

VI. Directions for Screening and Assessment

The goal of Healthy Start is to provide screening to all first birth families. Programs determine a screening process for completing the New Baby Questionnaire that meets their local needs. Please refer to the [Healthy Start Training Manual for Home Visitors](#) for more details on the screening process. A Spanish language version of the New Baby Questionnaire is also available.

Below you will find detailed procedures for administering the New Baby Questionnaire, completing the Kempe Interview Scoring Sheet, and a review of basic data entry procedures for using Family Manager.

New Baby Questionnaire

Step 1. Obtain Consent. Completing the New Baby Questionnaire is entirely voluntary. Families must sign the consent page in order to proceed with completing the New Baby Questionnaire and any other forms. Please note that Consent Forms can also be used to document attempts to offer screening. **Please see detailed instructions for obtaining consents in Chapter IV “Consent Forms & Overview of Confidentiality Procedures.”**

If a family consents to “participate in Healthy Start and its program evaluation” (option #1), have the family complete the New Baby Questionnaire. Enter items 1-10 (from the Consent form) into Family Manager to obtain a Healthy Start ID Number (choose Consent Type ID = Full). Remember to first search to see if the family or caregiver is already in the database. Instructions for data entry can be found in the [Family Manager Phase I Data Entry Instructions Manual](#). A brief introduction is given at the end of this chapter.

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

If a family consents to “participate in Healthy Start but not the program evaluation,” you may enter them into Family Manager, but make sure to choose Consent Type ID = Partial and **do not send forms to NPC Research**. However, it is important to keep the consent and screening forms for your records, as you will report on these families to NPC at the end of the fiscal year.

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

For families who consent to service and evaluation:

Step 2. Administer the New Baby Questionnaire. In this chapter, you will find a sample interview protocol of how a worker may ask a family the New Baby Questionnaire questions. This protocol has been developed to assist you with the New Baby Questionnaire if you prefer to have workers ask the NBQ questions (rather than the parent completing the questionnaire on their own). You may choose to use it or develop your own style of asking these questions.

Step 3. Score the New Baby Questionnaire. If the family receives any two risk indicators (listed below), or scores positive for either depression (“Yes” to both items 19 a and b) or substance use (item 21), they should be considered at higher risk (a "positive" screen), and therefore eligible for Healthy Start Intensive Services.

Step 4. Enter family information into Family Manager and obtain a State ID Number (see below). Be sure to record the baby's ID number on the Consent form and on the NBQ form.

Step 5. Indicate Intensive Service status: At the bottom of the second (back) page, please indicate the results of the screening and further actions taken. This section is **extremely important**, as the evaluation uses this information in calculating which families are offered Intensive Services for data reporting and tracking.

Important! Note that this process changed in July 2008, and requires that programs determine and record, for all eligible (high risk) families, whether they are interested in Intensive Services even if space is not available in the program. If the family is “interested, if available” but Intensive Services are **not** offered because of space limitations, **an Exit form must be completed for the family to record this information.**

In the “program use only” box, item “D. Healthy Start Intensive Service” has the following options:

- **Not eligible, negative screen:** Family has fewer than two risk factors or did not have either depression or substance abuse as a risk factor
- **Eligible (positive screen, mark one below):** Family is eligible for Intensive Services.
 - **Interested if available:** Family eligible for and interested in receiving Intensive Services if there is room in the program.
 - **Declined, parent too busy:** Family was eligible for, but declined, Intensive Services because the parent didn't have time to participate.
 - **Declined, feels services are not needed:** Family was eligible for, but declined, Intensive Services because the parent did not feel that services were needed.
 - **Declined, other (explain):** Provide a brief description of why the family declined. If reason is unknown indicate “reason unknown”
 - **Not offered, already enrolled in another (non-HS) service:** Family was eligible for Intensive Service but was already receiving other services (e.g., the Nurse-Family Partnership program).

Select the correct Intensive Service status:

If the family is not eligible, fill in the bubble “Not eligible (negative screen)” and submit to NPC Research.

If the family is eligible, bubble an option beneath “Eligible (positive screen, mark one below)” to select the outcome that applies to the family, e.g., “Interested, if available”, “Declined” (and reason), or “Not offered, enrolled in other program”.

Important! If the family is eligible and interested, you must also complete and submit EITHER a Family Intake after the first home visit OR an Exit Form if there is no first home visit occurs.

If there is no first home visit after the family is eligible and interested, you will complete the “Reason for Exit” on the Exit Form in the section, “Family never completed a first home visit” and submit to NPC Research (see Chapter XI).

Step 6. Complete and submit to NPC the Family Intake and the Kempe Assessment and fill in the Interview Scoring Sheet for all families accepting Intensive Services and receiving a first home visit.

Directions for Scoring the New Baby Questionnaire

Families are eligible for Healthy Start Intensive Services if

1. They have depression (“YES” to #19A & 19B), or
2. They have drinking/drug use issues (“YES” to #21), or
3. They have any two or more risk factors below:

ITEM	Response Marked	Risk Factor
Item 7b:	= Mother is 17 years old or younger	Teen parent
Item 13:	= No	Unmarried parent
Item 14a:	= More than 12 weeks	Late prenatal care
Item 14b:	= Less than 5 times	Lack of comprehensive prenatal care
Item 15:	= Less than HS diploma	Less than HS education
Items 16 & 17	= Currently unemployed or Seasonal work	Both mother and spouse/partner (if present) not employed and/or seasonally employed in an unstable job situation
Item 18:	= Some or Most of the time	Trouble paying for basic expenses
Item 19A & 19B	= YES	Depression - Must say yes to both items to score positive for depression.
Item 20:	= Some or Serious problems	Problems in marital/family relationships
Item 21	= YES	Drinking/drug use issues

New Baby Questionnaire Interview Guide

This protocol has been developed to assist you with the New Baby Questionnaire. You may either have the parent(s) fill out the Questionnaire themselves, or you may ask the questions in an interview format. Healthy Start of Oregon programs vary on how they facilitate the completion of this information. This protocol was created particularly for programs that interview their families to collect this information. **At this point the parent/family has already consented to being asked to answer the following questions.** These are simply suggestions about how to address questions to families, and it is not expected that programs would follow this guide word-for-word. There is also a helpful scoring sheet (see previous page) that will assist you in scoring the New Baby Questionnaire to determine if the family is eligible for Healthy Start Intensive Services.

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

Explanation of data-sharing consent (marked "Agree to participate in Healthy Start and its program evaluation" on the Consent form). Also, please see the "Talking Points for Home Visitors" in Chapter IV, Consent and Confidentiality Procedures. Healthy Start of Oregon is engaged in ongoing program evaluation to make sure that the program is meeting its goal of providing positive support to families with new babies. Part of this evaluation involves collecting information about who participates in Healthy Start. If you agree to share data with Healthy Start's program evaluation, some basic demographic information will be entered into the Healthy Start database, such as baby's date of birth and gender. In addition, answers to the New Baby Questionnaire will be used in the program's ongoing evaluation to ensure that the program is serving the families who most need support and service. All of your information will be kept confidential, and no one outside the program and its contracted program evaluators will have access to your information.

The following introduction may be made:

"On the information sheet you indicated that you would be willing to complete the New Baby Questionnaire. The New Baby Questionnaire is made available to all families who have just given birth to their first baby. The Questionnaire is one page, front and back, and contains some simple questions about you, your baby, and what's going on in your life right now. Answering the questions will help us to see if there are any community programs or services that might be of assistance to you, your family, and your baby. It should only take a few minutes to answer these questions."

Please note that the following are only suggestions for how you can ask the questions on the NBQ. Feel free to make any changes appropriate to your program.

1. Please fill in the date that you filled out this questionnaire.
2. Please fill in your baby's date of birth. Note, if the mother if the baby has not yet been delivered, you can leave this item blank.
3. Mark "yes" or "no" to the question, Are you currently pregnant?

"I have just a few questions about your baby."

4. Is your baby a boy or a girl?
5. What racial or ethnic group would you say best describes your baby?

"Now I have a few questions about you."

OR, if interviewing a partner, spouse, or guardian, you would say, "Now I will ask you questions about the Mother of this baby (or use baby's name)."

6. Is the first time either you (parent) or your spouse/partner has been a parent?
- 7a. What is your birthday? What year were you born?
- 7b. How old are you?
8. What racial or ethnic group would you say best describes you?
9. Do you speak English? Does anyone in your home speak English?
10. What language do you usually speak at home?
11. What county do you live in?

"Now I will ask you some health-related questions."

- 12a. Do you have health insurance for yourself?
If yes: What type of health insurance do you have? For example, OHP, private health insurance, or any other health insurance?
- 12b. Do you have health insurance for your baby?
If yes: What type of health insurance does your baby have? For example, OHP, private health insurance, or any other health insurance?
13. Are you married now?
- 14a. How far along were you with this pregnancy when you first went to see a doctor or nurse for prenatal care?
- 14b. How many times did you see your (doctor/nurse/midwife) for this pregnancy?

Please note that for first-time adoptive parents, questions 13a and 13b should be completed if adoptive parents know about the birth mother's prenatal care.

"The next questions are general questions about your life."

15. What is the highest level of school that you have finished?

16. Do you have a job now? [or after maternity leave is over]
If yes: Do you work full time or part time? How many hours?
17. Does your spouse or partner have a job right now? (or after s/he gets back from maternity or paternity leave)
If yes: Does s/he work full time or part time? How many hours?
18. Sometimes people have a hard time paying their bills. About how often would you say you have trouble paying for basic living expenses like, for example, rent, food, or electricity? Would you say never, some of the time, or most of the time?

"While the next few questions may or may not apply to you, please answer them as best you can."

- 19 a and 19b. Sometimes people feel sad or depressed. During the past month, have you often been bothered by feeling down, depressed, or hopeless? Have you been often been bothered by having little interest or pleasure in doing things? ?
20. Everyone has problems with their family relationships at times. Would you say you have few or minor problems, some problems, or serious problems with your family? [By family, we mean spouse/partner or anyone else you consider to be your family.]
21. Some people use drugs and/or alcohol more than others. Do you or your partner feel a need to (or has someone asked you or your partner to) cut down on your drinking or drug use?
22. How many people do you know that you could turn to for support, or talk to about problems, concerns, or things that are bothering you?
23. Thank you very much for answering these questions for me. Do you have anything that you'd like to ask? [Other program-specific information can be added here.]

Directions for the Kempe Family Stress Interview Scoring Sheet

The Kempe Family Stress Interview should be conducted with all families who agree to participate in Healthy Start Intensive Services. The Kempe Family Stress Inventory Scoring Sheet should be used to record the family's scores from the Kempe Assessment. You should use the appropriate form and documentation for the narrative notes for the Kempe Assessment (see Healthy Start Home Visitor training materials). The NPC Research evaluation form is only for recording the results of the Kempe assessment.

Complete the Worker ID, Child's ID number, the home visitor's county of employment, and the date of the Kempe.

Indicate scores for primary caregiver (typically the mother) and for second parent figure (e.g., the father), if present. Please note that KEMPE items 1, 2, 3, and 4 request additional information. If the parent scores a 5 or higher on any of these items, workers should indicate which items listed are of concern to the family.

IMPORTANT: Even if a family is on creative outreach, the FSW must submit a Kempe form on the family when one is due.

Prenatal Kempe Assessment

The Kempe may be administered before the birth of the baby if the family screens eligible for Intensive Services and your program decides to begin Intensive Services prenatally. Please remember that you will need to enter the baby's additional information (actual date of birth, gender if not known prenatally, and name if not known prenatally) in Family Manager after the birth of the baby.

If you've conducted the Kempe on a family prenatally, you do not need to re-administer the Kempe once the baby is born.

Directions for Data Entry and Form Processing Procedures

Procedures for data entry vary by site. Below we provide the basic guidelines for entering data in Family Manager to obtain Healthy Start Identification Numbers.

Step 1. Use the data entry procedure covered by the Oregon Commission on Children and Families: Family Manager Phase I Data Entry Instructions manual to enter the needed demographic information and enter the client as a Healthy Start program family. All programs should have the Family Manager manual. If you have not received this information, please notify the Healthy Start State Coordinator or download the manual off the NPC Web site (www.npcresearch.com). These procedures should be followed to determine whether the family/caregiver is already entered in Family Manager and, if not, to create a new entry for the family. Then you will need to enter consent form items 1-5 on the “Add a Family” screen and items 6-9 on the “Add/Edit a Child” screen and obtain the child’s ID number. Record the ID number on all of the family’s paperwork, including the Consent Form.

Step 2. Copy the New Baby Questionnaire and send the **original** to NPC Research, keeping the copy for your records. NPC Research will enter the New Baby Questionnaire information into the Healthy Start database. Keep the consent form for your records; do not send it to NPC.

NOTE: If two New Baby Questionnaires have been filled out on a family, one prenatally and one postnatally, the rule on choosing which New Baby Questionnaire to keep is 1) choose the New Baby Questionnaire that qualifies the family for Intensive Service, if the two results are different or 2) if the results are the same, choose the earliest-dated New Baby Questionnaire.

Step 3. When completed, send the Kempe Family Stress Interview Scoring Sheet to NPC Research. A Kempe Scoring Sheet should be completed for every family who accepts Healthy Start Intensive Services and receives a home visit.