali, Sudanese, or with other groups or nationalities from the continent of Africa
African American/ Black	People of African descent who do not self-identify with another group (above or below)
American Indian/ Alaskan Native	People who self-identify with one or more tribes indigenous to the continental United States or Alaska
Asian	People who self-identify as Cambodian, Chinese, Hmong, Indian, Japanese, Korean, Filipino, Thai, Vietnamese, Afghani , or with other Asian people groups or nationalities
Hispanic/Latino	People who self-identify as Central or South American, Mexican, Chicano/a, Puerto Rican, or with other Latin American/Caribbean people groups or nationalities
Multiracial	People who have ancestors of several or various races
Pacific Islander	People who self-identify as Guamanian/Chamorro, Native Hawaiian, Samoan, or with other people groups or nationalities from the Pacific Islands
White (Middle Eastern)	People of Middle Eastern descent who self-identify as Iranian, Syrian, Jordanian or with other Middle Eastern people groups or nationalities
White (non-Hispanic)	People of European descent who do not self-identify with another ethnicity
Other	People who self-identify as belonging to an racial/ethnic category not on this list
Don't Know/ Declined	Includes people for whom race/ethnic data are not available, people who do not wish to state their race/ethnicity, and people who do not know their race/ethnic background

- **Language:** Language is required to correctly import performance measure data. The client should only have one primary language that fits best and must be one of the following:

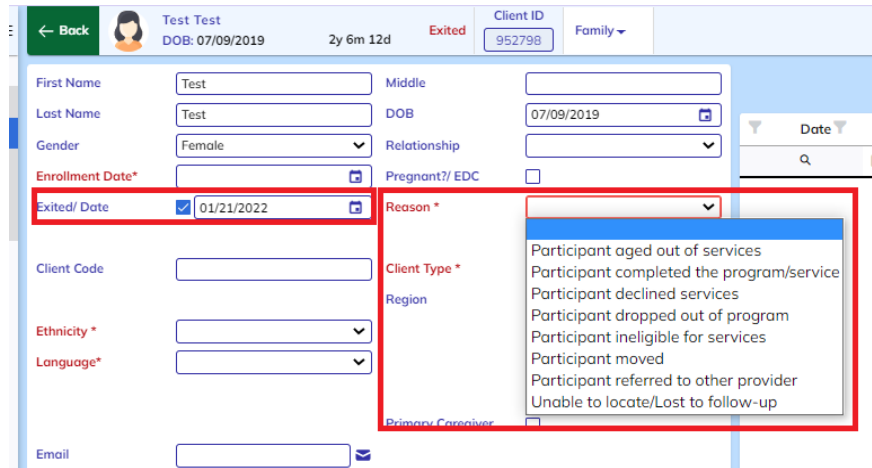
English	Clients who, when at home, speak English more than half the time
Spanish	Clients who, when at home, speak Spanish more than half the time
Tagalog	Clients who, when at home, speak Tagalog more than half the time
Cantonese	Clients who, when at home, speak Cantonese more than half the time
Mandarin	Clients who, when at home, speak Mandarin more than half the time
Vietnamese	Clients who, when at home, speak Vietnamese more than half the time
Korean	Clients who, when at home, speak Korean more than half the time
Somali	Clients who, when at home, speak Somali more than half the time
Arabic	Clients who, when at home, speak Arabic more than half the time
Chaldean	Clients who, when at home, speak Chaldean more than half the time

Other	Clients who, when at home, speak any language that is not listed. For Pashto, Dari, Farsi and Swahili speakers, select this option. A second drop down menu will pop-up and you can select the appropriate language.
Don't Know/Declined	Includes people for whom language data is not available, people who do not wish to state their language

- Address, City, State, Zip:** This is the home address of the client. It is now required, in order to assist First 5 create mapping of client density, proximity to service providers, etc. State must be CA and zip must be within San Diego County. If address or city information is not available, please type "Not Available" in the address and/or city field. If zip code is not available, enter 00000. Multiple addresses can be entered. The address selected "current" will be the one appearing on the demographic page.



- Exited Program:** This box should be checked when a client is exited from the program. When the box is checked, two other fields (exit date and exit reason) will appear (see screenshot on next page). The exit data should be the last date of a home visit. If a family does not qualify on the NBQ or FROG, or does not enroll in the program, a referral assessment should be completed (if applicable) and the client should be exited from the program (since they will not be receiving any additional services). The exited reason must be one of the following:



Participant aged out of services	Though the prompt says "turned six", for F5FS services, children age out of services on their third birthday for F5 (and CHVP – SBCS only) and as old as 48 months for CW. This option should be selected if "Child turned 3" was indicated as the exit reason in the Exit Assessment.
Participant completed the program/service	Child/Family completed all recommended F5FS services. This option should be selected if "Primary Caregiver met all program completion criteria" was indicated as the exit reason in the Exit Assessment.

Participant declined services	Child/Family was referred to F5FS and offered services, but family actively declined services. Case never opened.
Participant dropped out of program	Child/Family began F5FS services and then: <ol style="list-style-type: none"> 1. Family actively declined further services (ex: caregiver went back to work/school, program requires too much time) or 2. Family passively declined further services; staff unable to reach family (staff has completed at least 3 months of creative outreach without success)
Participant ineligible for services	Initial ineligible – inappropriate referral (e.g. >3 years, not SD county resident). Case opened, death of target child/loss of baby Case opened, death of parent or prenatal client Case opened, but found out after that family is already participating in other HV program.
Participant moved	Case opened and then the family moved out of SD County.
Participant referred to other provider	Child/Family is referred to: <ol style="list-style-type: none"> 1. A different F5FS provider (e.g. region to region referral, within region transfers, and region-to-region transfers). <ul style="list-style-type: none"> • Initial inappropriate regional referral received (i.e. South receives a referral for a Central family. Case never opened in South) • Case opened and client transferred from one F5FS agency to another 2. A non-F5FS provider (family only needs services outside of F5FS). <ul style="list-style-type: none"> • Case open and staff determines family needs services beyond F5FS. • Case open and family referred to CWS • Referral received for a family that is a better fit for another program (e.g. Nurse Family Partnership) Case never opened.
Unable to locate/Lost to follow-up	Initial unable to reach – staff wasn’t able to reach family upon initial referral (per protocol, 3 calls within 2 weeks and 1 letter sent)

Note: If a client re-enters the program, the “Exited program” box can be unchecked and the client will return to active status. However, keep the program start date as the original date of referral.

- **Referred by** (*on bottom right-hand side of demographic form*): This is a required field that can be used by your program to document from where or whom referred the client to you. This does not replace the need to complete any *Referral* CMEDS assessment as required by the F5FS evaluation.

Enter *Referred by* based on the CMEDS “Referred By” List of Approved Categories in the table below (same category definitions for referred by question in the NBQ. *Referred by* will be entered using the following format: **category-detail** (e.g., Health Provider-Valley Verde Pediatrics).

Select the referral source category from the drop down list. Add a dash and detail about name of agency, program, or person who referred. Detail fields with an asterisk are optional based on your region’s protocol.

NOTE: No spaces should be entered between the category, the dashes, or the name!

CATEGORY	DETAIL	EXAMPLE	NOTES
211	<i>Name of person who referred*</i>	211-James Madison	

CATEGORY	DETAIL	EXAMPLE	NOTES
CalWorks	<i>Name of person who referred</i>	CalWorks- Jane Smith	
Cal Learn	<i>Name of person who referred</i>	Cal Learn – Jane Smith	
CA-ES/SDRC	<i>Name of person who referred</i>	CA-ES/SDRC- Betty Ford	California Early Start (CAES) and San Diego Regional Center (SDRC)
Community Agency	<i>Name of agency who referred</i>	Community Agency- WIC	Non-F5FS agencies, e.g., WIC, Catholic Charities
Community Health Center	<i>Name of community health center or provider who referred</i>	Community Health Center -- La Maestra	Health centers that serve medically underserved populations, e.g. Borrego Health, Neighborhood Healthcare.
CWS	<i>Name of person who referred*</i>	CWS-James Monroe	Child Welfare Services (CWS)
Hospital/Birthing Center	<i>Name of hospital/birthing center or provider who referred</i>	Hospital/Birthing Center-Kaiser Permanente	e.g. UCSD Medical Center, Sharp Healthcare, Scripps Hospitals. This does not include military providers or plans.
Health Provider	<i>Name of agency or provider who referred</i>	Health Provider- UCSD PEDS	Faxed referral form received from MD, PCP, pediatric office (CPCMG, NCHS, MCCC, Sharp Rees Stealy) or obstetrics gynecological office. This does not include military providers or plans.
First 5 - First Steps	<i>Name of agency and person who referred</i>	First Steps- SAY	First Steps (e.g. SAY, SBCS, Home Start, or Palomar Health)
First 5 - HDS	<i>Name of agency who referred</i>	HDS-FHCSD	Healthy Development Services (Regional service network (e.g. PH, FHCSD, RCHSD, SBCS or subcontracting agencies (e.g. C3, Chadwick, Motiva, etc.).
First 5 - OHI	<i>Name of person who referred</i>	OHI- Harriet Tubman	Faxed referral form, flier or verbal referral from Oral Health Initiative (OHI) site.
First 5 – Learn Well	<i>Name of school and/or teacher who referred</i>	Learn Well- George Washington	Faxed referral form, flier or verbal referral from Quality Preschool Initiative (Learn WellI) site.
F5FS Partner	<i>Name of program who referred</i>	F5FS Partner-SAY San Diego	e.g. VCC, Horn of Africa
Military	<i>Name of agency/program who referred</i>	Military-Balboa Hospital	Any health care providers or programs related to military involvement (e.g. Naval Hospital, Camp Pendleton). This supersedes other categories since this is a specialized population.
Outreach	<i>Name of event</i>	Outreach- Day of the Child	e.g. health fairs, cultural/community events.
PCI	<i>Name of person who referred</i>	PCI- Eleanor Roosevelt	Project Concern International
PCN	<i>Name of person who referred</i>	PCN-Abraham Lincoln	Perinatal Care Network
PHN	<i>Name of person who referred*</i>	PHN-Martin Van Buren	Public Health Nursing (PHN)
School District	<i>Name of school</i>	School-Grossmont Union High School	Includes any of the 42 districts in San Diego County.
Self-Referral	<i>Referral source</i>	Self-Referral-Friend	e.g. friend, family, internet, self

Family Income/Size: 218732

First Name: Middle:

Last Name: DOB:

Gender: Relationship:

Enrollment Date: Pregnant?/ EDC:

Deceased: To / Declined:

Consent From: Client Type:


Service Site: Region:

Ethnicity:

Language:

04. Daughter
 Care Giver
Child
 Foster Parent
 Grandparent
 Legal Guardian
 Parent
 Step Parent

- **Link Family Members:** This is a required field to complete if you are entering more than one family member in CMEDS. You should select the role of that client in that family under the relationship drop down. For instance, if you are entering in a child as your client, the child should most likely be given a "son" or "daughter" label, depending on the gender. A parent client might be "Mother" or "Father", etc.
 - To link family members that both have a client record in CMEDs, there are two options:
 1. From the family drop down at the top of the client's record, you can add a new family member or link a family member.

← Back  **Test Child** Child **Active** Client ID **218732** Family ▾
 DOB: 10/05/2021 0y 1m 25d

Family Income:

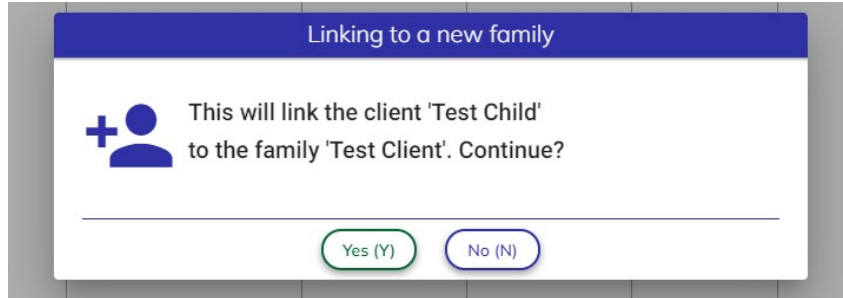
First Name:

2. If you have not already entered the other family member's record, you can click Add Member and enter their information. This will automatically link the clients.
3. If you already entered the client's record, you can link the two family members together. Click "Link to Family". The list of clients will pop up. You can search for the other family member then double click their record to link.

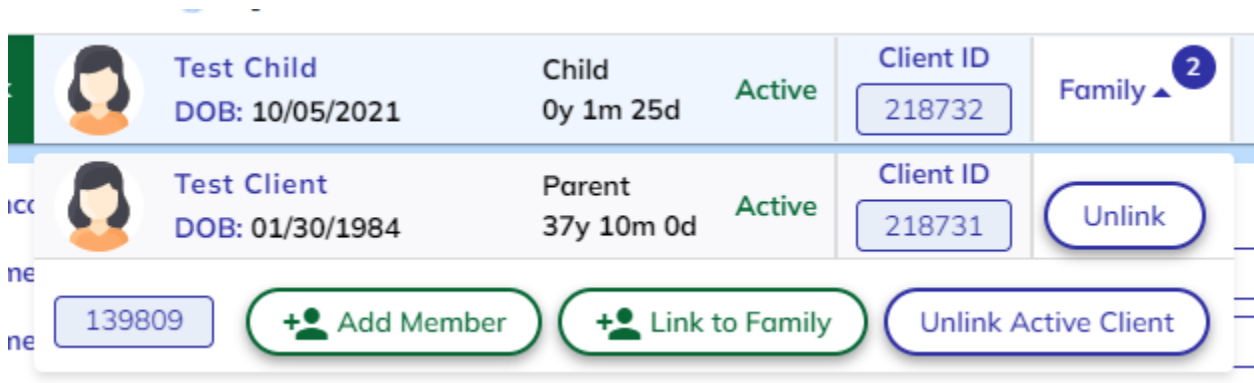
Please use double click to select a new family for the "Test Child "
 Select the client to link from the list, and choose Yes from the popup to link the client to the family. You can only link one client to an existing family at a time.

FamilyID	ClientID	First Name	Last Name	DOB	Phone	City
139809	218731	Test	Client	01/30/1984		
139810	218732	Test	Child	10/05/2021		

- A box called Linking to a new family will pop up. Select Yes to link the clients.



- At the top of the client's record, you will see the number of family members that are linked.



Reminders:

- Questions about referral sources? Check the CMEDS "Referred By" List of Approved Categories

For more information regarding required fields in CMEDS, see the document "CMEDS Required Fields" located in the CMEDS HELP section.

The following remaining demographics on the client screen are optional:

- Client Code:** This is a field for each program to use, if they wish, to code their clients. It may be useful to enter a medical record number or other identifier that is used in the service provider's system, in order to find or identify clients in CMEDS. Users can also search by client code in the main client screen.
- Region:** This was originally intended to categorize clients by the region in which they live. It is still an active field on the CMEDS client screen, however optional, as all data is run by which region the client is assigned to in the service provision section.
- Primary Caregiver checkbox:** This checkbox allows users to indicate if the client is a primary caregiver. In cases where there are several family members, this checkbox allows providers with access to this family to easily identify who the primary caregiver for the child is. **Only one person should be designated as the primary caregiver.** If the primary caregiver changes, the checkbox should be unchecked for the previous primary caregiver and checked for the new primary caregiver.

- Phones: This is the home phone number of the client. It may be useful for programs to have this entered in CMEDS, if they use CMEDS for contact information. Multiple phone numbers can be entered. The phone selected "primary" will be the one appearing on the demographic page.
- Email: This is an optional field to enter the email address of the client or the client's parent. It may be useful for programs to have this entered in CMEDS, if they use CMEDS for contact information or to distribute tools and surveys electronically via the CMEDS Client Portal (e.g. Family's Experience Survey).
- Case Manager and Case Manager 2: This is an optional field that can be used by your program to assign a case manager or other staff person to this client (please follow your regional protocol).
- Non-F5 (*button on bottom right hand side of screen*): This should only be used if you choose to enter any person that is NOT a First 5 client (i.e., other family members not served by First 5 funds, children over 6, etc). Also, use this button if you wish to enter clients who have not yet received services, but who you think may receive them at a later date (at which point you would uncheck the Private box).

Client Services

After enrolling the client, be sure to assign the client's services. Clients without services are not considered First 5 clients! Only the services that are relevant to your program(s) should show up in your service screen.

- 1) Click "New Activity" in the client record.

- 2) Select "Service" from the three options.
- 3) Choose the appropriate Service.
- 4) Service Start Date is required. This is the date the service was provided to the client, which may be the same or a different date of entry into CMEDS. The End Date should be the same as the Start Date and can be automatically populated after Start Date is entered by clicking the "End Date" button.
- 5) The duration is not a necessary field and should be left blank. The count field will automatically populate as 1 and does not need to be changed.
- 6) If more than one family member received the same service, you should copy the service to other family members using the "Copy to family members" button. This cuts down on data entry burden. This button only appears when family members are linked.

- 7) Service notes can be added by highlighting the service and clicking the "Notes" button. To print notes for multiple clients at once, use the Client Detail report "Client Services with Notes." To print notes for a specific client or service, click the button with the printer icon and a box will pop up. Select Current Service or All Services and click Print (see screenshot).

***Note: Client type will stay the same for an entire FY.**

***Note: Services should only be added for the primary caregiver (which most often will be the mother) and the target children (or other children 0-5 and subsequent births) in CMEDS. If for some reason the**

mother is not the primary caregiver, the services can be completed with the designated primary caregiver and entered in his/her client file in CMEDS. Only the primary caregiver and target children (or other children 0-5 and subsequent births) should have a client file in CMEDS. *If the child was not present for the home visit, only enter the service under the parents' record (do not enter a service for the child).

Service	Definition/Description
Intake Enrollment Visit	This is the first home visit after the family has agreed to services and is enrolled in services. This means that the New Baby Questionnaire and the Parent Survey should have been administered and entered into CMEDS with the eligibility criteria determined. Any additional assessments completed at this visit must be recorded in CMEDS as separate assessments, in addition to this service. During the time of the intake enrollment visit, the Intake Assessment will be completed. See assessment section for details. This is the very first service that should be entered for any non-transfer client and for clients who are re-enrolling in services.
Out-of- Network Intake Visit	This is used to indicate when a client transferred from another HFA program outside F5FS and began receiving services in the F5FS program. Only use this service if a person is transferring from an out-of-network agency. This service should only be used for the first visit a family receives after transferring into First Steps. During the time of the out of network intake enrollment visit, the Intake Assessment will be completed. Consult AAPCA3 for direction on assessment timepoints
Re-enrollment intake visit	This is used for clients that exit and then re-enroll under the same CMEDS ID. Consult AAPCA3 for direction on assessment timepoints
Regional Transfer Intake Visit	This is used for client transferring from one F5FS region to another. Consult AAPCA3 for direction on assessment timepoints
No Show	If home visit is scheduled or should have been scheduled, but family was unreachable, add this service with the date that the service should have occurred. A no show should only be used after a family is receiving services (e.g. qualify for the program, say yes to services, receive an initial home visit and have an intake enrollment service already entered in CMEDS).
Rescheduled visit by client	If home visit was scheduled, but had to be rescheduled by the family, add this service with the date that the service should have occurred.
Rescheduled visit by FSS	If home visit was scheduled, but had to be rescheduled by the Family Support Specialist (FSS) , add this service with the date that the service should have occurred.
Canceled by FSS	If home visit was scheduled, but was canceled by FSS (illness, out-of-town, other conflict) and has not yet been rescheduled.
Canceled by Family	If home visit was scheduled, but was canceled by family (illness, out-of-town, other conflict) and has not yet been rescheduled.
HV: L1P (Weekly)	Level 1P: weekly home visits that take place before the birth of the child. The frequency of service depends on the family's need. See "Family Progress and Service Intensity Level Change Support Guide" for guidance on prenatal level placement. Each time you visit the family during the prenatal period you must enter this service for each member of the household present at the visit.
HV: 1b	Level 1b: If a Level 1 family requests reduced visits, the family will receive no less than bi-weekly visits. Offering reduced visits may begin no earlier than 3 mos. after birth of the target child or enrollment (for families that enroll after the birth of the target child).
HV: L2P (Every other week)	Level 2P: every other week home visits that take place before the birth of the child. The frequency of service depends on the family's need. See "Family Progress and Service Intensity Level Change Support Guide" for more guidance on prenatal level placement.

Service	Definition/Description
HV: L1 (Weekly)	Level 1: weekly home visits after the birth of a child. For families assigned to a weekly level of service, one parent group meeting per month may be counted as a home visit. The home visitor/FSS must be present in the parent group meetings for it to count as a L1 home visit. Additionally, the goals of a home visit need to be met for the group meeting to count as a home visit.
HV: LSS (Weekly or more)	Level SS: more than one home visit per week or more or weekly home visits plus other contacts during temporary periods of intense crisis. A family can only be assigned to LSS temporarily after any time after the intake enrollment visit.
HV: L2 (Biweekly)	Level 2: home visits every other week. These visits take place after the birth of the child.
HV: L3 (Monthly)	Level 3: monthly home visits. These visits take place after the birth of the child.
Start CO	Use this service for the date a client is put on CO (Creative Outreach). Enter the date of the qualifying missed home visit (i.e., the 1 st of two consecutive missed visits). This date is the beginning of Level CO. Please see the Policies and Procedures manual to help determine when a family should be placed in creative outreach.
HV: CO (Creative Outreach)	Level CO: the family is on creative outreach/engagement due to disengaging from services. Choose this service when conducting Level CO creative outreach activities for a family (e.g., dropping off a note at the family's home). Home visit may occur while the family is in creative outreach. The home visit should be entered in CMEDS as the level of service the family was in before creative outreach. For example, if the family was in Level 1 before creative outreach, the home visitor should enter HV: L1 (Weekly) as a service in CMEDS for that family. OPTIONAL: Enter the creative outreach activity completed by the FSS (ex: sent family a letter, called family etc.) in the service notes.
End CO	Use this service for the last date a client is on CO (Creative Outreach). For families that re-engage in service, enter the date of the first home visit following a discussion between the home visitor and supervisor to end creative outreach. The end of creative outreach will be determined by the FSS and supervisor while taking into account the family's circumstances. Please see the program's policies and procedures manual for further guidance. For families that do not re-engage back in service, exit the family from service and enter the date they were exited as "End CO". Please note that FSSs should enter two service activities in CMEDS at the end of Level CO – "End CO (Creative O/E)" and the home visit completed with the family. These two service activities should have the same date. If the family was not re-engaged and the family was exited from the program, then enter "End CO (Creative O/E)" in CMEDS and exit family from CMEDS (see page 6 and 46 for direction on case closure).
Start TO	Use this service for the first date a client is on TO. The day after the last home visit is considered the first day of TO. For instance, if the last home visit occurred on 6/16/2016, enter 06/17/2016 for the "Start TO" service activity.
HV: TO (Temporary Out of Area)	Level TO: the family is on creative outreach due to a planned extended absence from the program. While in Level TO, the family will have very little contact with the FSS. FSS should find out from the family when they expect to return so that the FSS may contact them about re-engagement at that time. Choose this service when conducting Level TO creative outreach activities for a family (e.g., calling a family to encourage them to keep participating in the program). OPTIONAL: Enter the creative outreach activity completed by the FSS (ex: sent family a letter, called family etc.) in the service notes.
End TO	Use this service for the last date a client is on TO. For families that resume home visits, enter the date of the first home visit following time spent in Level TO. For families that do not resume home visits when scheduled, place them on Level CO. Please note that home visitors should enter two service activities in CMEDS at the end of Level TO – "TO" and the home visit completed with the family. These two service activities should have the same date.

Service	Definition/Description
Start TR	Use this service for the first date a client is on TR. The day after the last home visit is considered the first day of TR. This will likely be the last home visit for the family before being reassigned to another home visitor. For instance, if the last home visit occurred on 6/16/2016, enter 06/17/2016 for the "Start TR" service activity.
HV: TR (Temporary Re-Assignment)	Level TR: the family is on creative outreach due to any staff turnover that impacts their receipt of anticipated visits. While in Level TR, the family may have little contact with First Steps staff. Supervisors should reach out to the family to develop a plan for contact while they are in Level TR (ex: check-in phone calls, letters/texts, mailings). Choose this service when conducting Level TR creative outreach activities for a family. OPTIONAL: Enter the creative outreach activity completed by the supervisor (ex: sent family a letter, called family etc.) in the service notes.
End TR	Use this service for the last date a client is on TR. For families that resume home visits, enter the date of the first home visit following time spent in Level TR. For families that do not resume home visits when scheduled, place them on Level CO. Please note that FSSs should enter two service activities in CMEDS at the end of Level TR – "TR" and the home visit completed with the family. These two service activities should have the same date.
Parent Contact – Optional	To record contacts and notes for parent, such as brief check-ins (e.g., phone call, texts, email, letter). Count and duration are optional as well. This service is OPTIONAL and each region can decide whether they would like to utilize this service. Per HFA best practice standards, sites need to demonstrate that FSSs use positive methods to build family trust, engage new families, and maintain family involvement in the services. For example, this could include tracking warm phone calls focused on the family's well-being or when FSSs send upbeat notes that encourage families to participate.
Provider Contact – Optional	To record contacts and notes for provider contacts (e.g., phone call, email, letter with a service provider involved with the family). Count and duration are optional as well. This service is OPTIONAL and each region can decide whether they would like to utilize this service.
M&B Session 1	To track the implementation of the Mothers & Babies curriculum. Add this service on each date that you implement session 1, as this session may require more than one home visit to complete. <i>Be sure to also enter other M&B service level(s) that you covered on each date, as more than one session may be covered in one home visit.</i> This service should only be entered under the parent's CMEDS record.
M&B Session 2	To track the implementation of the Mothers & Babies curriculum. Add this service on each date that you implement session 2, as this session may require more than one home visit to complete. <i>Be sure to also enter other M&B service level(s) that you covered on each date, as more than one session may be covered in one home visit.</i> This service should only be entered under the parent's CMEDS record.
M&B Session 3	To track the implementation of the Mothers & Babies curriculum. Add this service on each date that you implement session 3, as this session may require more than one home visit to complete. <i>Be sure to also enter other M&B service level(s) that you covered on each date, as more than one session may be covered in one home visit.</i> This service should only be entered under the parent's CMEDS record.
M&B Session 4	To track the implementation of the Mothers & Babies curriculum. Add this service on each date that you implement session 4, as this session may require more than one home visit to complete. <i>Be sure to also enter other M&B service level(s) that you covered on each date, as more than one session may be covered in one home visit.</i> This service should only be entered under the parent's CMEDS record.
M&B Session 5	To track the implementation of the Mothers & Babies curriculum. Add this service on each date that you implement session 5, as this session may require more than one home visit to complete. <i>Be sure to also enter other M&B service level(s) that you covered on each date, as more than one session may be covered in one home visit.</i> This service should only be entered

Service	Definition/Description
	under the parent's CMEDS record.
M&B Session 6	To track the implementation of the Mothers & Babies curriculum. Add this service on each date that you implement session 6, as this session may require more than one home visit to complete. <i>Be sure to also enter other M&B service level(s) that you covered on each date, as more than one session may be covered in one home visit.</i> This service should only be entered under the parent's CMEDS record.
M&B Session 7	To track the implementation of the Mothers & Babies curriculum. Add this service on each date that you implement session 7, as this session may require more than one home visit to complete. <i>Be sure to also enter other M&B service level(s) that you covered on each date, as more than one session may be covered in one home visit.</i> This service should only be entered under the parent's CMEDS record.
M&B Session 8	To track the implementation of the Mothers & Babies curriculum. Add this service on each date that you implement session 8, as this session may require more than one home visit to complete. <i>Be sure to also enter other M&B service level(s) that you covered on each date, as more than one session may be covered in one home visit.</i> This service should only be entered under the parent's CMEDS record.
M&B Session 9	To track the implementation of the Mothers & Babies curriculum. Add this service on each date that you implement session 9, as this session may require more than one home visit to complete. <i>Be sure to also enter other M&B service level(s) that you covered on each date, as more than one session may be covered in one home visit.</i> This service should only be entered under the parent's CMEDS record.
M&B Session 10*	To track the implementation of the Mothers & Babies curriculum. Add this service on each date that you implement session 10, as this session may require more than one home visit to complete. <i>Be sure to also enter other M&B service level(s) that you covered on each date, as more than one session may be covered in one home visit.</i> This service should only be entered under the parent's CMEDS record. *Arabic Only
M&B Session 11*	To track the implementation of the Mothers & Babies curriculum. Add this service on each date that you implement session 11, as this session may require more than one home visit to complete. <i>Be sure to also enter other M&B service level(s) that you covered on each date, as more than one session may be covered in one home visit.</i> This service should only be entered under the parent's CMEDS record. *Arabic Only
M&B Session 12*	To track the implementation of the Mothers & Babies curriculum. Add this service on each date that you implement session 12, as this session may require more than one home visit to complete. <i>Be sure to also enter other M&B service level(s) that you covered on each date, as more than one session may be covered in one home visit.</i> This service should only be entered under the parent's CMEDS record. *Arabic Only
Switch Funding Source	Enter this service when you plan to switch funding source for a client (e.g., From First 5 to CalWorks or from First 5 to CHVP and vice versa)

Important Note about Level Change:

The level change process is a collaborative process between the family, home visitor, and supervisor. After these individuals have been consulted about level change and a decision is made to change the family's level, all following home visits should be entered in the new service level.

Level changes should be well documented in the client record according to the Policy and Procedure Manual.

Non-Target Children (e.g. other children 0-5, and subsequent births).

For non-target children, you will need to enter client level data:

- Client Demographics
- Client Services
- Client CMEDS
- Assessments/Outcomes: ASQ:SE-2, ASQ3, and Referrals to Providers Outside F5FS

Be sure to link all non-target children to the Primary Caregiver using the “Link to Family” button on the client screen.

Switching Funding Source

Please only switch funding sources once per client. If you need you need to switch funding source more than once for a client, please notify First 5 COR. When changing funding source for a client in CMEDS, please follow the following guidelines:

1. Enter the Switch Funding Source service for the client (both the parent and child’s record).
2. Email your regional evaluator and Julie jherbst@aapca3.org to let them know about the switch in funding for that client.
3. Your regional evaluator will create a ticket with F5CMEDS inbox to change the funding source.
4. If you enter a client under F5 funding and after completing the FROG find out a client is receiving CalWORKS, delete the client record and enter a new record under CalWORKS prior to the family receiving any home visiting services

Transfers, Re-Enrollments and New Enrollments: The table below provides details about entering transfers, re-enrolled clients and previously enrolled (new enrollments) in CMEDS and the appropriate assessments and services to complete for those clients.

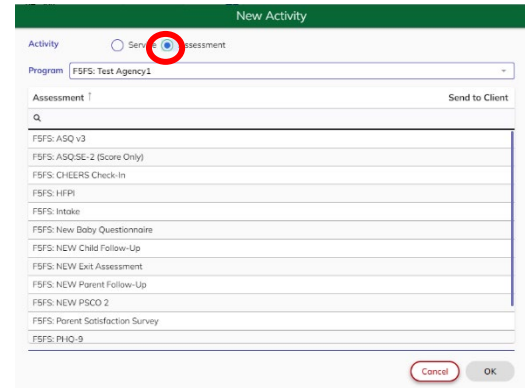
Client Type	Typical circumstances	New CMEDS client ID created?	CMEDS assessment completed by originating First Steps agency	CMEDS assessments to completed by new First Steps agency	CMEDS service at first visit after enrollment or transfer.
Re-enrollment	Family leaves First Steps and later wants to begin program again	No	Intake Assessment		Re-enrollment intake
New enrollments (previously enrolled)	Family ends First Steps and wants to starts program again with a new ‘target’ child	Yes	N/A	Intake assessment	Intake enrollment visit
Transfer (out-of-network)	Family moves to San Diego County from a different HFA program	Yes	N/A	Intake Assessment	Out of Network intake visit

Client Type	Typical circumstances	New CMEDS client ID created?	CMEDS assessment completed by originating First Steps agency	CMEDS assessments to completed by new First Steps agency	CMEDS service at first visit after enrollment or transfer.
Transfer (within-region)	Family moves from one First Steps agency to another within the same region	Yes, by Persimmony	Exit assessment (record CMEDS ID within Ax)	None	Transfer Intake Visit and Based on client, choose from: <ul style="list-style-type: none"> • HV:L1 (Weekly) • HV: L1P (Weekly) • HV:LSS (weekly or more)
Transfer (region-to-region)	Family moves to a new region within San Diego County and stays in First Steps program	Yes, by Persimmony	Exit assessment (record CMEDS ID within Ax)	None	Transfer Intake Visit and Based on client, choose from: <ul style="list-style-type: none"> • HV:L1 (Weekly) • HV: L1P (Weekly) • HV:LSS (weekly or more)

Client CMEDS Assessments/Outcomes Overview

“Assessments” in CMEDS refer to client outcomes. While serving the client, or after, report outcomes using the appropriate “assessment” options. All of the CMEDS assessments that are relevant to your program(s) should show up in your drop-down menu. **Please make sure you are in the correct program before you enter any assessments!**

- 1) Click “New Activity” in the client record.
- 2) Select “Assessment” from the three options.
- 3) Choose the appropriate Assessment from the drop-down menu.
- 4) Assessment date is required. This is the date the assessment was completed, not the date it was entered into CMEDS. For example, if the ASQ assessment was completed (scored- ASQ-3 and ASQ: SE-2) on September 27, 2022 and entered into CMEDS on October 3, 2022, the assessment date would be September 27, 2022. **Even if updates are made to answers within the assessment at a later date, the Assessment Date should NEVER change. It should remain the date the assessment was completed.**



★ Important Notes about Assessments:

- All Assessment data should be entered after the disposition of the outcome is determined.
- Your program may enter pending assessments. However, you will need to remember to go back and complete and/or correct the assessment form on your own.
 - There is currently no process or report to determine when assessment forms have been started, but not completed.
 - Please update the existing assessment and DO NOT start a new assessment as this will create duplicate entries and result in inaccurate data.
- A new CMEDS assessment should be created only when a new client assessment is started (i.e. a re-assessment or post survey).
- **All questions in the assessments, including open-ended questions, are required unless specifically identified as optional.**
 - If an assessment is required but could not be conducted, the assessment should still be assigned to the client’s record and the first two or three questions answered (Was the assessment completed; if not, reason; time point (when applicable)). This will allow for the QA step below to identify clients with invalid missing assessments without including clients with valid missing assessments.
- If there are missing responses to specific questions within an assessment, enter 999 for numeric or memo fields and select “Unknown” from drop-down fields (if applicable).

The following pages include assessments available for F5FS. These assessments should be tied to the appropriate client (parent or child), noted in the table below under Client Type. Please note the periodicity of assessments below. The clients who are required to have a specific assessment are identified in the descriptions below, as well as in the note box for each assessment.

***Note: Assessments should only be added for the primary caregiver (which most often will be the mother), the target child, and other non-target children in CMEDS. If another participating family member is present during a home visit or assessment, the assessment should still only be linked to one person in CMEDS, the primary caregiver. If for some reason the mother is not the primary caregiver, the assessments can be completed with the designated primary caregiver and entered in his/her client file in CMEDS.**

***Note: For any question that is a memo field (e.g. you type in the answer) or requires a numeric value (e.g. scores on assessments) type in 999 if the value is 'unknown'. For questions with a drop down menu of choices that may have 'unknown' values, 'unknown' has been added as an answer choice. For questions without 'unknown' as an answer choice, the home visitor should always be able to identify the correct answer from the choices provided (e.g. unknown should not be an option).**

CMEDS Assessment	Definition/Description	Client Type
New Baby Questionnaire (NBQ)	To be considered for F5FS services, each family must have been screened with a New Baby Questionnaire. This tool collects each family's demographic information and risk factors to determine a family's eligibility for the program. If a family screens positive, but does not complete a FROG, a FROG should still be entered in CMEDS, and the record should indicate the reason why the Parent Survey was not completed.	Parent or Prenatal
Family Resilience and Opportunity for Growth 2 (FROG2)	To be considered for F5FS services, the home visitor will administer a FROG to the mother and other caregiver (when applicable). The FROG consists of 5 domains and 14 identifying areas with their own unique scores from 0-4. If either mother or other caregiver receives a score a 10 or higher they may be offered F5FS services with supervisor approval. NOTE: This version of the FROG has two additional questions to track the dates the family was offered F5FS services and the date the family verbally accepts services. This will allow us to accurately track those who are assessed in one quarter but don't accept services until the following quarter.	Parent or Prenatal
Intake	Complete the intake with all new clients at the intake enrollment visit. If this is a postpartum/out of network/re-enrollment intake, make sure to enter all demographic data for the child into CMEDS and link the parent(s) via Family Relationship function. This intake should be entered under the mother's client record. (Note: If the mother is not the primary caregiver, the intake should be included in the primary caregivers CMEDS records.)	Parent or Prenatal
CHEERS Check-In	The CHEERS Check-In is designed to be completed based on the observation of a primary caregiver with one child. If there is more than one caregiver or child, focus the observation on one adult and one child only. If there are multiple target children, a separate CHEERS Check-In should be completed for each child. The first CHEERS Check-in should be administered when the child is 3 months. The CHEERS Check-In should then be administered when the child is 7 months, 11 months, 15 months, 21 months, 27 months, 33 months, 39 months, and 45 months old. If the target child is over 3 months old at the time of enrollment, complete the first timepoint 3 months after enrollment.	Parent

CMEDS Assessment	Definition/Description	Client Type
Healthy Families Parenting Inventory (HFPI) Scores Only	HFPI must be completed for the primary caregiver in each family (most often the mother). The HFPI is a tool designed to assess parent change related to the overarching goals of Healthy Families America. The HFPI is comprised of nine domains, two of which will be administered for F5FS. The two domains are: social problem-solving and mobilizing resources. The HFPI should be administered when the child is 1, 5, 11, 20, and 30 months. If the target child is over 3 months old at the time of enrollment, complete the first timepoint one month after enrollment. The HFPI should not be administered at the first home visit.	Parent
Patient Health Questionnaire-9 (PHQ-9) Scores Only	PHQ-9 must be completed by the mother in each family. This tool is a nine-item instrument that is used as a screening tool for depression and should be given prenatally, on the 2 nd home visit (the home visit after the intake enrollment visit), 2 weeks postpartum and at 2 months, 6 months and 12 months after the baby's birth. The PHQ-9 must also be administered 2 months after the birth of a subsequent child.	Parent or Prenatal
Child Follow-Up	All clients that are children must have a Child Follow-Up. This assessment has 26 items and is focused on assessing children's health at 30 days, and at 6, 12, 18, 24, 30, 36, 42, and 48 months after the birth of the child. If the target child is over 3 months old at the time of enrollment, complete the first timepoint 1 month after enrollment.	Child
Parent Follow-Up	Parent follow-up must be completed for the primary caregiver in each family (most often the mother) at intake enrollment visit, 2 months, 6 months, 12 months, 18 months, 24 months, 30 months, 36 months, 42 months, 48 months after birth, and upon exit from the program. This assessment is comprised of 29 questions that relate to health, demographics for primary caregiver.	Parent
Other Caregiver Information	Other Caregiver Information must be completed for the secondary caregiver in each family (most often the father/partner) at intake enrollment visit and upon exit from the program. Complete on an as needed basis for another caregiver who enters the program after intake and at exit. This assessment is comprised of 7 questions that relate to health, demographics for the other caregiver.	Parent
Ages and Stages Questionnaire v3 (ASQ-3) Scores Only	All clients that are target children must have the ASQ-3 (Score Only) assessment. Non-target children will have an ASQ-3 (Score Only) assessment as needed or upon request from the parent. The ASQ-3 screening system is composed of 21 questions designed to be completed by parents or primary caregivers, divided into five domains: communication, gross motor, fine motor, problem solving, and personal-social. At a minimum this must be administered at 2, 5, 10 (optional), 13, 19, 25, 31, 37 and 43 months after birth. If the target child is over 3 months old at the time of enrollment, complete the first timepoint 2 months after enrollment. Use the ASQ calculator to ensure that children receive the correct/age-appropriate version of the tool. For repeat screening protocol, see the ASQ-3 User's Guide.	Child
Ages and Stages Questionnaire: Social-Emotional v2 (ASQ:SE-2) Scores Only	All clients that are children must have the ASQ:SE-2 (Score Only) assessment. Non-target children will have an ASQ:SE-2 (Score Only) assessment as needed or upon request from the parent. The ASQ:SE-2 screening system is composed of 8 questionnaires designed to be completed by parents or primary caregivers, divided into eight behavioral areas: self-regulation, compliance, communication, adaptive functioning, autonomy, affect, interaction with people, and general concerns. The ASQ:SE-2 should be administered regularly at 4, 12, 17, 24, 31, 38, and 44 months after birth. If the target child is over 3 months old at the time of enrollment, complete the first timepoint 4 months after enrollment. Use the ASQ calculator to ensure that children receive the correct/age-appropriate version of the tool. For repeat screening protocol, see the ASQ:SE-2 User's Guide.	Child

CMEDS Assessment	Definition/Description	Client Type
University of Idaho Survey of Parenting Practices (UISPP)	UISPP must be completed for the primary caregiver in each family (most often the mother). This tool was designed to evaluate Parents as Teachers (PAT)'s success in meeting its core goals related to knowledge of child development and expanding and increasing confidence in parenting ability. The tool consists of four domains: knowledge, confidence, abilities and actions, Only the knowledge domain will be administered for F5FS. This tool will be completed three times: 3 months, 14 months, and 26 months after the birth of the child. If the target child is over 3 months old at the time of enrollment, complete the following timepoints: 3 months, 14 months, 26 months after enrollment.	Parent
Parent Satisfaction Survey	The primary caregiver must complete the Parent Satisfaction Survey at 6, 13 and 30 months after enrollment. If both caregivers are completing this survey, only enter the survey completed by the primary caregiver in CMEDS.	Parent
Referrals to Providers Outside F5FS	This should be completed every time you refer a client to another service outside of F5FS. Referrals should be assigned to child unless the referral directly benefits only the parent (such as Adult Mental Health services) or another participating family member. The same referral should NOT be assigned to both the parent and child. Non-target children will have a referral assessment as needed or upon request from the parent.	Parent, Prenatal or Child (Client who received referral)
Exit Assessment	All parent or prenatal clients who received an intake enrollment visit must have an exit assessment upon exit from the program, and should also be exited in the main client screen. The exited date on the main client screen should reflect the last date of a home visit. Children should be exited in the main client screen. Parent or prenatal clients who did not receive an intake enrollment visit should not have an exit assessment and should be exited from the main client screen.	Parent or Prenatal

New Baby Questionnaire Form

Note: To be considered for F5FS services, each family must have a New Baby Questionnaire (NBQ). The NBQ will be completed by a supervisor from the agency accepting the referral. Only the following questions need to be entered into CMEDS including time point the screening was performed, screening results and family eligibility category. Enter the NBQ information under the CMEDS client record, for the primary client (mother) enrolled in F5FS services.

*NOTE: Even if NBQ was not completed, you still need to enter the referring agency in the client screen for the client and add an NBQ assessment to the client's record, indicating the NBQ was not completed.

0.1 Was the New Baby Questionnaire completed?

- Yes (skip to question 0.3)
- No (answer 0.2 and 0.3 and end assessment)

"Completed" means that the assessment was administered and scored and the home visitor can determine whether the family qualifies for the program.

0.2 If no, reason the NBQ was not completed (mark one)

- Parent declined tool
- Unable to contact family
- Lost baby (miscarriage, still birth)
- Death of target child
- Death of parent or prenatal client
- Participant referred to other provider (immediate referral to other services)
- Other (fill in the blank)

If it is determined that the family is a better fit for another program, an NBQ should still be entered in CMEDS and "participant referred to other provider" should be selected as the reason not completed.

0.3 Referring agency? (select one from the drop-down menu)

- 211
- CA-ES/SDRC
- Cal-Learn
- Community Agency
- Community Health Center
- CWS
- Health Provider – Direct
- Hospital/Birthing Center
- First 5 – First Steps
- First 5 – HDS
- First 5 – OHI
- First 5 – Learn Well (formerly QPI)
- F5FS Partner
- Military
- Outreach
- PCI
- PCN
- PHN
- School District
- Self-Referral
- Other (fill in the blank)

See pages 7-8 for further detail on referral categories.

0.4 Notes Field (include any details about referring agency, not a required field)

1.0 NBQ performed (*mark one*)

- Prenatal (Answer Q 1.1)
- Birth – 2 weeks
- 2 weeks – 3 months after birth
- Later than 3 months

• Birth – 2 weeks includes all children from date of birth to 14 days

• 2 weeks – 3 months would include all children from 15 days to 90 days

1.1 If prenatal, which trimester?

- 1st Trimester
- 2nd Trimester
- 3rd Trimester
- Unsure

2.0 Mother's first baby?

- Yes
- No

3.0 NBQ (screening) Results (*mark one*)

- Positive Screening
- Negative Screening (end assessment)

A screen is considered positive if the answer to items 2, 5, 9,10,11,12, or 18 is bolded OR any of those items were not answered.

Family Resilience and Opportunity for Growth 2 (FROG 2)

Note: The FROG is administered to every family referred to F5FS services to determine whether or not the family qualifies for the program. Both the primary caregiver (most often the mother) and other caregiver (father/partner) should complete the FROG. Scores for both the primary caregiver and other caregiver should be reported on this assessment and entered under the primary caregiver’s client record. Do not enter any scores for the other caregiver, if they are unable to rate. Scores of 10 or higher for either caregiver indicates that the family qualifies for services. **PLEASE REMEMBER** to go back into the FROG 2 to enter whether the family has verbally accepted services and the date they accepted services, **AS SOON** as you have that information.

0.1 Was the FROG completed?

- Yes (skip to Q1.0)
- No (complete Q 0.2 only and end assessment)

“Completed” means that the assessment was administered and scored.

0.2 If no, indicate reason FROG was not completed *(mark one)*

- Parent declined tool
- Unable to contact family
- Parent does not currently have contact with child
- Family moved
- Family participating in another HV program
- Pregnancy terminated
- Adoption
- Child deceased
- Family in crisis
- No show
- Other (fill in the blank)

FROG will be completed for each caregiver but both scores will be entered on the assessment linked to the primary caregiver

1.0 When was FROG completed *(mark one)*

- Prenatal
- Birth – 2 weeks
- 2 weeks – 3 months after birth
- More than 3 months after birth

For questions 1.0 and 8.0:

- Birth – 2 weeks includes all children from date of birth to 14 days
- 2 weeks – 3 months includes all children from 15 days to 90 days
- More than 3 months after birth includes all children older than 91 days

2.0 Where was the FROG completed? *(mark one)*

- In-person at home
- In-person at home visiting office
- In-person clinic/physician’s office
- Telephone
- Video call
- Other (fill in the blank)

A family qualifies if either primary caregiver or other caregiver scores 10 or higher on the FROG 2.

3.0 Does the family qualify for F5FS services? *(mark one)*

- Yes (based on FROG score)
- Yes (clinical positive)
- No (based on FROG score)

4.0 Family Eligibility Category *(select all that apply)*

- 4.1 Low-Income (<200% FPL) →
- 4.2 Immigrant/Refugee family →
- 4.3 Military (active, reserve, guard, or veteran)
- 4.4 Pregnant or parenting teen (age 13-21)

Low-income: <200% federal poverty level

Immigrant: primary or other caregiver is foreign born

Military: active, guard, reserve or veteran – child dependent of active military, guard, reserve or veteran

Pregnant or parenting teen: primary or other caregiver is 13-21 years of age

5.0 Was the family offered F5FS services? *(mark one)*

- Yes (Answer question 5.1) →
- No (End Assessment)

“Offered” means that the family was invited to receive services from F5FS based on their FROG score.

5.1 Date family offered F5FS services? *(mm/dd/yyyy)*

6.0 When was the family offered services *(mark one)*

- Prenatal
- Birth – 2 weeks
- 2 weeks – 3 months after birth
- More than 3 months after birth

7.0 Did the family verbally accept further home visitation services? *(mark one)*

- Yes (Answer question 7.1) →
- No (Skip to question 7.2 and end assessment)

“Verbally accept” means that the family communicated verbally that they would like to participate in F5FS after completing the FROG and before completing an intake assessment.

7.1 Date family verbally accepted further home visitation services *(mm/dd/yyyy)*

7.2 For those who qualify but declined F5FS services, reason for declining services: *(mark one)*

- Family not interested
- Not acceptable to other family members
- Unable to contact family
- Family is moving
- No time available to participate
- Family participating in another HV program →
- Parent does not currently have contact with child
- Other (fill in the blank)

“HV” means home visiting.

8.0 FROG score (Primary Caregiver) (0-56) *(open-ended)*

8.1 **Unable to rate** →

Enter the numeric score for the **Primary Caregiver**. Scores must be between 0 and 56.

Do not enter a score if you are **Unable to Rate ALL 14 areas** of the FROG

Social & Emotional Competence

9.0 Primary Caregiver: Family Environment score _____

9.1 **Unable to rate**

10.0 Primary Caregiver: Perception of Baby score _____

10.1 **Unable to rate**

Knowledge of Parenting & Child Development

11.0 Primary Caregiver: Knowledge of Infant & Child Development score _____
11.1 **Unable to rate**

12.0 Primary Caregiver: Plans for Discipline score _____
12.1 **Unable to rate**

13.0 Primary Caregiver: Child Protective Services score _____
13.1 **Unable to rate**

Parental Resilience

14.0 Primary Caregiver: Positive Childhood Experiences score _____
14.1 **Unable to rate**

15.0 Primary Caregiver: Stressful Childhood Experiences score _____
15.1 **Unable to rate**

16.0 Primary Caregiver: Behavioral Health score _____
16.1 **Unable to rate**

17.0 Primary Caregiver: Mental Health score _____
17.1 **Unable to rate**

18.0 Primary Caregiver: General Stressors score _____
18.1 **Unable to rate**

Social Connections

19.0 Primary Caregiver: Social Connections score _____
19.1 **Unable to rate**

20.0 Primary Caregiver: Intimate Partner Support score _____
20.1 **Unable to rate**

21.0 Primary Caregiver: Intimate Partner Conflict Resolution score _____
21.1 **Unable to rate**

Concrete Support

22.0 Primary Caregiver: Concrete Supports score _____
22.1 **Unable to rate**

23.0 **Is there another caregiver?** _____

- Yes (answer questions 24-38)
- No (end assessment)

It is necessary to select "Yes" even if the other caregiver is not present when the FROG is administered

24.0 **Other Caregiver Score (0-56)** (open-ended) _____
24.1 **Unable to rate** (DO NOT enter domain scores and end assessment)

Enter the numeric score for the **Other Caregiver (if applicable)**. Scores must be between 0 and 56.

DO NOT enter domain scores if Unable to Rate. End assessment

Social & Emotional Competence

25.0 Other Caregiver: Family Environment score _____
25.1 **Unable to rate**

26.0 Other Caregiver: Perception of Baby score _____
26.1.1 **Unable to rate**

Knowledge of Parenting & Child Development

27.0 Other Caregiver: Knowledge of Infant & Child Development score _____
27.1 **Unable to rate**

28.0 Other Caregiver: Plans for Discipline score _____
28.1 **Unable to rate**

29.0 Other Caregiver: Child Protective Services score _____
29.1 **Unable to rate**

Parental Resilience

30.0 Other Caregiver: Positive Childhood Experiences score _____
30.1 **Unable to rate**

31.0 Other Caregiver: Stressful Childhood Experiences score _____
31.1 **Unable to rate**

32.0 Other Caregiver: Behavioral Health score _____
32.1 **Unable to rate**

33.0 Other Caregiver: Mental Health score _____
33.1 **Unable to rate**

34.0 Other Caregiver: General Stressors score _____
34.1 **Unable to rate**

Social Connections

35.0 Other Caregiver: Social Connections score _____
35.1 **Unable to rate**

36.0 Other Caregiver: Intimate Partner Support score _____
36.1 **Unable to rate**

37.0 Other Caregiver: Intimate Partner Conflict Resolution score _____
37.1 **Unable to rate**

Concrete Support

38.0 Other Caregiver: Concrete Supports score _____
38.1 **Unable to rate**

Intake

Note: Please check with the family to see if their contact information and other details from the New Baby Questionnaire or referral (if the family is re-enrolling or referred by an Out-of-Network agency) have been updated. If so, please update it in CMEDS. If the target child is already born, make sure to enter all demographic data for the child into CMEDS and link the parent(s) via Family Relationship function. This intake should be completed at the intake enrollment visit, and entered under the mother's client record. (Note: If the mother is not the primary caregiver, the intake should be included in the primary caregivers CMEDS records.)

0.1 Was the intake completed? (mark one)

- Yes (Skip to Q1.0)
- No (complete Q0.2 only and end assessment)

→ "Completed" means that the assessment was administered- even if there are some missing responses.

0.2 If no, reason intake not completed (mark one)

- Parent declined tool
- Unable to contact family
- Family moved
- Family dropped out
- Family in crisis
- Other (fill in the blank)

1.0 Which Intake was completed? (mark one)

- Prenatal
- Postpartum (Answer Q 1.1) →
- Out-of-network
- Re-enrollment

If Postpartum complete Q1.1.

1.1 When was the intake completed? (mark one)

- Birth - 2 weeks after birth
- 2 weeks - 3 months after birth
- More than 3 months after birth

↙ If "Out-of-Network" complete additional questions below.

Out-of-Network Intake: Programmatic Information

2.0 First time parent (mark one):

- Yes
- No

3.0 Referring agency? (open-ended)

4.0 Family Eligibility Category: (select all that apply)

- 4.1 Low-income
- 4.2 Immigrant/Refugee family
- 4.3 Military: active, guard, reserve or veteran
- 4.4 Pregnant or parenting teen (age 13-21)

5.0 Did the family complete a PSCO/FROG with the original agency? (mark one)

- Yes, completed the PSCO (answer questions 5.1-5.4)
- Yes, completed the FROG (answer questions 5.5-5.8)
- No (skip to 6.0)

5.1 If yes, PSCO Score (Primary Caregiver (0-100) (open-ended)

5.2 Incomplete

5.3 If yes, PSCO Score (Other Caregiver) (0-100) (open-ended)

5.4 Incomplete

5.5 If yes, FROG Score (Primary Caregiver (0-56) (open-ended)

5.6 Unable to Rate

5.7 If yes, FROG Score (Other Caregiver) (0-56) (open-ended)

5.8 Unable to Rate

6.0 Date family received 1st home visit from original agency (mm/dd/yyyy) (*open-ended*)

7.0 Did the family complete Level 1 with the original agency?? (*mark one*)

- Yes (Answer Q 7.1)
- No

7.1 If yes, date family completed Level 1 at the original agency (mm/dd/yyyy) (*open-ended*)

Assessment Administration and Data Entry Guidelines

For the following assessments including PHQ-9, CCI, HFPI, Child Follow-Up, Parent Follow-Up, UISPP and Parent Satisfaction survey. Please follow the following guidelines for tool administration and data entry into CMEDs.

- 1. Two-Week Time Window:** For data analysis purposes, these tools should be administered within two weeks of the time point identified (e.g., if the tool should be administered at the child's 2 month birthday, it should be administered no earlier than 2 weeks before the child's 2 month birthday and no later than 2 weeks after the child's 2 month birthday).
- 2. All tool administrations should be entered into CMEDS.** Even if the tool is not completed within the 2-week time window, please enter the assessment into CMEDS. **DO NOT DELETE LATE ASSESSMENTS**, as late assessments are recognized by HFA to measure adherence to HFA Best Practice Standards
- 3. Data included in First 5 Annual Report:** Again, we encourage you to complete the assessments within the two-week time window. For the First 5 Annual Report, we will include assessments that are completed within one month of the designated time point. Any assessments that are completed more than one month before or one month after the designated time point will be excluded from analyses.
- 4. Keep all assessments:** Do not delete any assessments that are entered into CMEDS. If assessments fall outside of the two-week or one-month time window, please still keep them in CMEDS. Again, these will still be used to complete HFA worksheets. The only exception is if assessments are entered into CMEDS incorrectly.

Patient Health Questionnaire-9 (PHQ-9) Scores Only

Notes: The PHQ-9 tool is composed of 9 questions designed to be completed by the mother. The PHQ-9 should be given at the second prenatal home visit (if applicable), and at 2 weeks, 2 months, 6 months and 12 months postpartum. PHQ-9 assessments completed at other time points should not be entered in CMEDS. All 9 questions in the PHQ-9 must be completed. The PHQ-9 should be completed at 2 weeks postpartum, even if it was completed prenatally. **The PHQ-9 must also be administered 2 months after the birth of a subsequent child.**

PHQ-9s should be entered into CMEDS for new pregnancies/births.

Two-Week Time Window: All tool administrations should be entered into CMEDS. For data analysis purposes, the tool should be administered within two weeks of the time point identified (e.g. if the tool should be administered at the child's 2 month birthday, it should be administered no earlier than 2 weeks before the child's 2 month birthday and no later than 2 weeks after the child's 2 month birthday).

For PHQ-9 referrals, you will still need to complete a Referral assessment.

0.1 Was the PHQ-9 completed? (mark one)

- Yes, completed **within** the two-week time window (skip to Q0.3)
- Yes, completed **outside** two-week time window (skip to Q0.3)
- No (complete Q0.2-Q0.4 and end assessment)

"Completed" means that the assessment was given and scored.

0.2 If no, reason PHQ-9 not completed (mark one)

- Parent declined PHQ-9
- Unable to contact family
- Family dropped out
- Family moved
- Family in creative outreach
- Client delivered prior to 2nd home visit
- Family in crisis
- Other (fill in the blank)

0.3 Time point? (mark one)

- Prenatal
- 2 months after enrollment
- 2 weeks postpartum
- 2 months postpartum
- 6 months postpartum
- 12 months postpartum

The prenatal PHQ-9 should be administered at the second home visit.

0.4 Is this a new pregnancy (subsequent pregnancy from target child)? (mark one)

- Yes
- No

1.0 Total PHQ-9 Score (number)

2.0 Depression Severity (mark one)

- None
- Minimal
- Mild
- Moderate
- Moderately Severe
- Severe

Enter the depression severity based on the total score:
 0: None
 1-4: Minimal
 5-9: Mild
 10-14: Moderate
 15-19: Moderately severe
 20-27: Severe

"Engaged" includes caregivers who are *already*:

- enrolled in mental health services
- in the process of initiating mental health services
- on a wait list for mental health services
- pending assessment, insurance authorization, etc. for mental health services

3.0 If score is 10+, was caregiver referred to mental health provider? (mark one)

- Yes
- Offered but referral declined
- N/A, already **engaged** in mental health services

CHEERS Check-In (CCI) Scores Only

The (CCI) is designed to be completed based on the observation of a primary caregiver with one child. If there is more than one caregiver or child, focus the observation on one adult and one child only. The CCI should be completed for the same caregiver at each timepoint, if possible. If there are multiple target children, a separate CCI should be completed for each child. The first CCI should be administered when the child is 3 months. The CCI should then be administered 7 months, 11 months, 15 months, 21 months, 27 months, 33 months, 39 months, and 45 months after birth.

Families That Enroll When Target Child Is More Than 3 Months Old

Complete the first timepoint 3 months after enrollment. After completing the first timepoint, administer the next timepoint that reflects the child's age. For example, if a family enrolls when a child is 13 mos. old, complete the first CCI 3 mos. after enrollment (i.e., skip the 15 mo. timepoint). Then, complete the next timepoint when the child is 21 mos. old.

Two-Week Time Window: All tool administrations should be entered into CMEDS. For data analysis purposes, the tool should be administered within two weeks of the time point identified (e.g. if the tool should be administered at the child's 3 month birthday, it should be administered no earlier than 2 weeks before the child's 3 month birthday and no later than 2 weeks after the child's 3 month birthday).

0.1 Was the CHEERS Check-In completed? (mark one)

- Yes, completed **within** the two-week time window (skip to Q0.3)
- Yes, completed **outside** two-week time window (skip to Q0.3)
- No (complete Q0.2 and Q0.3 and end assessment)

"Completed" means that the assessment was given and scored – every question must be asked to derive a score.

0.2 If no, reason CHEERS Check-In was not completed (mark one)

- Parent declined tool
- Unable to contact family
- Family moved
- Family dropped out
- Family in creative outreach
- Family in crisis
- Other (fill in the blank)

3 months after enrollment:

Select the following timepoint the first time the CCI is administered:

- **3 mos. after birth** – family enrolled prenatally or within 3 mos. of birth
- **3 mos. after enrollment** – target child was older than 3 mos. old at enrollment

0.3 At what time point was the assessment administered? (mark one)

- 3 months after enrollment
- 3 months after birth
- 7 months after birth
- 11 months after birth
- 15 months after birth
- 21 months after birth
- 27 months after birth
- 33 months after birth
- 39 months after birth
- 45 months after birth

These time points are in regards to the age of the child and are not related to length of participation in F5FS services.

1.0 Is this assessment pre or post?

- Pre
- Post

"Pre" is defined as the first administration of the CHEERS Check-In. (If a CCI cannot be administered at 3 months, we can assign the earliest CCI administration as the pre.) "Post" is defined as any subsequent administration of the CCI (at 7, 11, 15, 21, 27 and 33 months).

2.0 Which caregiver was observed?

- Child's Biological Mother
- Child's Biological Father
- Child's Grandmother(paternal or maternal)
- Child's Grandfather (paternal or maternal)
- Child's Stepmother
- Child's Stepfather
- Child's Aunt
- Child's Uncle

- Child's Cousin
- Other Relative/Caregiver

3. Cues Domain Score (1-7)
4. Holding & Touching Domain Score (1-7)
5. Expression Domain Score (1-7)
6. Empathy Domain Score (1-7)
7. Rhythm & Reciprocity Domain Score (1-7)
8. Smiles Domain Score (1-7)
9. CCI Total Score (6-42)

Enter an **average** score for each domain

- 1) Calculate the sum of individual scores
- 2) Divide the sum by the number of scores*

Example:

A parent received the following scores in the Cues domain: 2, 3

- 1) Calculate the sum: $2 + 3 = 5$
- 2) Divide sum by number of scores: $5/2 = 2.5$
- 3) Enter average Cues domain score: **2.5**

* If "N/A" is selected in lieu of a numerical score in the Holding & Touching domain, divide the sum in this domain by 2, not 3 because you have 2 scores not 3

Enter the total CCI Score

Calculate the sum of the average domain scores

Example - A parent received the following average domain scores:

Cues: 4	HT: 4	EX: 5
EM: 3	RR: 5	S: 3

The total CCI score is: $4+4+5+3+5+3 = \mathbf{24}$

Healthy Families Parenting Inventory (HFPI) Scores Only

Note: The HFPI must be completed for the primary caregiver in each family (most often the mother). The HFPI should be administered at the 1, 5, 11, 20, 30 month visit. The same parent should complete all HFPI assessments.

Families That Enroll When Target Child Is More Than 3 Months Old

Complete the first timepoint one month after enrollment. After completing the first timepoint, administer the next timepoint that reflects the child's age. For example, if a family enrolls when a child is 3 mos. old, complete the first HFPI 1 month after enrollment (i.e., skip the 5 mo. timepoint). Then, complete the next timepoint when the child is 11 mos. old.

Two-Week Time Window: All tool administrations should be entered into CMEDS. For data analysis purposes, the tool should be administered within two weeks of the time point identified (e.g. if the tool should be administered at the child's 2 month birthday, it should be administered no earlier than 2 weeks before the child's 2 month birthday and no later than 2 weeks after the child's 2 month birthday).

0.1 Was the HFPI completed?

- Yes, completed within the two-week time window (skip to Q0.3)
- Yes, completed outside two-week time window (skip to Q0.3)
- No (complete Q0.2 and Q0.3 and end assessment)

"Completed" means that the assessment was given and scored – every question must be asked to derive a score.

0.2 If no, reason HFPI was not completed (mark one)

- Parent declined tool
- Unable to contact family
- Family moved
- Family dropped out
- Family in creative outreach
- Family in crisis
- Other (fill in the blank)

1 month after enrollment: Select this option the first time the HFPI is administered after the birth of the child. If target child is over 3 mos. at enrollment, select the 1 month after enrollment timepoint. Must be completed no later than the 6th home visit after the birth of the baby.

0.3 At what time point was the assessment administered? (mark one)

- 1 month after enrollment
- 1 month
- 5 months
- 11 months
- 20 months
- 30 months

These time points are in regards to the age of the child and are not related to length of participation in F5FS services.

1.0 Is this assessment pre or post?

- Pre
- Post

"Pre" is defined as the 1 month administration of the HFPI. "Post" is defined as any subsequent administration of the HFPI (at 5, 11, 20, and 30 months).

2.0 HFPI Problem-Solving Domain Score (6-30) (open-ended)

3.0 HFPI Mobilizing resources Domain Score (6-30) (open-ended)

Every item is scored on a scale of 1-5. Add the score for each item within a domain to find the domain score.

The score for each domain should not exceed the high number displayed in the range given next to the domain title. For example, when summing the "Problem Solving" items, the "Problem Solving" score should not exceed 30. Refer to page 4 of Instructions for the "Administration of the Healthy Families Parenting Inventory (HFPI)" and the HFPI Score Sheet for more information.

Child Follow-Up

All clients that are target children must have a Child Follow-Up. The assessment is entered under the child's record in CMEDS. The Child Follow-Up is administered first when the child is one month old (30 days after birth) then every 6 months until the child is 48 months. Check with the parent to see if any demographic data has changed. If so, don't forget to update it in CMEDS. The Childbirth Information section (Q1-8) is only completed one time following the birth of the child. The Safe Sleep section (Q20-24) is only collected at 30 days, 6 months, and 12 months.

Families That Enroll When Target Child Is More Than 3 Months Old

Complete the first timepoint 1 month after enrollment. After completing the first timepoint, administer the next timepoint that reflects the child's age. For example, if a family enrolls when a child is 13 mos. old, complete the first Child Follow-Up 1 month after enrollment. Then, complete the next timepoint when the child is 18 mos. old.

Two-Week Time Window: All tool administrations should be entered into CMEDS. For data analysis purposes, the tool should be administered within two weeks of the time point identified (e.g. if the tool should be administered at the child's 2 month birthday, it should be administered no earlier than 2 weeks before the child's 2 month birthday and no later than 2 weeks after the child's 2 month birthday).

0.1 Was the follow-up completed? (mark one)

- Yes, completed within the two-week time window (skip to Q0.3)
- Yes, completed outside two-week time window (skip to Q0.3)
- No (complete Q0.2 and Q0.3 and end assessment)

"Completed" means that the assessment was administered (this assessment is not scored).

0.2 If no, reason child follow-up not completed (mark one)

- Parent declined tool
- Unable to contact family
- Parent doesn't currently have contact with child
- Family moved
- Family dropped out
- Family in creative outreach
- Family in crisis
- Other (fill in the blank)

0.3 At which time point was the follow-up conducted? (mark one)

- 1 month after enrollment
- 1 month after birth
- 6 months after birth
- 12 months after birth
- 18 months after birth
- 24 months after birth
- 30 months after birth
- 36 months after birth
- 42 months after birth
- 48 months after birth

Round to the most representative time point. These time points are in regards to the age of the child and are not related to length of participation in F5FS services.

Child Birth (Only collect questions 1-6 once; at 1 month after birth or enrollment timepoint)

1.0 Child's gestational age at birth (weeks) (open-ended)

2.0 Was the child's birth weight greater than 5lbs 8ounces (>2500 grams)? (mark one)

- Yes
- No

3.0 Was this a single birth? (mark one)

- Yes (skip to Q 5.0)
- No

4.0 If a multiple birth, how many infants? (mark one)

- Twins
- Triplets
- Quadruplets or more

Note on NICU: If the client's baby was in the NICU but the client was not enrolled into F5 yet, you can still document the baby's history of NICU in this section once the client enrolls into F5 a few months later.

5.0 What is your labor and birthing story? (select all that apply)

- Traumatic birth
- Complications
- Breastfeeding challenges
- Cesarean section
- Neonatal Intensive Care Unit (NICU)
- Other _____

6.0 What thoughts and concern did you have about your baby's health and safety during the birthing process? (mark one)

- Normal
- Delivery complications
- Newborn complications
- Positive alcohol screen
- Birth defect screen
- Positive drug screen
- Other _____

Child Health Information

7.0 Has your child(ren) been linked to a medical home? (mark one)

- Already had a medical home
- Yes
- No

Medical home: Primary medical/healthcare provider; does not include ER or urgent care.

8.0 Child's Medical Insurance: (mark one)

- No Insurance
- Medi-Cal
- Tricare
- Private or other insurance
- Unknown

8.1 Child's Pediatrician Name _____

8.2 N/A

9.0 Have you been enrolled in HV services for at least 10 months? (mark one)

- Yes (answer question 9.1)
- No (skip to question 10.0)

9.1 If yes, has the child met his/her most recent Well Child Checks per AAP standards? (mark one)

- Yes
- No

Yes: Child met his/her most recent well baby check. The American Academy of Pediatrics recommends that all children attend well child exams at the following intervals: 3 to 5 days, 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months, 3 years, 4 years, and once a year thereafter.

No: Child did not receive his/her most recent well-baby check based on his/her age.

10.0 Well child visit(s) completed since last child follow-up (check all that apply)

- 3-5 days after birth
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months

- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- 36 months
- 48 months
- No well-child visits completed
- Still pregnant

11.0 Have you faced any barriers in accessing well child visits?

- Yes (answer question 11.1)
- No (skip to questions 12.0)

11.1 If yes, select barrier(s) in accessing well child visits (check all that apply)

- Caregiver did not have contact with child
- Could not get appointment
- Family in crisis
- Family moved
- Language barriers
- Lapses in health insurance
- Time
- Transportation
- Other _____

Immunizations

12.0 Is your child up to date with immunizations? (mark one).

- Yes (skip to question 13.0 at 12/18 mos. timepoints and question 14.0 at 24/36 timepoints)
- No (answer question 12.1) →

Yes: Child has met all recommended immunization for his/her age. Please consult the AAP immunization schedule. [Click here for summary of vaccinations by age](#) or refer to [First Steps Immunization Record Form](#).

No: Child did not receive one or more recommended immunization for his/her age.

12.1 Why isn't the child up to date with immunizations?

(mark one, then skip to Q15)

- Pending medical appointment
- Unable to attend well-child visit
- Personal Beliefs
- Chronic Illness/Medical Exemption
- Other (fill in the blank)

13.0 Enter date that child completed all expected immunizations through age 6 months

▪ __/__/__

14.0 Enter date that child completed all expected immunizations through age 18 months

▪ __/__/__

Oral Health

15.0 Does your child have a dental care provider? (mark one)

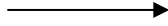
- Yes (skip to Q17)
- No

Questions 13.0 is required at 12/18 mos. timepoints. **Question 14.0** is required at the /24/36/42/48 mos. timepoints. It is unnecessary to enter this information more than once. For example, if a date was entered at the 6 mos. timepoint, do not re-enter date at the 12 mos. timepoint.

Question 15.0 must be answered during all Child Follow-up Assessments **except** the 30 day and 6 month visit. **NOTE: Already had a dental referral before F5FS:** select this option if the infant already had a dental referral **prior to enrolling** in F5FS (e.g. family has a dentist for the child or already received a referral outside of F5FS).

16.0 **Has your child received a referral to a dentist?** (mark one)

- Already had a dental referral before F5FS
- Yes
- No
- Not applicable (1 month or 6 month visit)



Early Learning

17.0 **How many days a week, typically, does someone in your household read or look through a book, sing songs or talk with your child?** (mark one)

- Rarely/Never
- 1-2 days
- 3-4 days
- 5-6 days
- 7 days

“Screen time” means TV, computer, video game, and cell phone use.

18.0 **How much daily screen time does the child have?** (mark one)

- No screen time
- 2 hours or less
- More than 2 hours

Collect nutrition (breastfeeding) information until participant has stopped or up to 36 months.

Nutrition

19.0 **Has your child ever received breastmilk?** (mark one)

- Yes
- No (skip to Q 21)

Receiving breastmilk includes through breastfeeding, bottle feeding or supplementation.

20.0 **Is your child currently receiving breastmilk?** (mark one)

- Yes, exclusively
- Yes, supplementing (answer Q 20.1)
- No (answer Q20.2)

Exclusively: infant receiving breast milk only
Supplementing: infant receiving breast milk and formula

For questions 20.1 and 20.2, round up or down to the closest month.

20.1 **Until what age did your child receive breastmilk exclusively?** _____ months

20.2 **At what age did your child when you stop receiving breastmilk?** _____ months

Safe Sleep (Only collect sleep information at 30 days, 6 months, and 12 months.)

21.0 **How often do you place your infant to sleep on their back?** (mark one)

- Always
- Sometimes
- Never

22.0 **How often does your infant sleep with soft bedding (e.g. blankets, stuffed animals, quilts, pillows)?** (mark one)

- Always
- Sometimes
- Never

23.0 **How often does your infant sleep on a firm flat mattress?** (mark one)

- Always
- Sometimes
- Never

24.0 **How often do you bedshare with your infant?** (mark one)

- Always
- Sometimes
- Never

25.0 How often does your infant sleep in a smoke free environment? *(mark one)*

- Always
- Sometimes
- Never

Child Welfare Services (CWS)

Provide a response for each question since the previous Child Follow-Up was completed

26.0 Is the family currently receiving services from Child Welfare Services (CWS)? *(mark one)*

- Yes
- No →
- Unsure

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

27.0 Has First Steps made any CWS reports on this family? *(mark one)*

- Yes
- No

Parent Follow-Up

Note: Check with the parent to see if any demographic data has changed. If so, don't forget to update it in CMEDS. Parent follow-up must be completed for the primary caregiver in each family (most often the mother) at the intake enrollment visit, 2 months, 6 months, 12 months, 18 months, 24 months, 30 months, 36 months, 42 months, 48 months after birth and upon exit from the program. The assessment is entered under the Primary Caregiver's record in CMEDS.

Two-Week Time Window: All tool administrations should be entered into CMEDS. For data analysis purposes, the tool should be administered within two weeks of the time point identified.

0.1 Was the parent follow-up completed? *(mark one)*

- Yes, completed within the two-week time window (skip to Q0.3)
- Yes, completed outside two-week time window (skip to Q0.3)
- No (answer Q0.2 and 0.3 only, end assessment)

"Completed" means that the assessment was administered. (This assessment is not scored.)

0.2 If no, choose a reason follow-up was not completed *(mark one)*

- Parent declined tool
- Unable to contact family
- Parent doesn't currently have contact with child
- Family moved
- Family dropped out
- Family in creative outreach
- Family in crisis
- Other (fill in the blank)

0.3 Which parent follow-up was conducted? *(mark one)*

- Intake
- 2 months after birth
- 6 months after birth
- 12 months after birth
- 18 months after birth
- 24 months after birth
- 30 months after birth
- 36 months after birth
- 42 months after birth
- 48 months after birth
- Program exit

Complete the Intake timepoint at the intake enrollment visit.

0.4 Has the other caregiver been involved during home visits? *(mark one)*

- Yes
- No

Involved is defined as attending more than 1 visit since the previous parent follow up.

Reproductive Health and Intention

1.0 Are you currently pregnant or have you given birth since previous follow-up? *(mark one)*

- Yes, target child
- Yes, subsequent birth (answer Q1.1)
- No (skip to Q4)

1.1 Subsequent baby's date of birth or if currently pregnant expected due date? *(mm/dd/yyyy)*
(open-ended)

1.2 No longer pregnant/no live birth →

If mother is no longer pregnant due to miscarriage, still birth or termination, check "No longer pregnant/no live birth"

2.0 Did you receive or are you currently receiving prenatal care? (mark one)

- No
- Yes (Answer Q2.1)

2.1 If yes, did that care begin prior to the first day or the 13th week of pregnancy (2nd trimester)? (mark one)

- Yes
- No
- Unknown

3.0 Did you complete the Postpartum Check-Up for most recent birth? (mark one)

- Yes
- No
- Unsure
- Not applicable

Postpartum check-up is typically completed with a provider 6 weeks after birth.

4.0 Do you think you would like to have more children at some point? (mark one)

- Yes (Answer Q4.1)
- No
- Unsure

4.1 If yes, when do you think that might be (select answer that best represents response) (mark one)

- Now or trying for some time
- Not now or anytime soon

5.0 How important is it for you to prevent pregnancy at this time? (mark one)

- Very important
- Somewhat important
- Not important

Please answer questions 4-5 at every timepoint

6.0 Would you like to talk about birth control?

- Yes
- No

Primary Caregiver Demographics

7.0 Who is the Primary Caregiver? (mark one)

- Child's Biological Mother
- Child's Biological Father
- Child's Grandmother(paternal or maternal)
- Child's Grandfather (paternal or maternal)
- Child's Stepmother
- Child's Stepfather
- Child's Aunt
- Child's Uncle
- Child's Cousin
- Adoptive Parent
- Foster Parent
- Other Relative/Caregiver

Medical home: primary medical/healthcare provider; does not include ER or urgent care.

8.0 Are you linked to a medical home? (mark one)

- Already had a medical home
- Yes
- No

NOTE: Already had a medical home: select this option if the mother, infant or other caregiver already had a medical home **prior to enrolling** in F5FS.

9.0 Primary Caregiver's Medical Insurance? (mark one)

- No insurance
- Medi-Cal
- Tricare
- Private or other insurance
- Unknown

10.0 Who is their insurance Provider?

10.1 _____
N/A

11.0 Have you had continuous insurance coverage for the past 6 months? (mark one)

- Yes
- No
- Unsure

12.0 How long has it been since you visited a dentist or dental clinic for any reason? (mark one)

- ≤ 6 months
- 6 months – 1 year
- 1 year – 2 years
- ≥2 years
- Never
- Unknown

13.0 Primary Caregiver’s Employment Status (mark one)

- Full Time (≥30 hrs/wk)
- Part Time (≤29 hrs/wk)
- Unemployed (seeking work)
- Disability/Paid Family leave
- Unemployed (not seeking work/homemaker)
- Irregular work (odd jobs)
- Other _____

→ If primary caregiver is **employed** answer question 14.1

13.1 Hours per week (open-ended, enter numbers only)

14.0 Primary Caregiver’s student status (hours per week) (mark one)

- Full time student (≥12 semester hours or equivalent)
- Part time student (7-11 semester hours)
- Part-time (≤ 6 semester hours)
- Not Applicable (not a student; skip to Q 15)

→ If primary caregiver is **student** answer question 14.1

14.1 Type of educational program (mark one)

- Post-high school vocational, certification, technical training
- College
- Adult school
- High school
- Middle school

15.0 Primary Caregiver’s Highest Level of Education (mark one)

- No diploma
- Currently in high school
- GED
- High School Diploma
- Some College
- Associates/Vocational Program
- Bachelor’s degree
- Some graduate school
- Master’s degree+
- Other (fill in the blank)

→ **Other** includes earned a degree outside of the US, or other unique educational experience that impacts economic mobility.

16.0 Primary Caregiver’s Marital Status (mark one)

- Married
- Single, never married
- Not married, living with partner
- Separated
- Divorced
- Widowed

- Unknown

Household information

17.0 Number of people living in household? _____

→ Enter the total number of persons living in the household, including children. Includes: All those living in a home (who stay there at least 4 nights a week on average), who contribute to the support of the child or pregnant woman linked to the program. Tenants or boarders should not be counted as members of the household.

18.0 Housing Status (mark one)

- Owns their own home
- Renting their home
- Living in home of parent/family member
- Lives in public housing
- Other (fill in the blank)
- Homeless (answer Q 18.1)

18.1 If homeless, select one of the below options:

- Homeless – sharing housing with non-family member
- Homeless – living in emergency/transitional shelter
- Homeless with other arrangement: (fill in blank)

19.0 Family Monthly household Income (mark one)

- \$0-500.00
- \$501.00-1000.00
- \$1001.00-1500.00
- \$1501.00-2000.00
- \$2001.00-2500.00
- \$2501.00-3000.00
- \$3001.00-3500.00
- \$3501.00-4000.00
- \$4001.00-4500.00
- \$4501.00+
- Unsure

↓

Round income to the nearest dollar when necessary.

Household income is determined by calculating the income of relevant household members (see definition of household size in Q18 above). Income includes salaries, wages and unearned income.

Please consult the California Health Benefit Exchange’s Modified Adjusted Gross Income ([MAGI](#)) for more information.

20.0 Describe sources of household income (check all that apply)

- Salary/wages
- Unemployment
- Supplemental Security Income (SSI)/Disability
- Cash assistance from friends/relatives
- CalWORKS (cash aid)
- Child Support
- Alimony
- Rent from tenants
- Cal-Fresh (Food Stamps)
- WIC
- Childcare subsidies
- Housing voucher(s)
- Utility assistance
- Other (fill in blank)

Utility Assistance is defined as:
Financial assistance to pay for utility bills (e.g., electric, water)

21.0 Within the past 12 months, we worried about whether our food would run out before we got money to buy more.

- Often true
- Sometimes true
- Never true

22.0 Within the past 12 months, the food we bought just didn't last and we didn't have the money to get more.

- Often true
- Sometimes true
- Never true

Other Caregiver Information

Note: Check with the parent to see if any demographic data has changed. If so, don't forget to update it in CMEDS. **Other Caregiver Information must be completed for the secondary caregiver in each family (most often the father/partner) at intake enrollment visit and upon exit from the program. Complete As needed and Program exit timepoints if another (subsequent) caregiver enters the program after intake.**

The assessment is entered under the Primary Caregiver's record in CMEDS.

If dad becomes primary caregiver, create a new record in CMEDS; otherwise indicate his involvement here.

Two-Week Time Window: All tool administrations should be entered into CMEDS. For data analysis purposes, the tool should be administered within two weeks of the time point identified.

0.1 Was the Other Caregiver information completed? (mark one)

- Yes, completed within the two-week time window (skip to Q0.3)
- Yes, completed outside two-week time window (skip to Q0.3)
- No (answer Q0.2 and 0.3 only, end assessment)

"Completed" means that the assessment was administered. (This assessment is not scored.)

0.2 If no, choose a reason Other Caregiver Info was not completed (mark one)

- Parent declined tool
- Unable to contact family
- Parent doesn't currently have contact with child
- Family moved
- Family dropped out
- Family in creative outreach
- Family in crisis
- Other (fill in the blank)

0.3 At which time point was the Other Caregiver information conducted? (mark one)

- Intake
- As needed →
- Program exit

Complete As needed and Program exit timepoints if another (subsequent) caregiver enters the program after intake.

Other Caregiver Demographics

1.0 Who is the Other Caregiver? (mark one)

- Child's Biological Mother
- Child's Biological Father →
- Child's Grandmother(paternal or maternal)
- Child's Grandfather (paternal or maternal)
- Child's Stepmother
- Child's Stepfather
- Child's Aunt
- Child's Uncle
- Child's Cousin
- Other Relative/Caregiver

If dad becomes primary caregiver, create a new record in CMEDS; otherwise indicate his involvement here

2.0 Other Caregiver's Employment Status (mark one)

- Full Time (≥30 hrs/wk) →
- Part Time (≤29 hrs/wk)
- Unemployed (seeking work)
- Disability/Paid Family leave
- Unemployed (not seeking work/homemaker)
- Irregular work (odd jobs)

If other caregiver is **employed** answer question 2.1

- Other _____
- **Unknown**

2.1 Hours per week (open-ended, enter numbers only)

3.0 Other Caregiver’s student status (hours per week) (mark one)

- Full time student (≥12 semester hours or equivalent)
- Part time student (7-11 semester hours)
- Part-time (≤ 6 semester hours)
- Not Applicable (not a student)

4.0 Other Caregiver’s Highest Level of Education (mark one)

- No diploma
- Currently in High School
- **GED**
- **High School Diploma**
- Some College
- Associate’s Degree/Vocational Program
- Bachelor’s degree
- Master’s degree +
- Other (fill in the blank) →
- Unknown

Other includes those who earned a degree outside of the US, or other unique educational experience that impacts economic mobility.

5.0 Other Caregiver’s Marital Status (mark one)

- Married
- Single, never married
- Not married, living with partner
- Separated
- Divorced
- Widowed
- **Unknown**

6.0 Is the Other Caregiver linked to a medical home? (mark one)

- Already had a medical home
- Yes
- No
- Unknown

—————→ **Medical home:** Primary medical/healthcare provider; does not include ER or urgent care.

7.0 How long has it been since the Other Caregiver visited a dentist or dental clinic? (mark one)

- ≤ 6 months
- 6 months – 1 year
- 1 year – 2 years
- ≥2 years
- Never
- Unknown

Ages and Stages Questionnaire v3 (ASQ3) Scores Only

Notes: All home visiting clients that are target children must have the ASQ-3 (Score Only) assessment. The ASQ-3 will be administered with non-target children as needed or upon parent’s request. The ASQ-3 should be administered regularly. At a minimum this must be administered at 2, 5, 10 (optional), 13, 19, 25, and 31 months after birth. Report the ASQ-3 numeric score and the cutoff category for each developmental domain. Both the numeric score and the score category are required fields to be entered. The categories are: white - above the cutoff; gray - close to the cutoff, and black - below the cutoff.

If the child is born premature (before 37 weeks gestation) the provider will need to administer the ASQ-3 based on the child’s adjusted age. Providers should use the [ASQ calculator](#) to determine which age interval of the screening tool is appropriate based on the child’s age and adjusted date of birth. This tool is also available as an application for [Android](#) and [iPhone](#).

Families That Enroll When Target Child Is More Than 3 Months Old

Complete the first timepoint 2 months after enrollment.

****Reminder: If a home visit is missed/rescheduled when a screening was planned, use the [ASQ calculator](#) to determine if the ASQ3 version is still age appropriate, and adjust accordingly prior to screening.**

For ASQ-3 referrals, you will still need to complete a Referral assessment.

0.1 Was the ASQ-3 completed? (mark one)

- Yes
- No (complete Q0.2 and Q0.4 and end assessment)
- No, already enrolled in EIS (complete Q0.3-0.7)

“Completed” means that the assessment was given and scored – even if there are some missing responses.

“EIS” is Early Intervention Services (HDS, CA-ES, SDRC, private insurance and school districts).

Child must be currently enrolled in developmental services to not require ASQ-3. Refer to ASQ-3 User’s Guide.

Note: Site’s may continue screening these children on a case-by-case basis.

Date ASQ-3 started is not collected within this assessment as it is collected as the “Assessment Date” assigned on the main client record page (described on page 12).

0.2 If no, reason ASQ-3 not completed (mark one)

- ASQ-3 completed by an agency other than F5FS
- Parent declined tool
- Child is under 1 month
- Parent doesn’t currently have contact with child
- Parent dropped out
- Family moved
- Family in creative outreach
- Family in crisis
- Other (fill in the blank)

0.3 If enrolled in EIS, start date (mm/dd/yyyy)

0.4 ASQ3 Version *(mark one)*

- ASQ3 2 Months
- ASQ3 4 Months
- ASQ3 6 Months
- ASQ3 8 Months
- ASQ3 9 Months
- ASQ3 10 Months
- ASQ3 12 Months
- ASQ3 14 Months
- ASQ3 16 Months
- ASQ3 18 Months
- ASQ3 20 Months
- ASQ3 22 Months
- ASQ3 24 Months
- ASQ3 27 Months
- ASQ3 30 Months
- ASQ3 33 Months
- ASQ3 36 Months
- ASQ3 42 Months
- ASQ3 48 Months
- ASQ3 54 Months
- ASQ3 60 Months

Refer to the [ASQ calculator](#) to determine which version should be used if the child is not the exact age of the questionnaire.

For example: the 2-month survey can be used for children age 1 month, 0 days to 2 months, 30 days.

0.5 Child's Date of Birth (mm/dd/yyyy)

0.6 Was the child born premature?

- Yes (answer question 0.7)
- No (skip to question 1.0)

Premature: A premature birth is one that occurs before the start of the 37th week of pregnancy.

Use the [ASQ calculator](#) to determine the age adjusted DOB

0.7 If yes, what is the adjusted date of birth (mm/dd/yyyy)?

1.0 Communication Score *(open-ended)*

For each domain, enter the numeric score in the memo field. If there is no valid score, please enter 9999.

1.1. Is the Communication Score above, close to, or below the cutoff? *(mark one)*

- White – Above the cutoff
- Gray – Close to the cutoff
- Black – Below the cutoff
- Missing

Per the ASQ3 User's Guide, scores are missing if the parent skipped more than 2 questions related to the domain. If two or fewer questions are skipped, the score can still be calculated.

2.0 Gross Motor Score *(open-ended)*

2.1. Is the Gross Motor Score above, close to, or below the cutoff? *(mark one)*

- White – Above the cutoff
- Gray – Close to the cutoff
- Black – Below the cutoff
- Missing

Refer to the ASQ3 User's Guide and the front of the questionnaire to determine which version should be used if the child is not the exact age of the questionnaire.

For example: the 2 month survey can be used for children age 1 month, 0 days to 2 months, 30 days.

3.0 Fine Motor Score *(open-ended)*

3.1. Is the Fine Motor Score above, close to, or below the cutoff? *(mark one)*

- White – Above the cutoff
- Gray – Close to the cutoff
- Black – Below the cutoff
- Missing

4.0 Problem Solving Score *(open-ended)*

4.1 Is the Problem Solving Score above, close to, or below the cutoff? (mark one)

- White – Above the cutoff
- Gray – Close to the cutoff
- Black – Below the cutoff
- Missing

5.0 Personal Social Score (open-ended)

5.1 Is the Personal Social Score above, close to, or below the cutoff? (mark one)

- White – Above the cutoff
- Gray – Close to the cutoff
- Black – Below the cutoff
- Missing

6.0 If score is 1+ in black or 2+ domains in the grey, did the client receive a referral? (mark one)

- Yes
- Offered but declined
- N/A, already engaged in EIS

—————>

“Engaged” includes children who are *already*:

- enrolled in EIS
- in the process of initiating EIS
- on a wait list for EIS
- pending assessment, insurance authorization, etc.

7.0 Notes (open-ended)

—————>

Enter any notes about specific concerns in the memo field

Ages and Stages Questionnaire: Social-Emotional (ASQ: SE-2) Scores Only

Notes: All home visiting clients that are target children must have the ASQ:SE-2 (Score Only) assessment. The ASQ:SE-2 will be administered with non-target children as needed or upon parent’s request. See copyrighted tools for full versions. The ASQ:SE-2 should be at **4 months**, 12 months, 17 months, 24 months and 31 months after birth of the baby. Report the ASQ:SE-2 numeric score and if the score is above, close to or below the cutoff. Both the numeric score and the score category are required fields to be entered.

Families That Enroll When Target Child Is More Than 3 Months Old

Complete the first timepoint **4 months after enrollment**

****Reminder: If a home visit is missed/rescheduled when a screening was planned, use the [ASQ calculator](#) to determine if the ASQ: SE2 version is still age appropriate, and adjust accordingly prior to screening.**

0.1 Was the ASQ:SE-2 completed? (mark one) →

- Yes
- No, already enrolled in EIS (complete Q0.3 through 0.7 and end assessment)
- No (answer Q0.2 and Q0.4 and end assessment)

“Completed” means that the assessment was given and scored – even if there are some missing responses.

0.2 If no, reason ASQ:SE-2 not completed (mark one)

- ASQ:SE-2 completed by an agency other than F5FS
- Parent declined tool
- Child is under 1 month or over 72 months
- Parent doesn’t currently have contact with child
- Parent dropped out
- Family moved
- Family in creative outreach
- Family in crisis
- Other (fill in the blank)

0.3 If enrolled in EIS, start date (mm/dd/yyyy)

0.4 ASQ:SE-2 Version (mark one) →

- ASQ:SE-2 2 Months
- ASQ:SE-2 6 Months
- ASQ:SE-2 12 Months
- ASQ:SE-2 18 Months
- ASQ:SE-2 24 Months
- ASQ:SE-2 30 Months
- ASQ:SE-2 36 Months
- ASQ:SE-2 48 Months
- ASQ:SE-2 60 Months

Refer to the ASQ calculator to determine which version should be used if the child is not the exact age of the questionnaire.

For example, the 24 months questionnaire can be used from 21 months 0 days to 26 months 30 days

0.5 Child’s Date of Birth (mm/dd/yyyy)

0.6 Was the child born premature? →

- Yes (answer question 0.7)
- No (skip to question 1.0)

Premature: A premature birth is one that occurs before the start of the 37th week of pregnancy.

Use the [ASQ calculator](#) to determine the age adjusted DOB

0.7 If yes, what is the adjusted date of birth (mm/dd/yyyy)

1.0 ASQ:SE-2 Total Score (open-ended)

1.1 Is the ASQ:SE-2 Total Score above, close to, or below the cutoff? (mark one)

- Above (Black)
- Close to (Gray)
- Below (White)
- Notes (open-ended) →

Enter any notes about specific concerns in the memo field.

2.0 If score is Above (black), did the client receive a referral? (mark one)

- Yes
- Offered but declined
- N/A, already engaged in EIS →

"Engaged" includes children who are *already*:

- enrolled in EIS
- in the process of initiating EIS
- on a wait list for EIS
- pending assessment, insurance authorization, etc.

University of Idaho Survey of Parenting Practices (UISPP)

The UISPP must be completed by the primary caregiver in each family (most often the mother). The assessment will now be completed at three time points 3 months, 14 months, and 26 months after the birth of the child.

Families That Enroll When Target Child Is More Than 3 Months Old

Complete the timepoints relative to enrollment, starting with 3 months after enrollment.

Two-Week Time Window: All tool administrations should be entered into CMEDS. For data analysis purposes, the tool should be administered within two weeks of the time point identified (e.g. if the tool should be administered at the child's 2 month birthday, it should be administered no earlier than 2 weeks before the child's 2 month birthday and no later than 2 weeks after the child's 2 month birthday).

0.1 Was the UISPP completed? (mark one) →

- Yes, completed within the two-week time window (skip to Q0.3)
- Yes, completed outside two-week time window (skip to Q0.3)
- No (complete Q0.2 and Q0.3 and end assessment)

"Completed" means that the assessment was given and scored – even if there are some missing responses.

0.2 If no, reason UISPP was not completed (mark one)

- Parent declined tool
- Unable to contact family
- Family moved
- Family dropped out
- Family in creative outreach
- Family in crisis
- Other (fill in the blank)

0.3 At which time point was the assessment conducted? (mark one)

- 3 months after birth
- 14 months after birth
- 26 months after birth
- 3 months after enrollment
- 14 months after enrollment
- 26 months after enrollment

Round to the most representative time point. These time points are in regards to the age of the child and are not related to length of participation in F5FS services.

Knowledge

1.0 My knowledge of how my child is growing and developing. (0-6) (open-ended)

2.0 My knowledge of what behavior is typical at this age. (0-6) (open-ended)

3.0 My knowledge of how my child's brain is growing and developing. (0-6) (open-ended)

The answer to these questions should be based on family's feelings at the time they take the assessment. No response should be lower than 0 or higher than 6.

Parent Satisfaction Survey

The primary caregiver must complete the Parent Satisfaction Survey. If both caregivers are completing this survey, enter only the survey completed by the primary caregiver. Only one Parent Satisfaction Survey is required, ideally it should be the mother completing it. The Parent Satisfaction Survey should be administered at the 13 and 30 month visit post enrollment in F5FS.

Two-Week Time Window: All tool administrations should be entered into CMEDS. For data analysis purposes, the tool should be administered within two weeks of the time point identified (e.g. if the tool should be administered at the child's 2 month birthday, it should be administered no earlier than 2 weeks before the child's 2 month birthday and no later than 2 weeks after the child's 2 month birthday).

0.1.0 Was the Parent Satisfaction completed? *(mark one)*

- Yes, completed within the two-week time window (skip to Q0.3)
- Yes, completed outside two-week time window (skip to Q0.3)
- No (complete Q0.2 and Q0.3 and end assessment)

0.2 If no, reason Parent Satisfaction completed was not completed *(mark one)*

- Parent declined tool
- Unable to contact family
- Family moved
- Family dropped out
- Family in creative outreach
- Family in crisis
- Other (fill in the blank)

0.3 At which time point was the Parent Satisfaction Survey conducted? *(mark one)*

- 6 months
- 13 months
- 20 months
- 24 months
- 30 months
- 36 months

These time points are in reference to time of enrollment in F5FS services.

6 months, 13 months and 30 months are required. All other timepoints are optional.

0.4 Parent Satisfaction completed by *(mark one)*

- 1 –Primary Caregiver
- 2 –Other Caregiver
- 3 –Other (explain in memo)

1.0 I feel comfortable talking with my home visitor *(mark one)*

- 1 – Strongly Disagree
- 2 – Disagree
- 3 – Neither Agree nor Disagree
- 4 – Agree
- 5 – Strongly Agree

2.0 My home visitor is genuinely interested in me and my child *(mark one)*

- 1 – Strongly Disagree
- 2 – Disagree
- 3 – Neither Agree nor Disagree
- 4 – Agree
- 5 – Strongly Agree

3.0 My home visitor helps me set goals that are important to me *(mark one)*

- 1 – Strongly Disagree
- 2 – Disagree
- 3 – Neither Agree nor Disagree

- 4 – Agree
- 5 – Strongly Agree

4.0 My home visitor helps me find useful resources in my community *(mark one)*

- 1 – Strongly Disagree
- 2 – Disagree
- 3 – Neither Agree nor Disagree
- 4 – Agree
- 5 – Strongly Agree

5.0 I feel that my home visitor respects my beliefs and values *(mark one)*

- 1 – Strongly Disagree
- 2 – Disagree
- 3 – Neither Agree nor Disagree
- 4 – Agree
- 5 – Strongly Agree

6.0 My home visitor helps me learn new parenting strategies *(mark one)*

- 1 – Strongly Disagree
- 2 – Disagree
- 3 – Neither Agree nor Disagree
- 4 – Agree
- 5 – Strongly Agree

7.0 This program motivates me to try new parenting strategies *(mark one)*

- 1 – Strongly Disagree
- 2 – Disagree
- 3 – Neither Agree nor Disagree
- 4 – Agree
- 5 – Strongly Agree

8.0 Activities in the visits strengthen my relationship with my child *(mark one)*

- 1 – Strongly Disagree
- 2 – Disagree
- 3 – Neither Agree nor Disagree
- 4 – Agree
- 5 – Strongly Agree

9.0 This program increases my understanding of my child’s development *(mark one)*

- 1 – Strongly Disagree
- 2 – Disagree
- 3 – Neither Agree nor Disagree
- 4 – Agree
- 5 – Strongly Agree

10.0 I feel that the materials we receive are easy to understand.

- 1 – Strongly Disagree
- 2 – Disagree
- 3 – Neither Agree nor Disagree
- 4 – Agree
- 5 – Strongly Agree

11.0 This program helps me build relationships with other families *(mark one)*

- 1 – Strongly Disagree
- 2 – Disagree
- 3 – Neither Agree nor Disagree
- 4 – Agree
- 5 – Strongly Agree

12.0 I feel less stressed because of this program *(mark one)*

- 1 – Strongly Disagree
- 2 – Disagree
- 3 – Neither Agree nor Disagree
- 4 – Agree
- 5 – Strongly Agree

13.0 I am very satisfied with this program (*mark one*)

- 1 – Strongly Disagree
- 2 – Disagree
- 3 – Neither Agree nor Disagree
- 4 – Agree
- 5 – Strongly Agree

14.0 I would recommend this program to a friend (*mark one*)

- 1 – Strongly Disagree
- 2 – Disagree
- 3 – Neither Agree nor Disagree
- 4 – Agree
- 5 – Strongly Agree

15. Please include any additional comments (*open ended*)

Referral Assessment (Referrals to Providers Outside F5FS)

Note: This should be completed every time you refer a client to another service outside of F5FS. If the referral is for the child, the referral should be under the child's CMEDS record. For all other referrals within the family (primary caregiver, other caregiver, other child in the home), the referral should be tracked under the **PRIMARY CAREGIVER'S** record in CMEDS. The same referral should **not** be assigned to both the caregiver and child. A referral assessment should be completed for those that do not qualify on the NBQ or FROG and are referred to another **home visitation** program. If they are referred to any other program, the referral DOES NOT need to be tracked in CMEDS.

For clients **enrolled** in F5FS (accept services on the FROG), **ALL** referrals to other First 5 programs or programs outside of First 5 should be entered into CMEDS using this referral assessment. The outcome of these referrals needs to be tracked as well.

Note: Referrals tracked to address First 5 San Diego and HFA needs may vary. Referrals for services should all be entered in CMEDS. Please refer to your site-specific policies and procedures manual for HFA referral requirement details.

Note: You will need to go back into this assessment to update the referral status and referral outcome if known (e.g. client receives service, client finds out he/she is ineligible, client is put on the waitlist, etc.). You can go back into the assessment at any time to change the status (even if it is a new quarter).

0.1 Who is the referral for?

- Primary Caregiver
- Other Caregiver
- Target Child
- Other Child in Home

0.2 Is this a referral for ASQ-3 follow up?

- Yes
- No

0.3 Is this referral for an elevated PHQ-9 (10+) score?

- Yes
- No

For each referral made, a separate entry for each referral should be made in the CMEDS Referral "assessment".

For example, if you made 3 referrals to other providers, then 3 referral assessments should be entered.

1.0 Where was the referral made to? (mark one)

- Adult education
- Basic needs/ charitable services (e.g. clothing, diapers, furniture)
- California Early Start
- CalFresh
- CalWORKs
- Childbirth Education
- Childcare Referral Services
- Childcare Subsidies
- Child w/Special Health Care Needs
- Child Welfare Services (CWS)
- Early Learning Setting (e.g., preK, Headstart)
- Employment Services
- ESL
- Family Violence
- Family Planning (Contraception)
- First 5 – HDS
- First 5 – Oral Health Initiative
- First 5 – LearnWell (formerly QPI)
- Food Bank (Emergency food)
- Health Insurance
- Hearing Services

Refer to First Steps Policy and Procedures Manual for referrals based on responses in ASQ-3.

- Housing (Long Term)
- Immigration Legal Services
- Infant and Child Nutrition (e.g., WIC)
- Infant and Toddler Healthcare
- Intimate Partner Violence Services (e.g., counseling, treatment)
- Lactation Support
- Legal Counseling/Services (not related to immigration)
- Mental Health Services
- Neonatal high-risk follow-up
- Nutrition education
- Other Dental Care Services
- Other Home Visiting Program
- Parenting education
- Public Health Nursing (e.g., MCH, NFP)
- Prenatal Care
- Primary Care/Healthcare Services (not related to prenatal care)
- Relationship counseling
- San Diego Regional Center (SDRC)
- School District
- Social Security Income/Disability
- Social Support Opportunities
- Substance Abuse Services
- Tobacco Cessation
- Transportation
- Utility Assistance
- Vision Services
- Other

1.1. If “Other”, please specify in memo field *(open-ended)*

2.0 Name of Agency/Program Referral made to: *(open-ended)* →

Complete as much as is known.

3.0 (Optional) Reason for Referral *(open-ended)*

4.0 Referral Method? *(mark one)*

- Called referral agency together
- Accompanied to the referral agency
- Arranged for referring agency to call
- Called referral agency on behalf of the individual
- Provided information for the individual to arrange

Note: All referrals should have a referral outcome recorded, including referrals to other home visiting programs after the completion of the NBQ or Parent Survey.

5.0 Referral Status *(mark one)*

- Provided information only
- Completed (answer 5.1)
- Not completed

5.1 If referral completed, enter date completed (if available) (mm/dd/yyyy) *(open-ended)*

“Not Completed” from Q5.0 Referral Status means that the FSS has not followed through yet with any of the referral methods selected in Q4.0 Referral Method.

6.0 Referral Outcome *(mark one)*

- Initiated services (see 6.1)
- Family declined services (Refused or did not take action)
- Received some service but did not complete
- Ineligible for services
- Unable to locate or contact family
- Service was not accessible (e.g. childcare, transportation; specify barriers in notes)
- Waitlist
- Pending
- Completed service
- Other (see 6.2)

Referral Outcome Definitions:

Initiated Services: Client followed-up on the referral and has begun services

Family declined services: Family did not accept referral or did not follow-up with referral

Ineligible for services: Client was ineligible for services

Unable to locate or contact family: Unable to assess outcome because of inability to reach or contact the family.

Wait listed: Client followed-up on the referral and was put on the wait list

Pending: Client followed up on referral but is waiting to hear back from the agency and/or waiting to complete an intake/assessment prior to service initiation

Participant or child has completed services:

Examples of completed services include:

- Service with a clear endpoint (such as a class, program, or one-time visit to an agency) and participant or child completed the service in its entirety.
- Service without a clear endpoint (such as counseling or therapy) and service provider has recommended that participant or child stop the service because treatment is completed (ex., no longer medically needed).

6.1 If services initiated, date of service (if available) (mm/dd/yyyy) *(open-ended)*

6.2 If "Other", please specify in memo field *(open-ended)*

F5FS : Exit Assessment

Notes: All primary caregivers or prenatal clients **who received an intake enrollment visit must have an exit assessment** upon exit from the program, and should also be exited in the main client screen. Children should be exited in the main client screen. Primary caregivers or prenatal clients who transferred from one F5FS site to another should have an exit assessment; please be sure to also exit these clients on the main client screen.

1.0 Date of last home visit (mm/dd/yyyy) *(date)*

Enter last HV service date from client screen.

2.0 Date of intake enrollment visit (mm/dd/yyyy) *(date)*

3.0 Did the FSS refer the participant to another early childhood program to provide a continuum of services after exit?

- Yes
- No1

3.1 If Yes, Program Name: _____ **(memo field)**

Early childhood program includes the following: Preschool or other early learning program, Transitional Kindergarten, School Readiness program, etc.

4.0 Exit reason *(mark one)*

- Child turned 3
- Child entered school or daycare
- Child living with another caregiver
- Primary Caregiver met **all** program completion criteria.
- Primary Caregiver referred to other provider
- Primary Caregiver moved/moving out of service area
- Primary caregiver entered treatment program
- Family referred to CWS
- Family already participating in other H.V. program
- Primary Caregiver dropped out of program **(answer Q4.1)**
- Lost baby (miscarriage, still birth)
- Adoption
- Abortion
- Child in foster care
- Death of target child
- Death of parent or prenatal client
- Transferred to another F5FS site in same region
- Transferred to another F5FS site in another region
- Other (fill in the blank)

Select this option when a family exits the program because the child turns 3, and the family did not complete all criteria listed on the Program Completion Form.

Select this option when a family exits the program because the child turns 3, AND the family completed all criteria listed on the Program Completion Form.

If either of these choices are selected, please answer Question 4.2. Otherwise, skip to Question 5.

4.1 Why has family dropped out of the program?

- Program requires too much time/scheduling conflicts
- Primary Caregiver went back to work
- Primary Caregiver went back to school
- Pressure from others for primary caregiver to not participate in program
- Not interested in continuing
- **Unknown (e.g., unable to locate/contact)**

4.2 Client ID from referring F5FS agency *(open-ended)*

5.0 Level of service at closure (before creative outreach) *(mark one)*

- Level 1b
- Level 1P
- Level 2P
- Level 1
- Level SS
- Level 2

- Level 3

6.0 Special Issues (*mark one*)

- Yes (Answer question 6.1)
- No



Special issues are determined at the discretion of the FSS. Examples of special issues include: child has severe development issues, parent is incarcerated, family lost their home, etc.

6.1 Explain special issues (*open-ended*)

Performance Measures

Performance Measures (PMs) are the aggregate reporting areas in CMEDS where you enter in your quarterly reports, narratives, plus any other data that you might capture that are not included in the client level data entry screens. The Performance Measures also allow Regional Leads, First 5 and evaluators to monitor progress toward targets.

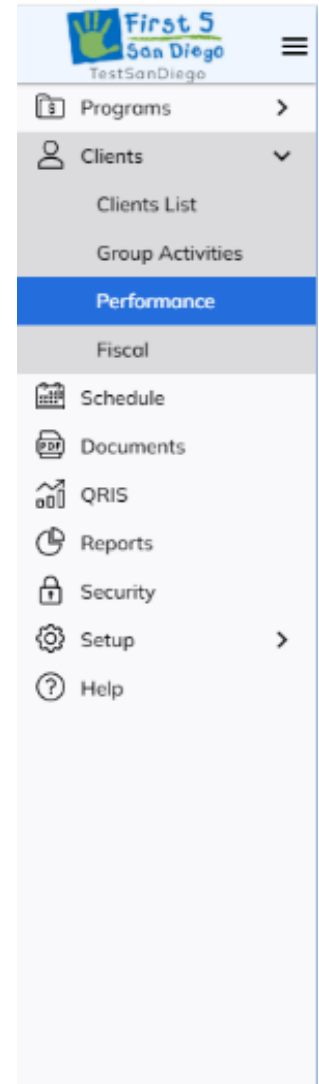
From the main screen, under the Clients drop down, you should select the **Performance** button to access the screen.

Using the guide on page 52-56, you will report data based on CMEDS reports, the import function, or your records:

- The total number of unduplicated clients who received the specified services for the first time this fiscal year. Clients are counted as unduplicated once per service level each fiscal year (i.e., a client served in two levels of service is counted as unduplicated in both levels).
 - PMs 10 and 11 require additional demographic information. Each PM is hard-coded to import only client types specified in the performance measure. For example, if the unit of measurement is parents, only parent related fields (e.g. parent ethnicity, language, etc.) will appear in the imported "DS" PM. Therefore, if the data is not entered under the correct client type or client type, ethnicity or language information is incorrect, the import will be incorrect.
 - PM 10 and PM 11 must be imported. The service selected for importing DS measures should be the same service listed in the verification instructions on page 52. For assistance in importing, please contact the CMEDS help desk. If no services were provided for the period, the checkbox next to "No Services this Period" in the aggregate data entry should be checked.
- Any other relevant item that needs to be reported quarterly (i.e., demographic/outcome information)

Submit, Lock and Approve Once performance measures are completed for the quarter, they must be "submitted" by checking the Submit checkbox. Subcontractors' data must be "submitted" by subs and "locked" by leads. Only First 5 can "Approve" data.

For a refresher on how to enter data into the various PMs, please see CMEDS instruction handouts that are posted online (in CMEDS) and/or contact the appropriate party per the CMEDS TA Protocol.



Performance Measures Reports Guide

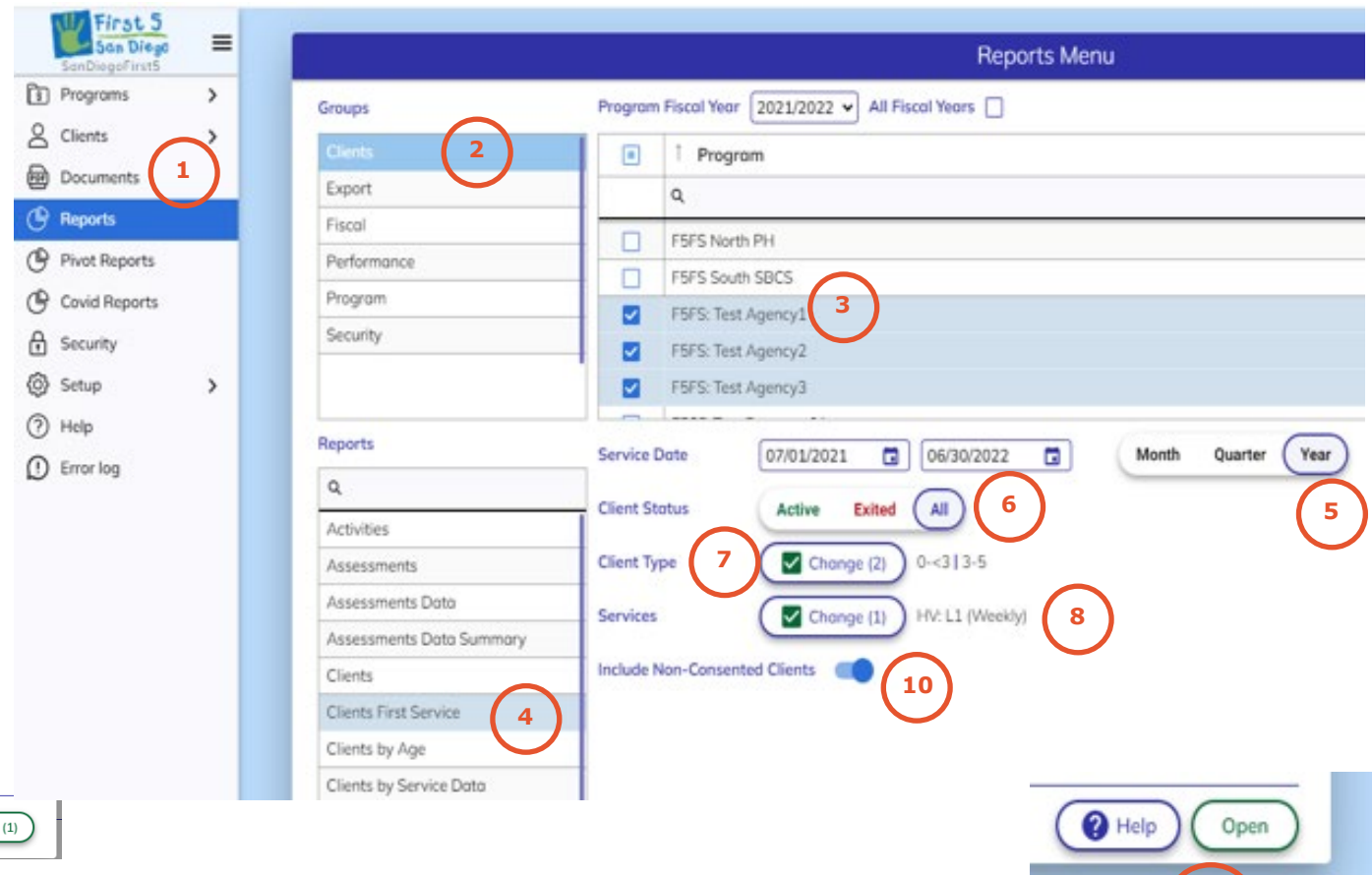
PM 10 and PM 11 measures that must be imported - instructions provided for these measures are for verification only.

Please read the PMs and instructions carefully. The steps below includes instructions for how to run the New Clients First Service report which is used to confirm data that are imported for PMs 10 and 11. Please contact the CMEDS help desk if you need assistance.

1. Select Reports
2. Select Clients (under Groups)
3. Select your program
4. Select Client First Service (under reports)
5. Select the entire FY (you must select the entire FY for the report to run correctly - you will filter for quarter inside the report).
6. Select client status All
7. Select Client Type (according to table below)
8. Select all services (according to table below)
9. When you select services, a window will pop up. Select the following option and hit select.

FIRST occurrence for EACH INDIVIDUAL service will be used.

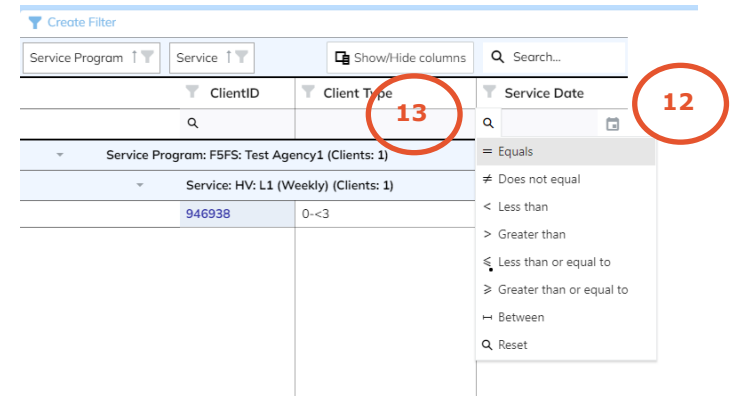
First Time ANY ONE in the GROUP of services was provided
FIRST occurrence of the selected GROUP will be used.



The screenshot shows the 'Reports Menu' interface. On the left is a navigation sidebar with 'Reports' highlighted (1). The main area shows a 'Groups' list with 'Clients' selected (2). Below it, a list of programs is shown with 'F5FS: Test Agency1', 'F5FS: Test Agency2', and 'F5FS: Test Agency3' selected (3). The 'Reports' list on the left has 'Clients First Service' selected (4). On the right, filters are set: 'Program Fiscal Year' is '2021/2022' (5), 'Client Status' is 'All' (6), 'Client Type' is 'Change (2) 0-<3 | 3-5' (7), 'Services' is 'Change (1) HV: L1 (Weekly)' (8), and 'Include Non-Consented Clients' is turned on (10). At the bottom right, there are 'Help' and 'Open' buttons (11).

10. Include Non-Consented Clients

11. Select Open at the bottom right of the screen
12. Once the report opens, you will need to filter for the Quarter under Service Date. Click the magnifying glass and enter the first start date and end date for the Quarter you are reporting data for OR click the filter icon and select the months in the quarter you are reporting data for.
13. Enter the total number of clients (the number next to the Service Program: Program Name (Clients: 1)). Note that the total numbers next to each individual service may be duplicated across services so summing those will get a duplicated count.



Please contact the appropriate party per the CMEDS TA Protocol if you need assistance running reports, importing performance measures or using the external filters. The codes in parentheses at the end of each PM indicate the purpose of the PM.

(E) = Evaluation (C) = Contract monitoring (S) = State report (D)= Dashboard

Performance Measure	Unit of Measurement	Report (all client summary)	Instructions for verification of PMs
10 Number of (unduplicated) children receiving First 5 HV services (C/E/S)	Children	Client First Service	Select Client Type 0-<3 and 3-5 on the front page of the report before running the report (step 7 from the screenshot on the previous page). Select the following services: "Intake Enrollment Visit", "Out of Network Intake Visit", "HV:L1P (Weekly)", "HV: 1b", "HV: L2P (Every other week)", "HV: L1 (Weekly)", "HV: LSS (Weekly or more)", "HV:L2 (Biweekly)", and "HV:L3 (Monthly)". Enter the total number (Clients: #).
11 Number of families receiving First 5 HV services (C/E/S)	Prenatal/ Parent	Client First Service	Select Parent and Prenatal on the front page of the report before running the report (step 7 from the screenshot on the previous page). Enter unduplicated clients per service for "Intake Enrollment Visit", "Out of Network Intake Visit", "HV:L1P (Weekly)", "HV: 1b", "HV: L2P (Every other week)", "HV: L1 (Weekly)", "HV: LSS (Weekly or more)", "HV:L2 (Biweekly)", and "HV:L3 (Monthly)". Enter the total number (Clients: #).

Note: PM numbers should match the numbers in the Import.

To import:

1. On the left side menu in the CMEDS screen, click on Clients > Performance and find the Program you want to check
2. Click on the Performance Measure you want to check and at the bottom of the screen, click Aggregate Data under the quarter you are checking for

Fiscal Year: 2021/2022 Program: F5FS: Test Agency2 2534 Contract: Test04 Agency: F5FS: Test Agency2

ID	Group	Category	Measure ↑	Strategy	Notice
63047			10. Number of (unduplicated) children receiving First 5 HV services (C/D/E/S)	DS	
63048			11. Number of families receiving First 5 HV services (C/D/E/S)	DS	
63049			TEST		
63264			Testing		

4/4

From	To	Report Due	Quarter	Goal	Actual	Var	Submit	Lock	Approve
07/01/2021	09/30/2021	10/30/2021	1Q-21/22	0	0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10/01/2021	12/31/2021	01/30/2022	2Q-21/22	0	0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
01/01/2022	03/31/2022	04/30/2022	3Q-21/22	0	0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04/01/2022	06/30/2022	07/30/2022	4Q-21/22	0	0	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. On the upper right-hand side of the screen, click New and a "New Event" pop-up will appear.

Program: F5FS: Test Agency2 Period ID: 154211

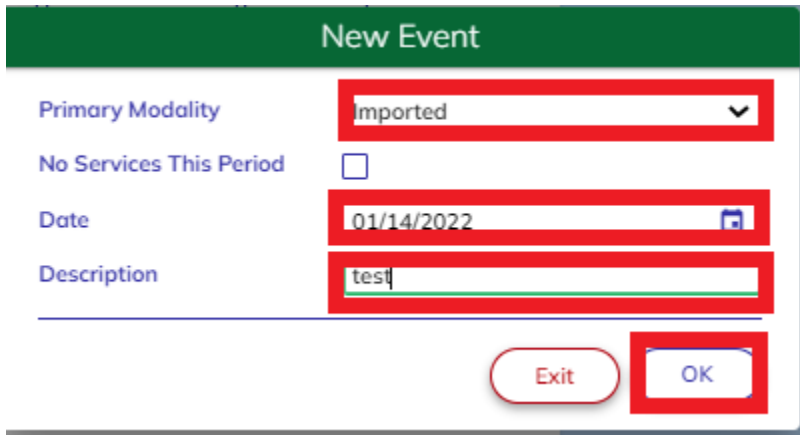
Import Submit **New** Print

Performance Measure: 11. Number of families receiving First 5 HV services (C/D) Description:

ID	Modality	Date	Description	Status
155192	Imported	12/23/2021	Test	⊖

4. Under Primary Modality, select Imported
5. Enter today's date as the date you are importing

6. Under description enter the Fiscal Year and Quarter (Ex: FY 21-22 Q2) you are checking for, then click OK



New Event

Primary Modality: Imported

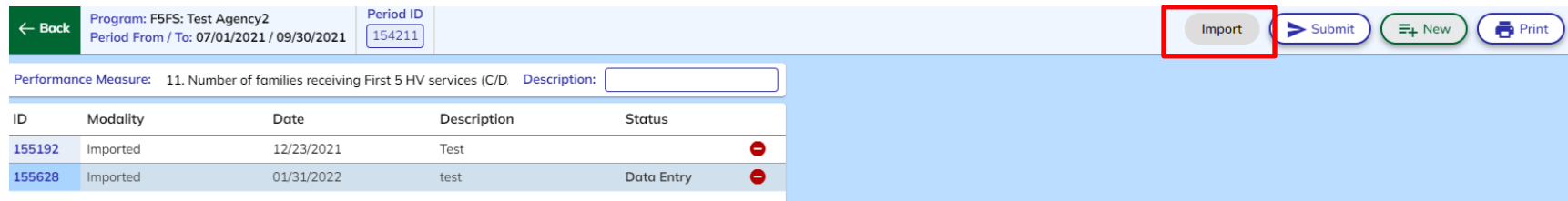
No Services This Period:

Date: 01/14/2022

Description: test

Buttons: Exit, OK

7. On the top right corner, the option to Import will be enabled, click Import



← Back Program: F5FS: Test Agency2 Period ID: 154211 Import Submit New Print

Performance Measure: 11. Number of families receiving First 5 HV services (C/D) Description:

ID	Modality	Date	Description	Status
155192	Imported	12/23/2021	Test	-
155628	Imported	01/31/2022	test	Data Entry -

8. Once you select Import, a screen will pop up with the programs and modalities. Select all of the home visits: "Intake Enrollment Visit", "Out of Network Intake Visit", "HV:L1P (Weekly)", "HV: L2P (Every other week)", "HV: L1 (Weekly)", "HV: LSS (Weekly or more)", "HV:L2 (Biweekly)", and "HV:L3 (Monthly)".

Import

Attention! Please Select all appropriate services for the current Performance Measure

Performance Measure: 10. Number of (unduplicated) children receiving First 5 HV services (C/D/E/S)
 Description:

<input type="checkbox"/> Agency ↑	Program	Contract #	<input type="checkbox"/> Modalities ↑
<input type="checkbox"/>	SAY San Diego, Inc.	F5FS Central SAYSD	545581
<input type="checkbox"/>	SAY San Diego, Inc.	Calworks Central SAYSD	545581b
<input type="checkbox"/>	SAY San Diego, Inc.	CalLearn Central SAYSD	545581c
<input type="checkbox"/>	SBCS	Mi Escuelita SBCS	565214
<input type="checkbox"/>	SBCS	F5FS South SBCS	565193
<input type="checkbox"/>	SBCS	HDS South RSN SBCS	565170
<input type="checkbox"/>	SBCS	Calworks South SBCS	545579e
<input type="checkbox"/>	SBCS	CalLearn South SBCS	545579d
<input checked="" type="checkbox"/>	SBCS	CHVP South SBCS	545579f
<input type="checkbox"/>	Southern Indian Health Council	OHl Sub: SIHC	552716q
<input type="checkbox"/>	Test Agency	Calworks Test Agency	Test20
<input checked="" type="checkbox"/>	Test Agency	F5FS: Test Agency2	Test04
<input type="checkbox"/>	Test Agency	F5FS: Test Agency3	Test03
<input type="checkbox"/>	Test Agency	HDS Test DEV	Test01
<input type="checkbox"/>	Test Agency	HDS Test BEH	Test02

First Time **EACH** of the **INDIVIDUAL** services was provided. FIRST occurrence for **EACH INDIVIDUAL** service will be used.

First Time **ANY ONE** in the **GROUP** of services was provided. FIRST occurrence of the selected **GROUP** will be used.

Selected types: 0-5.
Import Type: First Service FY

Exit
Preview Import
↓ Import

9. Click on the second button "First Time **ANY ONE** in the **GROUP** of services was provided. FIRST occurrence of the selected **GROUP** will be used".
10. Click "Preview Import" and a second tab will open with report "DS Import". Check that the number listed under Total matches the number in the PM Report from above
11. Go back to import screen and click "Import".

Import

Attention! Please Select all appropriate services for the current Performance Measure

Performance Measure: 10. Number of (unduplicated) children receiving First 5 HV services (C/D/E/S) Description:

Agency ↑	Program	Contract #	Modalities ↑
<input type="checkbox"/>	SAY San Diego, Inc.	F5FS Central SAYSD	545581
<input type="checkbox"/>	SAY San Diego, Inc.	Calworks Central SAYSD	545581b
<input type="checkbox"/>	SAY San Diego, Inc.	CalLearn Central SAYSD	545581c
<input type="checkbox"/>	SBCS	Mi Escuelita SBCS	565214
<input type="checkbox"/>	SBCS	F5FS South SBCS	565193
<input type="checkbox"/>	SBCS	HDS South RSN SBCS	565170
<input type="checkbox"/>	SBCS	Calworks South SBCS	545579e
<input type="checkbox"/>	SBCS	CalLearn South SBCS	545579d
<input checked="" type="checkbox"/>	SBCS	CHVP South SBCS	545579f
<input type="checkbox"/>	Southern Indian Health Council	OHI Sub: SIHC	552716q
<input type="checkbox"/>	Test Agency	Calworks Test Agency	Test20
<input checked="" type="checkbox"/>	Test Agency	F5FS: Test Agency2	Test04
<input type="checkbox"/>	Test Agency	F5FS: Test Agency3	Test03
<input type="checkbox"/>	Test Agency	HDS Test DEV	Test01
<input type="checkbox"/>	Test Agency	HDS Test BEH	Test02

Canceled by Family

Canceled by FSS

End CO (Creative Outreach)

End TO (Temporary Out of Area)

HV: CO (Creative Outreach)

HV: L1 (Weekly)

HV: L1P (Weekly)

HV: L2 (Bi-Weekly)

HV: L2P (Every other week)

HV: TO (Temporary Out of Area)

Intake Enrollment Visit

M&B Session 1

M&B Session 2

M&B Session 3

First Time **EACH** of the **INDIVIDUAL** services was provided. **FIRST** occurrence for **EACH INDIVIDUAL** service will be used.

 First Time **ANY ONE** in the **GROUP** of services was provided. **FIRST** occurrence of the selected **GROUP** will be used.

Selected types: 0-5.
Import Type: First Service FY

Exit
Preview Import
↓ Import

12. Verify the numbers are correct. If any numbers are in red this means, there is a discrepancy.

13. Fix any discrepancies. Click "Submit".

Import
▶ Submit
➕ New
🖨 Print

Narrative PMs		
w. Narrative I: Executive Summary (C)	<p>Overview of what occurred this quarter; include sustainability activities.</p> <p>Required: Summarize outstanding RSN major areas of focus for the quarter. Limit summary to 5 to 8 bullet points each. Summarize in the following order:</p> <ul style="list-style-type: none"> • Community partners and outreach efforts • Targets <ul style="list-style-type: none"> ◦ Include update on current progress to targets. • Staff training to meet HFA requirements • Evaluation activities <p>Required: Description of any efforts to sustain or leverage F5FS services in Period Narrative box.</p> <p>Client success stories should not be shared here, as they are shared in the Client Success Stories and Testimonials section.</p>	w. Narrative I: Executive Summary (C)
w. Narrative II: Program Accomplishments (C)	<p>Include any significant actions taken to achieve contract and/or evidence based practice goals.</p> <p>Required: Description of significant and different program accomplishments</p> <p>Provide a summary for significant RSN activities. Report in the following order:</p> <ul style="list-style-type: none"> • RSN <ul style="list-style-type: none"> ▪ Subs <p>It is acceptable for service areas to be left blank if there are no updates. Information related to targets should not be included in this section, as it is included in the Executive Summary.</p>	w. Narrative II: Program Accomplishments (C)
w. Narrative III: Difficulties / Barriers Encountered and Resolution (C)	<p>Required: Description of any difficulties/barriers encountered (e.g., provider capacity, targets, staff training, evidence based requirements) and completed/proposed solutions. Report in the following order:</p> <ul style="list-style-type: none"> • RSN <ul style="list-style-type: none"> ▪ Subs <p>It is not necessary to repeat target-related difficulties that were shared in the Executive Summary and it is acceptable to leave sections blank if there are no updates.</p>	w. Narrative III: Difficulties / Barriers Encountered and Resolution (C)
w. Narrative IV: Other Remarks (C)	<p>Required: Description of any other significant activities and highlights not yet reported. Report in the following order:</p> <ul style="list-style-type: none"> • RSN <ul style="list-style-type: none"> ▪ Subs 	w. Narrative IV: Other Remarks (C)

Narrative PMs		
	<p>Submit outcome grid analysis in the quarterly narrative section at indicated time points during physical year.</p> <p>It is acceptable for this section to be left blank if there are no updates.</p>	
w. Narrative V: Client Success Stories and Testimonials (C)	<p>Brief stories for possible use in annual report or other First 5 communications. Use aliases for client names. Testimonials are parent/provider quotes about the benefits and successes of the project.</p> <ul style="list-style-type: none"> ▪ Limit to 1-2 stories total per quarter per region ▪ Limit quotes to 6 or less per quarter per region ▪ Guidelines: <ul style="list-style-type: none"> ○ Highlight the child and family successes, not provider accomplishments. ○ Show examples of family strengthening/ empowering versus reliance on the system. <p>200 word limit per story</p>	w. Narrative V: Client Success Stories and Testimonials (C)
Leveraged Funding Measures		
XLeva1. Leveraged Funding - Medi-Cal Administrative Activities (MAA) (C)	Required: The amount of federal cash leveraged during this quarter as a direct result of First 5 funding, including the 20% required match. Enter in U.S. dollars. *Do not include government funding already received. Use Narrative box for any additional comments.	Number (Narrative)
XLeva2. Leveraged Funding - Targeted Case Management (TCM) (C)	Required: The amount of federal cash leveraged during this quarter as a direct result of First 5 funding, including the 20% required match. Enter in U.S. dollars. *Do not include government funding already received. Use Narrative box for any additional comments.	Number (Narrative)
XLeva3. Leveraged Funding - Early and Periodic Screening, Diagnosis, & Treatment (EPSDT) (C)	Required: The amount of federal cash leveraged during this quarter as a direct result of First 5 funding, including the 20% required match. Enter in U.S. dollars. *Do not include government funding already received. Use Narrative box for any additional comments.	Number (Narrative)
XLeva4. Leveraged Funding - Title V Maternal and Child Health (MCH) (C)	Required: The amount of federal cash leveraged during this quarter as a direct result of First 5 funding, including the 20% required match. Enter in U.S. dollars. *Do not include government funding already received. Use Narrative box for any additional comments. This data is required.	Number (Narrative)
XLeva5. Leveraged Funding - Title IV-E Foster Care (C)	Required: The amount of federal cash leveraged during this quarter as a direct result of First 5 funding, including the 20% required match. Enter in U.S. dollars. *Do not include government funding already received. Use Narrative box for any additional comments.	Number (Narrative)

Narrative PMs		
XLeva6. Leveraged Funding - AmeriCorps (C)	Required: The amount of federal cash leveraged during this quarter as a direct result of First 5 funding, including the 20% required match. Enter in U.S. dollars. *Do not include government funding already received. Use Narrative box for any additional comments.	Number (Narrative)
XLeva7. Leveraged Funding - Title XIX Medi-Cal (C)	Required: The amount of federal cash leveraged during this quarter as a direct result of First 5 funding, including the 20% required match. Enter in U.S. dollars. *Do not include government funding already received. Use Narrative box for any additional comments.	Number (Narrative)
XLeva8. Leveraged Funding - Other Federal (C)	Required: The amount of federal cash leveraged during this quarter as a direct result of First 5 funding, including the 20% required match. Enter in U.S. dollars. *Do not include government funding already received. Use Narrative box for any additional comments.	Number (Narrative)
XLevb1. Leveraged Funding (State of CA) (C)	Required: The amount of state cash leveraged during this quarter as a direct result of First 5 funding, including the 20% required match. Enter in U.S. dollars. *Do not include government funding already received. Use Narrative box for any additional comments.	Number (Narrative)
XLevc1. Leveraged Funding (Local SD County) (C)	Required: The amount of local (city or county) cash leveraged during this quarter as a direct result of First 5 funding, including the 20% required match. Enter in U.S. dollars. *Do not include government funding already received. Use Narrative box for any additional comments.	Number (Narrative)
XLevd1. Leveraged Funding (Foundation) (C)	Required: The amount of cash leveraged during this quarter as a direct result of First 5 funding, including the 20% required match. Enter in U.S. dollars. Please specify name and amount for each foundation in Period Narrative box.	Number and Narrative
XLeve1. Leveraged Funding (Contractor) (C)	Required: The amount of cash leveraged from contractor organization during this quarter as a direct result of First 5 funding, including the 20% required match. Enter in U.S. dollars. Please specify source and amount in Period Narrative box.	Number and Narrative
XLevf1. Leveraged Funding (Other) (C)	Required: The amount of cash leveraged during this quarter as a direct result of First 5 funding, including the 20% required match. Enter in U.S. dollars. Please specify source and amount in Period Narrative box.	Number and Narrative
XLevg1. Leveraged Funding - In-kind (C)	Required: The amount of leveraged in-kind funding during this quarter as a direct result of First 5 funding, including the 20% required match. Enter in U.S. dollars. Please specify source and amount in Period Narrative box. This data is required	Number and Narrative

Narrative PMs		
XLevg2. Leveraged Funding - Comm/Media (C)	Required: The amount of leveraged in-kind communication/media funding during this quarter as a direct result of First 5 funding, including the 20% required match. Enter in U.S. dollars. Please specify source and amount in Period Narrative box.	Number and Narrative

First 5 San Diego CMEDS TA PROTOCOL

<p>For immediate matters E.g. Lost passwords; locked out of system; log in problems; system is down.</p>	<p>Subcontractors, RSN Leads and Evaluation Staff: Email F5SDCMEDS@sdcounty.ca.gov.</p>
<p>For technical questions relating to data entry and reports in CMEDS.</p>	<p>Subcontractors: Contact your RSN Lead and/or Evaluation Staff</p> <p>RSN Leads and/or Evaluation Staff: Please email F5SDCMEDS@sdcounty.ca.gov and copy Juanita Garcia Juanita.Garcia@sdcounty.ca.gov Harder+Co team member Courtney Huff at chuff@harderco.com.</p>
<p>To add, delete or edit user accounts.</p>	<p>Subcontractors, RSN Leads and Evaluation Staff: Authorized users complete the Add and Delete User or Edit User Information forms (found on the CMEDS Info Desk) and send to F5SDCMEDS@sdcounty.ca.gov.</p>
<p>For work requests E.g. Adding a field; adding a report</p>	<p>Subcontractors: Contact your RSN Lead and/or Evaluation Staff</p> <p>RSN Leads and/or Evaluation Staff: Complete a Work Request Order (found on the CMEDS Info Desk) and send to Juanita Garcia.</p>
<p>For evaluation related questions that may relate to CMEDS setup</p>	<p>Subcontractors: Contact your RSN Lead and/or Evaluation Staff</p> <p>RSN Leads and/or Evaluation Staff: Email Harder+Co team member Courtney Huff at chuff@harderco.com directly and copy Juanita Garcia (Juanita.Garcia@sdcounty.ca.gov).</p>
<p>Quarterly Data deadlines and Commission contract and reporting requirements.</p>	<p>Subcontractors: Contact your RSN Lead and/or Evaluation Staff</p> <p>RSN Leads and/or Evaluation Staff: Email or call Juanita Garcia.</p>
<p>For general evaluation related questions NOT related to CMEDS setup</p>	<p>Subcontractors: Contact your RSN Lead and/or Evaluation Staff</p> <p>RSN Leads and/or Evaluation Staff: Email Juanita Garcia and copy Harder+Co team member Courtney Huff.</p>
<p>For programmatic questions related to the evaluation or data entry E.g. When should tool administration occur</p>	<p>Subcontractors: Contact your RSN Lead and/or Evaluation Staff</p> <p>RSN Leads and/or Evaluation Staff: Email Julie Herbst at jherbst@aapca3.org and copy Juanita Garcia Juanita.Garcia@sdcounty.ca.gov.</p>
<p>If you are not sure where to direct a question</p>	<p>Subcontractors: Contact your RSN Lead and/or Evaluation Staff</p> <p>RSN Leads and/or Evaluation Staff: Email 20call Nancy Page Nancy.Page@sdcounty.ca.gov.</p>