1st Five DSS Guidance:

Documentation of 1st Five Services

June, 2024

IOWA | **Health and Human Services**

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Documentation of 1st Five Services

The purpose of this guidance document is to explain documentation expectations and requirements for1st Five Services within the Iowa Connected data system.

IMPORTANT REMINDERS

Timely Documentation

The 1st Five Initiative includes significant data collection by 1st Five Sites using the Iowa Connected data system and regular reporting to Iowa HHS. DSS must complete data entry of 1st Five Developmental Support Services in a timely and accurate manner. In most cases, an activity or service must be documented within two weeks of completing the activity or service.

Agency Protocol

Each 1st Five Site may have their own processes and protocols related to contact timelines, tools, and documentation practices. For that reason, please connect with your agency's 1st Five Site Coordinator with any questions on agency specific protocols.

DSS RESOURCES

MCAH Project Management Portal

Please be sure to use the secure MCAH Project Management Portal to access the most up to date version of the DSS Guidance and any other training resources for developmental support services documentation.

Link: https://hhs.iowa.gov/Bureau-of-Family-Health/MCH-Portal/1st-Five

- Iowa HHS strongly believes in the principles of CQI (continuous quality improvement) therefore, regular review and adjustments to the DSS Guidance will be made to ensure accurate, complete, and consistent data collection practices are in place.
- Iowa Connected's "go-live" date was June 19th, 2023. The data system will be evolving over time to meet program needs.

Monthly DSS Trainings

1st Five offers monthly trainings to review 1st Five DSS documentation in Iowa Connected. Each month reviews a different topic/area of the DSS Guidance. The trainings are offered at different days/times throughout the month. All 1st Five staff are strongly encouraged to attend. Please connect with your 1st Five Site Coordinator or HSS 1st Five Consultant for the most recent schedule.

Iowa Connected Test Record – Test Test

This record can be used for practice and training purposes. Please be sure to delete any episodes, activities, needs, program referrals, etc. that you've created so it's a clean record for the next person.**DO NOT** create any other "test" records. This record has been designated as

the test case so that it is not included in our reports. All test records must be approved and created by the Iowa Connected Helpdesk.

Search Results

Client ID	Medicaid ID	Medicaid Case ID	First Name	Last Name	Confidential?	Birth Date	Population	
17334357			Test	Test		06/21/2017	Family Health	→

Section 1: Client Record Navigation

This section will explain how to work within the client record, which includes creating client records and the using the following tabs:

- Demographics
- Contact Information
- Relationships

The Attachments tab will not be used by 1st Five. All attachments will be added within activities. For example, the 1st Five referral form will be added as an attachment in the Referral activity.

1.1 SEARCHING AND CREATING CLIENT RECORDS

Things to remember:

- Before creating a client record, it is best practice to first search the database to see if the record already exists from a previous 1st Five referral. If the client is not already in Iowa Connected you'll need to create a new client record.
- Always search for clients by name, and by birthday to avoid creating duplicate records that need to be merged later (we recommend searching with partial information).
    - If having a difficult time searching and there are too many names within the search results, try sorting the search results by clicking on the arrows near the column heading.
    - If the client's name is spelled incorrectly and they are a Medicaid client, the parent/caregiver will need to contact Medicaid to request the correction.
- If siblings are referred at the same time, each referred child age birth to age five will be entered into Iowa Connected separately and have their own record.
- Always complete the race, ethnicity and language fields when creating a new record. If this information is not indicated on referral materials you'll need to obtain this information during conversations with the parent/caregiver and go back to edit these fields once that information is collected. This information is required for program evaluation purposes.
- If the client is already in the system, please be sure to verify with the parent/caregiver that the race, ethnicity and language selections are correct.

Directions:

1. In the header, select the Population you intend to search across (1st Five).

2. Select "Search Clients" from the dropdown.

3. Populate "First Name", "Last Name", and birth date then select the "Search" button. For better search results, enter at least one letter for the first name and two letters for the last name.

Search Criteria

Client ID	Medicaid ID	Medicaid Case ID

First Name	Last Name	Birth Date
Jo	Doe	08/01/2022 ✕ 📅

[Search] [Clear]

4. If unable to find the client you are looking for, click the "Create" button on the top right of the page (under the header).

Family Health - Clients   Create ＋

Search Criteria

Client ID	Medicaid ID	Medicaid Case ID

First Name	Last Name	Birth Date
Jo	Doe	08/01/2022 ✕ 📅

[Search] [Clear]

No results found

5. Enter client information and then select the "Save" button at the bottom left of the page.

   a. Client information

      i. First name

      ii. Last name

      iii. Date of birth

1.2 EDITING CLIENT RECORDS

Directions:

1. Navigate to a client record.

2. Select the "Edit" button on the top left of the page.

Client: Charlie Brown   🖶 Back To Search

Edit ✏️

Client ID	First Name	Middle Name	Last Name	Birth Date
	Charlie		Brown	06/01/2020

Medicaid ID	Medicaid Case ID	Medicaid Case Name

3. Make updates to the client record.

4. Click the "Save" button on the top left or the bottom left of the page.

Client: Charlie Brown   Back To Search

View 👁 Save 💾

Client ID	First Name *	Middle Name	Last Name *	Birth Date *
	Charlie		Brown	06/01X 📅

Medicaid ID	Medicaid Case ID	Medicaid Case Name

5. If you do not want to save your changes, select the "View" button on the top left of the page to go back to the client record without saving any changes.

1.3 CLIENT DEMOGRAPHICS

Things to remember:

Always complete the following fields when creating a new record.
- Birth Date/Age: The age field will be auto calculated based on the client's date of birth
- Gender: Select the appropriate option from the drop down list
- Race and Ethnicity
    - If this information is not indicated on referral materials you'll need to obtain this information during conversations with the parent/caregiver and go back to edit these fields once that information is collected.
    - Select the appropriate option from the drop down lists.
    - The race field is a multi-select field so that more than one option can be selected as needed.
    - Only select decline if the parent/caregiver chooses not to share their child's race and/or ethnicity.
    - Only select unknown if the parent/caregiver reports that they do not know their child's race and/or ethnicity. Do not select unknown to report that this information is unknown to 1st Five.
- Country of Birth: Select the appropriate option from the drop down list
- Language

- o Select the client's primary language and secondary language (if applicable)
- o Select whether or not the client needs an interpreter for services
- If the client is already in the data system, please be sure to verify with the parent/caregiver that the selections are correct. This information is required for program evaluation purposes.
- If this information is not indicated on referral materials you'll need to obtain this information during conversations with the parent/caregiver and go back to edit these fields once that information is collected. This information is required for program evaluation purposes.

Directions:

1. Navigate to a client record.

2. Select the "Demographics" tab on the left side of the page.

3. Enter edit mode by selecting the "Edit" button on the top left of the page.

Client: Charlie Brown

Edit ✏

Client ID	First Name	Middle Name	Last Name
	Charlie		Brown

Medicaid ID	Medicaid Case ID	Medicaid Case Name

Note

Plans

Name of Plan	Plan Type	Coverage Type	Eligibility Status

No results found

Demographics
Episodes
Contact Information

Demographics

Population
Family Health

Age
3 yr 0 mo

☐ Is Confidential

4. Enter client information and then select the "Save" button at the bottom left of the page.

1.4 ADDING DATE OF DEATH TO A CLIENT RECORD

Things to remember:

- Please be sure to also update the status of the client's episode to deceased and enter an end date so that the episode is closed.

Directions:

1. Navigate to a client record's "Demographics" tab.
2. Enter edit mode by selecting the "Edit" button on the top left of the page.
3. Populate the "Date of Death" field.

4. Click the "Save" button on the top left or the bottom left of the page.
5. Note the header of the client record now displays "Deceased" along with the client's name.

1.5 MARKING A CLIENT RECORD AS CONFIDENTIAL

Things to remember:

- This feature is helpful when wanting to "flag" client records that need extra precaution when sharing client information. For example, cases that may involve foster care, custody issues, domestic violence or health information related to mental health, substance abuse treatment, or HIV/AIDS.
- This feature is an indicator/flag, it does not adjust or change the accessibility to the client's information. Anyone with access to Iowa Connected can see the client's demographic and contact information. Please add a note if there are restrictions that other users should be aware of.

Directions:

1. Navigate to a client record's "Demographics" tab.

2. Enter edit mode by selecting the "Edit" button on the top left of the page.

3. Select the "Is Confidential" checkbox.

4. Click the "Save" button on the top left or bottom left of the page.

5. Note the header of the client record now displays "Confidential" along with the client's name.

1.6 ADDING CONTACT INFORMATION TO A CLIENT RECORD

Things to remember:

- Please be sure to enter the client's most recent contact information which includes their phone number and address (email is optional).
- When connecting with the parent/caregiver, be sure to ask what their preferred contact method is AND when they're available.
- If you'd like Iowa Connected to validate the address you enter, it's important to enter as much information as possible.

Directions:

1. Navigate to a client record.

2. Select the "Contact Information" tab on the left side of the page.

3. Enter edit mode by selecting the "Edit" button on the top left of the page.

4. Select the "Create" button underneath the section you wish to add more information.

5. A pop-window will open prompting the user to enter the necessary information to create a record.

6. To save the record and have it applied to the client record select the "Save" button on the bottom left of the screen.

7. To cancel creating the new record, select the "Close" button on the bottom left of the screen.

1.7 MODIFYING CONTACT INFORMATION IN A CLIENT RECORD

Things to remember:

- Since Medicaid and WIC data is protected by program requirements, the system will not allow others to adjust the address or phone number for those programs.
- Additional addresses/phone numbers can be added as needed by editing the record.

Directions:

1. When needing to modify contact information, click on the line item you wish to modify, to open the record in a pop-window.

2. Enter edit mode by selecting the "Edit" button on the top left of the page.

3. In edit mode make the necessary updates and then click the "Save" button on the top left or bottom left of the page.

4. To cancel any updates made to the record click the "Close" button on the bottom of the page.

1.8 CREATING CLIENT RELATIONSHIPS

Things to remember:

- When creating a client relationship and connecting client records in Iowa Connected, it's important to first search for the client to see if they already exist within the data system.
- Client records can be created using the "Create +" button if they do not have a Iowa Connected record.
- This feature can be used to add the parent/caregiver and connect them to the client's record (note: first name, last name, and date of birth are required fields when creating a client).
- Creating a client doesn't attach them to a specific program/episode, it's simply creating a client record in Iowa Connected.
- This feature is also helpful when connecting a 1st Five client to another 1st Five client in Iowa Connected, for example siblings that were both referred to 1st Five.

Directions:

1. Navigate to the client you wish to add the relationship to.

2. Once on the client record, click on the "Relationships" tab.

3. In the "Relationships" tab the user can view all related clients.

4. Enter edit mode by selecting the "Edit" button on the top left of the page.

5. Click the "Create +" button underneath the "Relationships" grid to open the "Create Client Relationship" pop-window.

6. Clicking in the "Client" field will launch the "Clients" search pop-window which can be used to search for the client that will be related.

7. Populate "First Name", "Last Name", and birth date then select the "Search" button. For better search results, enter at least 1 letter for the first name and 2 letters for the last name.

8. Selecting the client from the search will populate that client in the "Client" field.

Clients   Create + ✕

Search Criteria

Client ID	Medicaid ID	Medicaid Case ID

First Name	Last Name	Date of Birth
h	kitty	MM/DD/YYYY 📅

[Search] [Clear]

Search Results

Client ID	Medicaid ID	Medicaid Case ID	First Name	Last Name	Is Confidential		
			hello	kitty		👁	+

9. Populate any additional details for the specific relationship and then select "Save" button to save the Relationship. Selecting "Close" will cancel the Relationship record creation.

Create Client Relationship

Client *
hello kitty   👁 ✕ 🔍

Relation
Sister

☐ Is an emergency contact

☐ Is allowed to have medical information

☐ Is an insurance guarantor

☐ Is a primary caregiver

☐ Is the legal proxy

☐ Is the secondary caregiver

Note

[Save 💾]   [Close ✕]

Section 2: Episode Navigation

This section will explain how to create, edit and view 1st Five episodes within the client record. A 1st Five episode is equivalent to a referral to 1st Five. Each referral to 1st Five will have its own 1st Five episode.

2.1 VIEWING ALL EPISODES ASSOCIATED TO A CLIENT

Things to remember:

- A 1st Five episode is equivalent it to a referral to 1st Five.
- Each referral to 1st Five should have its own 1st Five episode.
- Do not "re-open" closed episodes for new referral data.
- If a client is a recurring client (which means that the client was referred to 1st Five before and has a "Closed" 1st Five episode), add another 1st Five episode.

Directions:

1. Navigate to a client record.

2. Select the "Episodes" tab on the client record.

3. All Episode records associated with the client will be listed in the grid titled "Episodes".

2.2 CREATING A NEW EPISODE

Things to remember:

- Create a 1st Five Episode for each NEW referral to 1st Five.
- Clients will have a separate 1st Five episode for each 1st Five Referral.

Directions:

1. Navigate to the client record's "Episodes" tab.

2. Enter edit mode by clicking on the "Edit" button on the top left of the page.

3. Click the "Create +" button underneath the "Episodes" grid to open the "Create Episode" pop-window.

4. Select 1st Five from the drop-down list in the "Program" field.

5. Complete the "Owning Agency" field and "Owner" field (this will be the individual DSS staff person assigned to the client).

6. In the "Awareness Date" field, enter the date of the referral on the fax date stamp (which might be earlier than the date you are entering information into Iowa Connected)

7. "Episode Status" is Member.

8. In the 'Primary Payer" field, select 1st Five.

9. Click the "Save" button at the bottom left of the pop-window.

10. To cancel the Episode record creation, select the "Close" button at the bottom left of the page.

11. Selecting the "Save" button will create the Episode record and refresh the pop-window to display the Episode record in edit mode. Close the pop-window.

Create Episode

Client *	Program *
Charlie Brown ✕ ◉	1st Five ✕ ◉

Owner *	Owning Agency *
Amy Robak ✕ ◉	Iowa Dept. of Public Health ✕ ◉

Awareness Date *	Episode Status *	End Date
06/01/2023 ✕ 📅	Member ✕	MM/DD/YYYY 📅

Primary Payer
1st Five ✕

Note

Save 💾   Close ✕

2.3 NAVIGATING TO A SPECIFIC EPISODE

Things to remember:

- You are able to open a specific episode record by clicking anywhere in the "episode" line, within the episode grid.

Directions:

1. Navigate to a client record.

2. Select the "Episodes" tab on the client record.

3. All Episode records associated with the client will be listed in the grid titled "Episodes".

4. Selecting a line item from the grid will open the Episode record in a pop-window or you can click on the arrows to the right of the grid.

Episodes

Episodes

Program	Owner	Owning Agency	Awareness Date	Episode Status	Episode Closed Date	
1st Five	Amy Robak	Iowa Dept. of Public Health	06/01/2023	Member		➡
1st Five	Amy Robak	Iowa Dept. of Public Health	10/03/2022	Closed	01/04/2023	➡
1st Five	Amy Robak	Iowa Dept. of Public Health	03/07/2023	Closed	04/06/2023	➡

2.4 EDITING AN EPISODE

Things to remember:

▪ Editing an episode is necessary when changing the status of an episode, for example when updating an episode status or entering an end date. It is very important to keep the Episode status accurate and current.

Directions:

1. Navigate to the client record's "Episodes" tab.

2. All Episode records associated with the client will be listed in the grid titled "Episodes".

3. Selecting a line item from the grid will open the Episode record in a pop-window.

4. To enter edit mode, click the "Edit" button on the top left of the page.

5. Click the "Save" button at the top left or bottom left of the pop-window to save all changes made to the record.

6. To cancel any updates, click the "View" button at the top left of the page. Note selecting the "Close" button at the bottom left of the page will also cancel all updates and close out of the pop-window.

Episode: 1st Five - 03/07/2023 - Member

Edit ✏️   Create Activity Bundle

Client
Charlie Brown

Program
1st Five

Owner
Amy Robak

Owning Agency
Iowa Dept. of Public Health

Awareness Date
03/07/2023

Episode Status
Member

End Date

Note

Episode Data	**Episode Data**
Activities	Primary Payer
Surveys	1st Five

2.5 CLOSING AN EPISODE

Things to remember:

- When closing an Episode, it is necessary to change the status of the episode from member status to closed status **AND** enter an end date. These are very important steps of the closing process.

Directions:

1. Navigate to the client record's "Episodes" tab.

2. All Episode records associated with the client will be listed in the grid titled "Episodes".

3. Selecting a line item from the grid will open the Episode record in a pop-window.

4. To enter edit mode, click the "Edit" button on the top left of the page.

5. Click the "Save" button at the top left or bottom left of the pop-window to save all changes made to the record.

6. To cancel any updates, click the "View" button at the top left of the page. Note selecting the "Close" button at the bottom left of the page will also cancel all updates and close out of the pop-window.

7. Once the record has been saved, you can verify that the record has been closed by checking for the "Closed" status on the heading of the record.

Episode: 1st Five - 03/16/2023 **Closed**

Edit ✎   Create Activity Bundle

Client
Charlie Brown

Program
1st Five

Owner
Amy Robak

Owning Agency
Iowa Dept. of Public Health

Awareness Date
03/16/2023

Episode Status
Closed

End Date
06/09/2023

Note

Episode Data	**Episode Data**
Activities	Primary Payer
Surveys	1st Five
Needs / Program Referrals	

Section 3: Survey (aka Screening Tools)

3.1 CREATING A SURVEY RECORD

Things to remember:
- The "Surveys" tab is used to document developmental screening tools that the referring provider completed as part of their referral to 1st Five.   - This documentation is not required. However, if you've received the scores from a developmental screening conducted during the well-visit and would like to record the information, this option is available.

Directions:

1. Navigate to the Episode record in member status.

2. Select the "Surveys" tab on the left side of the page.

3. To enter edit mode, click the "Edit" button on the top left of the page.

4. Click the "Create +" button underneath the "Surveys" grid to open the "Create Survey" pop-window.

5. Populate the "Owner, "Owning Agency", "Type" and "Date Survey was Performed" fields then select the "Save" button at the bottom left of the page. Depending on the type of survey being completed, additional fields will appear in a pop window

6. To cancel the Survey record creation, select the "Close" button at the bottom left of the page.

7. Selecting "Save" will result in the survey questions being displayed.

Field	Description
Owner	the individual DSS staff person completing the activity
Owning Agency	the Owner's agency
Type	select Screening tool
Date	the date the activity was completed
Day of the Week	the day of the week that the activity was completed – this field will auto populate once the date is entered
Duration	the number of minutes spent documenting the activity, from start to finish
Outcome	select "Successful" – Survey outcomes will always be "Successful" because they were completed as part of the referral to 1st Five
Narrative Notes	Narrative Notes can be used at your discretion

Section 4: Organizations and Programs

4.1 ORGANIZATIONS

Organization is used to document 2 different pieces of information.

- Organization is a term used to describe the referring practice for 1st Five.
  - Example: Organization: Primary Health Care - Marshalltown
- Organization is also a term used to describe the Organization for Program Referrals.
  - Example: Organization: FAMILY, Inc. Program: Early Head Start

4.1.1 Organization – Referring Practice

This information is collected within the 1st Five Referral Activity. This is an important piece of 1st Five data that used for reporting and tracking program growth and engagement. When documenting referring practices, we want to be sure we're being specific with selecting the individual practice location.

Organization records within Iowa Connected can contain the following information:

- Name of Organization
- Organization ID
- Phone Number
- Website
- Hours
- Address
- Specialties
- Description

Organization: Community Health Center - Primary Health Care, Inc. - Marshalltown

Name of Organization	Organization ID		
Community Health Center - Primary Health Care, Inc. - Marshalltown	89589	☐ Is Agency	☐ Has Softactics Reporting
Phone Number	Website	Fax	Hours
6417534021	http://www.phcinc.net	6418446235	General medical and mental health care

Organization Type(s)
Community Resource

Specialties

Description
General medical and mental health care

Primary Medical Care Services include general medical care, pediatrics, preventive care, family planning, limited laboratory and radiology test, STD and HIV testing and counseling, testing for blood lead levels, and immunizations. Obstetrical and Gynecological Care including gynecological, prenatal and postpartum care. Family planning services are also available. Mental Health Services are offered. Clinic Hours: Monday – Friday, 8:00 am – 8:00 pm, Saturday 9:00 am – 1:00 pm

Addresses

Address Type	Line 1	Line 2	City	State	Zip	County	Phone Number
Physical	412 E Church Street		Marshalltown		50158		6417534021

4.1.2 Organization – Program Referral

This information is collected within the Needs/Program Referrals tab and used when documenting Program Referrals made to address a Need. Organizations may be large and offer multiple programs or in some cases they may be smaller and only offer one program. If the

Organization only offers one program, it is ok if the Organization and Program name are the same. When documenting program referrals, we want to be sure we're being specific with selecting the individual program being offered by the Organization.

Organization records within Iowa Connected can contain the following information:

- Name of Organization
- Organization ID
- Phone Number
- Website
- Hours
- Address
- Specialties
- Description

Organization: Community Health Center - Primary Health Care, Inc. - Marshalltown

Name of Organization	Organization ID		
Community Health Center - Primary Health Care, Inc. - Marshalltown	89589	☐ Is Agency	☐ Has Softactics Reporting

Phone Number	Website	Fax	Hours
6417534021	http://www.phcinc.net	6418446235	General medical and mental health care

Organization Type(s)

Community Resource

Specialties

Description

General medical and mental health care

Primary Medical Care Services include general medical care, pediatrics, preventive care, ==family planning==, limited laboratory and radiology test, ==STD and HIV testing and counseling==, testing for blood lead levels, and immunizations. Obstetrical and Gynecological Care including gynecological, prenatal and postpartum care. ==Family planning services== are also available. ==Mental Health Services== are offered. Clinic Hours: Monday – Friday, 8:00 am – 8:00 pm; Saturday 9:00 am – 1:00 pm

Addresses

Address Type	Line 1	Line 2	City	State	Zip	County	Phone Number
Physical	412 E Church Street		Marshalltown		50158		6417534021

4.2 PROGRAMS

Programs are specific services/programs being offered within Organizations. This information is collected when documenting Program Referrals made to address a Need. For reporting purposes, Programs must be associated with an Organization in Iowa Connected. Organizations/Programs that are offered at multiple locations will have each location listed.

Example:

Organization: Iowa Department of Human Services

Program: Refugee Services

Each address for this program will be listed within the Program record. They do not need to be listed individually. We are working with Iowa Connected to add a location drop down field so that specific locations can be selected and not listed as separate programs.

Organization Program: Refugee Services

Organization
Iowa Department of Human Services (Iowa DHS) - Butler

Name of Organization Program
Refugee Services

Addresses

Address Type	Line 1	Line 2	City	State	Zip	County	Phone
	120 1st Street Northwest		Clarion		50525	Wright	5158329555
	95 Ninth Street North		Northwood		50459	Worth	6414248641

4.3 SEARCHING FOR ORGANIZATIONS/PROGRAMS

If having difficulty finding an Organization/Program, use the Iowa Connected "Search" feature to look for it.

> **Things to remember:**
> - Organizations/Programs may be listed differently depending on how they were entered into Iowa Connected.
> - Use the EXACT name you find in the search results when adding the Organization/Program to a Program Referral.
> - Be sure your agency staff are consistent with how they are selecting Organizations/Programs.
> - If you discover duplicate Organizations/Programs, please notify the Iowa Connected Helpdesk so that they can merge the records.

Directions:

1. In the header, select "Search"

2. Select "Organization Programs" from the dropdown

IOWA HHS | **Iowa Connected** Family Health Database   Family Health ▾   Search ▾   Account ▾ 👤

Organization Programs
Search Criteria

Organization	Organization Program	Organization Program County

[Search] [Clear]

Submit search for Results

3. Populate the search criteria fields and click on the "Search" button.

4.4 ADDING ORGANIZATIONS/PROGRAMS TO IOWA CONNECTED

If the Organization/Program you've searched for does not exist in Iowa Connected, you can submit a request to the Iowa Connected Help Desk using the Provider/Organization/Program Request Form. Iowa Connected forms can be found in the MCAH Project Management Portal.

> **Things to remember:**
>
> Please the complete the form as thoroughly as possible. The information entered on this form will be used to add the program to Iowa Connected. The form will need the following information to add the Organization/Program into Iowa Connected:
> - Name of Program
> - Organization program is associated with
> - Address of Program
> - County of Program
> - Program Contact Information
>
> This form can also be used to update information on the organization/program record (new phone number, address, etc.). Send the form as part of the email. Snips or screenshots are also very helpful to include as part of a request.

4.5 MERGING ORGANIZATION/PROGRAM RECORDS

If you discover duplicate Organizations/Programs, please notify the Iowa Connected Helpdesk so that they can merge the records. Merging records will not affect data that was previously tied to the duplicate organizations/programs. Once the records are merged, you will see the merged information on the record and will need to search for the name it was merged to. Note: Screenshots are always helpful when submitting requests to the Iowa Connected Helpdesk.

Section 5: Needs and Program Referrals

This section will explain how to create Needs and Program Referrals within a client's 1st Five episode. Needs and Program Referrals are an important part of a client record. In Iowa Connected, Needs and Program Referrals are created within 1st Five Episodes in the Needs/Program Referrals tab.

5.1 CREATING NEEDS

Things to remember:

- Needs are identified by:
  - DSS during interactions with the parent/caregiver
  - Referring Provider and indicated on the 1st Five referral form
- **ALL** client Needs must be documented in the client's record as they are identified for the client. This includes:
  - all needs/concerns/issues identified by the provider and documented on the referral form.
  - all needs/concerns/issues identified by DSS by interacting with the parent/caregiver during care coordination activities.
- Needs will be documented as they are being identified while working with a client – Do not wait until the case is closed to add Needs.
- Sometimes DSS must collect additional information from a provider or parent before a need can be documented. This is ok. Be sure to go back in the record and document needs once that information is collected.
- Needs can be added more than once to a client record within different 1st Five episodes. For example, a client was referred to 1st Five and their need was food. The client was referred again the following year and food is still a concern. Food can be added to both episodes to demonstrate the reoccurring need.
- A Need must be created before a Program Referral can be recorded to address the Need.
- **IMPORTANT**: When there is an outcome to report, edit the Need and select the appropriate outcome for the Need. Walk through the options, choose the "best fit" and report the outcome of the Need.
- This information is required for program evaluation purposes.

Directions:

1. Navigate to the Episode record in member status.

2. Select the "Needs/Program Referrals" tab on the left side of the page.

3. To enter edit mode, click the "Edit" button on the top left of the page.

4. Click the "Create +" button underneath the "Needs/Program Referrals" grid to open the "Create Need" pop-window.

5. Click in the "Need" field and start typing the name of the need. A list will start forming based on the Need name being typed.

6. Populate the remaining fields then select the "Save" button at the bottom left of the page.

7. Once saved, you have the option to add Program Referrals to address the Need using the "Create +" button under the Program Referrals grid.

Field	Description
Need	select the need/concern identified for the client
Identified By	select who identified the need ▪ DSS: identified during an interaction with the parent/caregiver ▪ Referring Provider: indicated on the 1st Five referral form
Identified Date	the date the need was identified ▪ Referring Provider – referral activity date ▪ DSS – date of activity/interaction with when the need was identified
Need Outcome	**IMPORTANT**: When there is an outcome to report, edit the Need and select the appropriate outcome for the Need. Walk through the options, choose the "best fit" and report the outcome of the Need. ▪ Unaddressable – Contact does not want to pursue ▪ Unaddressable – Resource lacks capacity ▪ Unaddressable – No resources available ▪ Unaddressable – Lost contact ▪ Unaddressable – Unable to contact ▪ Resolved – DSS resolved need (no referral) ▪ Resolved – Resource addressed need ▪ Resolved – Contact self-resolved need
Owner	the individual DSS staff person completing the activity
Owning Agency	the Owner's agency
Narrative Notes	Narrative Notes can be used at your discretion to summarize the caregiver's response or add any additional feedback.

5.2 CREATING PROGRAM REFERRALS

Things to remember:

▪ A Program Referral is used to document a referral made to a community resource to meet a contact's needs.
▪ All Program Referrals must be documented in the client's record.
▪ Program Referrals will be documented as connections are being made for the client. – Do not wait until the case is closed to add Program Referrals.
▪ Multiple Program Referrals can be created to address each Need record. For example, a Food Need record may have four Program Referrals: one to WIC, another to the

> Food Box Food Pantry, another to DHS – Food Assistance and a fourth to Meals on Wheels.
> - There must be a Need created first in order to create a Program Referral to address the Need.
> - **IMPORTANT**: When there is an outcome to report, edit the Program Referral and select the appropriate outcome for the Program Referral. Walk through the options, choose the "best fit" and report the outcome of the Program Referral.
> - This information is required for program evaluation purposes.

Directions:

1. Navigate to the Episode record in member status.

2. Select the "Needs/Program Referrals" tab on the left side of the page.

3. Within the "Needs" grid, select the Need being addressed by the Program Referral you are creating.

Episode Data	**Needs / Program Referrals**				
Activities	Needs				
Surveys	Need ⇅	Identified Date ▼	Identified By ⇅	Need Outcome ⇅	Has Referral(s)
Needs / Program Referrals	Counseling Services	06/05/2023	DSS	Unaddressable - Contact does not want to pursue	➡
				Rows per page: 10 ▼	1-1 of 1

4. To enter edit mode, click the "Edit" button on the top left of the page.

5. Click the "Create +" button underneath the "Program Referrals" grid to open the "Create Program Referral" pop-window.

6. Click on the "Program Referred To" field to open the search criteria fields so that you're able to search for the Organization/Program.

7. Complete the search criteria fields and select search.

Create Program Referral

Organization Programs

Search Criteria

Organization	Organization Program	Organization Program County
YSS		Story

Search   Clear

Search Results

Organization ⇅	Organization Program ⇅	County		
YSS After-Hours Hotline - Crisis	Default Program	Story	👁	+
Youth Standing Strong (YSS) - Family Counseling & Clinic	Default Program	Story	👁	+

8. Click on the "+" to add the Organization/Program.

9. Populate the remaining fields then select the "Save" button at the bottom left of the page.

10. Once saved, you should see the Program Referral in the "Program Referral" grid saved as part of the Need record.

Need: Food

Edit ✏

Episode

[1st Five - 06/12/2023 - Member - Client ID: 17376590](#)

Need	Identified By
Food	DSS

Identified Date	Need Outcome
06/13/2023	Resolved - Resource addressed need

Owner	Owning Agency
Amy Robak	Iowa Dept. of Public Health

Program Referrals

Owner	Owning Agency	Program Referred To	Organization Referred To	Activity Date	Program Referral Outcome
Amy Robak	Iowa Dept. of Public Health	WIC	Mid Iowa Community Action, Inc.	06/13/2023	Services received

Field	Description
Need	Need being addressed by the Program Referral - auto populated
Owner	the individual DSS staff person completing the activity
Owning Agency	the Owner's agency
Activity Date	the date the Program Referral was completed
Program Referred To	Organization/Program addressing the Need
Program Referral Outcome	**IMPORTANT**: When there is an outcome to report, edit the Program Referral and select the appropriate outcome for the Program Referral. Walk through the options, choose the "best fit" and report the outcome of the Program Referral. ● Services received ● Services unavailable ● Placed on a waiting list ● Information received ● Lost contact ● Refusal of service
Description	can be used at your discretion to summarize the caregiver's response to the program referral or outcome of the program referral

5.3 SAVED NEED AND PROGRAM REFERRAL

Once saved, you should see the Program Referral saved within the Need record.

Need: Counseling Services

View 👁   Save 💾

Episode
1st Five - 03/16/2023 - Member

Need
Counseling Services ✕

Identified By *
DSS ✕

Identified Date
06/05/2023 ✕ 📅

Need Outcome
Unaddressable - Contact does not want to purs ✕

Owner
Amy Robak ✕ 👁

Owning Agency
Iowa Dept. of Public Health ✕ 👁

Program Referrals

Owner	Owning Agency	Program Referred To	Organization Referred To	Activity Date	Program Referral Outcome	
Amy Robak	Iowa Dept. of Public Health	Default Program	Youth Standing Strong (YSS) - Family Counseling & Clinic	06/07/2023	Refusal of service	➡

Section 6: Activity Navigation

This section will describe each 1st Five activity and provide directions on when to use them and how to create, edit and view 1st Five activities within the client record.

6.1 ADDING AN ACTIVITY BUNDLE TO AN EPISODE

Things to remember:

- Best practice is to use the preset 1st Five Activity Bundle. The Activity Bundle has time saving features such as cascading common fields, reminders and other reset values.
- If items in the bundle are not completed, you can update the outcome of the activity as "No Longer Necessary" and the activity will no longer appear as overdue in your dashboard.

Directions:

1. Navigate to an Episode record.

2. Confirm you are not in edit mode. If in edit mode, select the "View" button at the top left of the page to go to View mode.

3. Click the "Create Activity Bundle" button to launch the bundle creation process pop-window.

Episode: 1st Five - 06/01/2023 - Member

Edit ✏️   Create Activity Bundle

Client
Charlie Brown

Program
1st Five

Owner
Amy Robak

Owning Agency
Iowa Dept. of Public Health

Awareness Date
06/01/2023

Episode Status
Member

Note

Episode Data   **Episode Data**

4. Select the "1st Five New Client" activity bundle from the dropdown and select "Search".

IAFH Select Activity Bundle

Activities

Search Criteria

1st Five New Client   ✕ 👁

Search   Clear

5. Clicking the checkbox to the left of the "Activity Type" heading in the search results table will select all activities. Note, you can deselect any activities you do not need for the particular bundle.

6. Click the "Complete" button to create the bundle of activities.

Search Criteria

Activity Bundle
1st Five New Client ☒ ☒ 👁

[Search] [Clear]

Search Results

☑ Activity Type ⇕	Activity Date Offset (Days) ▲
☑ Referral	0
☑ Care Coordination	3
☑ Send Letter	60
☑ Satisfaction Survey	74

- Referral - 0 ✕
- Care Coordination - 3 ✕
- Send Letter - 60 ✕
- Satisfaction Survey - 74 ✕

[Complete]

7. A pop window will appear to notify you that the bundle process was successful, you can close the window and proceed with completing the bundle activities.

8. If you do not wish to proceed with creating the bundle, click outside of the pop-window to cancel the bundle creation process.

6.2 CREATING AN ACTIVITY IN AN EPISODE

Things to remember:

- Activities can be created to be used as reminders by scheduling them for a future date.
- Activities can also be created as they are being completed with the client.

Directions:

1. Navigate to an Episode record.

2. Select the "Activities" tab on the left side of the page.

3. To enter edit mode, click the "Edit" button on the top left of the page.

4. Click the "Create +" button on the "Activities" grid to open the "Create Activity" pop-window.

5. Complete the activity's fields – depending on the activity type, some of the fields may look different.

6. Selecting "Save" will result in additional fields being available based on the specific activity type.

7. To cancel the activity record creation, select the "Close" button at the bottom left of the page.

Create Activity

Episode *
1st Five - 06/01/2023 - Member 👁

Owner *
Amy Robak ✕ 👁

Owning Agency *
Iowa Dept. of Public Health ✕ 👁

Type *
Referral ✕

Date *
06/05/2023 ✕ 📅

Time
06/05/2023 04:09 PM ✕ 📅

Duration (minutes)
15

Outcome
Successful ✕

[Save 💾] [Close ✕]

6.3 DUPLICATE/INCORRECT ACTIVITIES

Things to remember:

▪ When is it ok to delete an activity?
   ○ If an activity was created by mistake and it has not been completed or saved, you can delete the activity.
▪ Otherwise…
   ○ If an activity was created/scheduled and not successfully completed, change the status of the activity outcome to "No Longer Needed" so that the activity does not appear on your dashboard.
   ○ Iowa HHS will be running and reviewing audits reports to monitor data deletions.

Directions:

1. Navigate to the Activity record you wish to delete or edit.

2. Enter edit mode by clicking on the "Edit" button on the top left of the page.

3. Select the "Delete" button on the top left of the page.

4. In the "Delete Activity" pop-window select the "Continue" button. If you do not wish to proceed with the deletion then select the "Cancel" button.

6.4 1ˢᵀ FIVE ACTIVITY TABLE

Activity Type	Description
Referral	documents a referral into the 1st Five Program and information collected on the 1st Five referral form
PHONE CALLS	
Introduction Call	- documents initial attempt to contact a client that does not result in direct contact - it is possible to have multiple introduction calls if you have never been able to connect with the client
Incoming Call	documents missed calls and/or voicemails
Care Coordination Attempt	documents an attempt to contact a client that does not result in direct contact AFTER a care coordination activity has already occurred
SEND LETTER: LETTERS TO CLIENTS	
Program Introduction	documents a welcome letter to the referred client
Follow Up Letter	documents attempt to contact letters to a parent/caregiver
Thank you to Family	documents formal closing letter to the parent/caregiver
SEND LETTER: LETTERS TO PROVIDERS	
Referring Provider Acknowledgement	documents correspondence to the referring primary care provider
Referring Provider Update	these letters must also be uploaded into Iowa Connected as part of the Send Letter activity
Referring Provider Closing	
CARE COORDINATION	
Care Coordination (phone)	documents when you are able to connect via phone with a client, provider and/or a community resource in reference to your client
Care Coordination (letter)	documents letters sent to the client that include materials/ information relative to referrals and available services
Care Coordination (text, email, fax)	- documents a back and forth dialogue when you are able to connect via text, email, fax with a client, provider and/or a referral resource in reference to your client - do not use Care Coordination if no dialogue takes place
SATISFACTION SURVEYS	
Family Satisfaction Survey	documents the family satisfaction survey completed for 1st Five clients

The following sections will explain how to document each individual 1st Five activity and describe each field within the activity. The directions will not include steps on adding each activity. For those step by step directions, please refer to the section 5.2 titled, "Creating an Activity Record while in the Episode".

Section 7: Referral Activity

7.1 REFERRAL ACTIVITY

A Referral activity documents a referral into the 1st Five Program and information collected on the 1st Five referral form. The Referral Activity is a very important piece in collecting 1st Five data. Each 1st Five episode must include only ONE referral activity.

Things to remember:

- 1st Five only accepts referrals from Primary Care Providers. If this "Source" of the referral is not a primary care provider, seek guidance from your supervisor regarding next steps.

- Screening Type is a multi-select field - please select all tools that are indicated on the referral form.

- If a screening or surveillance tool was not indicated on the referral form, please use the "None" option.

- **IMPORTANT**: When the primary reason for the referral has been addressed, edit the Referral activity and complete the Referral Outcome and Reconciliation field options.

- Additional data that is required as part of this activity includes:
    - Attachment: 1st Five referral form
    - Organization: Referring Practice
    - Provider: Referring Provider

Field	Description
Owner	the individual DSS staff person completing the activity
Owning Agency	the Owner's agency
Type	Referral
Date	the date the referral was received
Duration	the number of minutes spent working on the activity, from start to finish
Outcome	select "Successful" – Referral activity outcomes will always be Successful because they were completed

County of Referring Practice	select the referring practice's county
Source	select Primary Care Provider – 1st Five only accepts referrals from Primary Care Providers. If this "Source" of the referral is not a primary care provider, seek guidance from your supervisor regarding next steps.
Reason	select the primary reason for referral identified by the referring provider, which is essentially the "need" that prompted the referral to 1st Five
Surveillance Type	select the surveillance tool indicated on the 1st Five referral form. If the item is unknown or a tool was not used, choose, None – Surveillance
Screening Type	select the screening tool indicated on the 1st Five referral form. If the item is unknown or a tool was not used, choose, None – Screening
Referral Outcome	documents the Outcome status of the primary reason for referral to 1st Five. **IMPORTANT:** When the primary reason for the referral has been addressed, edit the Referral activity and complete the Referral Outcome field.
Reconciliation Outcome	documents the service gap code in response to the primary reason for referral to 1st Five. **IMPORTANT:** When the primary reason for the referral has been addressed, edit the Referral activity and complete the Reconciliation Outcome field.
County of Residence	select the county in which the client lives

Activity: Referral - Charlie Brown

Edit ✏️

Episode
1st Five - 03/16/2023 - Member

Owner	Owning Agency		
Amy Robak	Iowa Dept. of Public Health		

Type	Date	Day of the Week	Duration (minutes)
Referral	06/06/2023	Tuesday	20

Outcome	From Bundle
Successful	1st Five New Client

Activity Data

[Activity Data]

Activity Data

Instructions

County of Referring Practice	Screening Types
Story	ASQ-3

Source	Referral Outcomes
Primary Care Provider	

Reason	Reconciliation Outcome
Developmental Concerns	

Surveillance Type	County of Residence
CHDR	Story

7.2 ADDITIONAL REFERRAL ACTIVITY DATA

The following guidance is related to essential pieces of the Referral activity. Once you've completed the necessary fields and added the additional data, click on "Save".

7.2.1 Adding Narrative Notes
Narrative notes are optional descriptive notes or comments

7.2.2 Adding Attachments
Use this feature to attach the 1st Five referral form to the Referral activity

Directions:

1. Click the "Create +" under the "Attachments" grid to open the "Create Attachment" pop-window.

2. Type 1st Five referral form in the description field

3. Notes are optional

4. Select the file to upload and click Save.

Create Attachment

Activity *
Referral - Charlie Brown

Description
1st Five Referral Form

Note
optional

File
1st Five Referral Form.pdf ✕

[Save 💾]   [Close ✕]

7.2.3 Adding Organizations (Referring Practice)
Use this feature to add the referring practice to the Referral activity. Organizations (Referring Practice) may be listed differently depending on how they were entered into Iowa Connected. Be sure agency staff are consistent with how Organizations are being selected. If having difficulty finding an Organization, please contact the Iowa Connected Helpdesk.

Directions:

1. Click the "Create +" under the "Organizations" grid to open the "Create Organization" pop-window.

2. Click on the "Organization" field to open the search criteria fields so that you're able to search for the referring practice.

3. Complete the search criteria fields and select search. For better search results, enter as much criteria as you can.

4. Click on the "+" to add the referring practice to the activity, then click on "Save".

Search Criteria

Name of Organization	City	County
McFarland	Nevada	Story

Search   Clear

Search Results

Name of Organization ⇕	City	County	Is Agency ⇕		
McFarland Clinic-Physical Therapy-Nevada Office	Nevada	Story		👁	+
McFarland Clinic-Nevada	Nevada	Story		👁	+
McFarland Clinic-Nevada	Nevada	Story		👁	+
Mcfarland Clinic, Pc	Nevada	Story		👁	+

7.2.4 Adding Providers

Use this feature to add the referring provider to the Referral activity. Providers may be listed differently depending on how they were entered into Iowa Connected. Be sure agency staff are consistent with how Providers are being selected. If having difficulty finding a Provider or if you discover duplicate providers, please contact the Iowa Connected Helpdesk.

Directions:

1. Click the "Create +" under the "Providers" grid to open the "Create Provider" pop-window.

2. Click on the "Provider" field to open the search criteria fields so that you're able to search for the referring provider.

3. Complete the search criteria fields and select search. For better search results, enter as much criteria as you can.

4. Click on the "+" to add the referring provider to the activity, then click on "Save" and close the activity.

Search Criteria

First Name	Last Name	NPI	County
John	Paschen		Story

Search   Clear

Search Results

Phone Number ⇕	First Name ⇕	Last Name ⇕	NPI ⇕		
(515) 239-4400	John	Paschen	1194706127	👁	+

7.3 SEARCHING FOR PROVIDERS AND ORGANIZATIONS

If having difficulty finding a Provider or Organization, use the Iowa Connected "Search" feature.

Things to remember:
- Providers and Organizations may be listed differently depending on how they were entered into Iowa Connected. Use the EXACT name you find in the search results when adding this information to the Referral activity.   - Be sure your agency staff are consistent with how they are selecting Referring Providers and Organizations.   - If you discover duplicate Providers or Organizations, please notify the Iowa Connected Helpdesk so that they can merge the records.

Directions:

1. In the header, select "Search"

2. Select either "Provider" or "Organization" from the dropdown
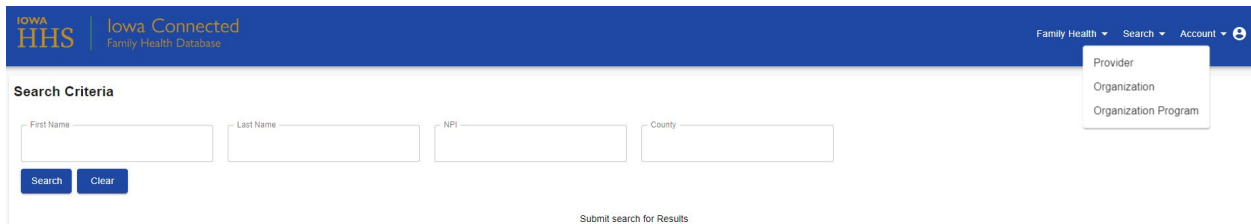
3. Populate the search criteria fields and click on the "Search" button.

7.4 ADDING PROVIDERS AND ORGANIZATIONS TO IOWA CONNECTED

Things to remember:
If the Provider/Organization you've searched for does not exist in Iowa Connected, you can submit a request to the Iowa Connected Help Desk using the Provider/Organization/Program Request Form. The form will need the following information to add the Provider/Organization into Iowa Connected:

Provider	Organization
- Provider Full Name - Provider Credentials (i.e. RN, RDH, MD) - Provider Email Address - Provider Phone Number - Languages or Specialties:	- Name of Organization - Organization Phone Number - Organization Website - Organization Address - Organization Type (i.e. hospital, clinic)

Section 8: Phone Call Activities

8.1 INTRODUCTION CALL

Introduction Call activity is used to document attempts to introduce 1st Five to a client that does not result in direct contact. It's possible to have multiple Introduction Call activities if you make multiple attempts to call a parent/caregiver without connecting with them. Introduction Call activity can also be used to document an introduction text message sent to initiate a reply/conversation but which does not result in a text reply. Similar to a voicemail but sent via text message.

Field	Description
Owner	the individual DSS staff person completing the activity
Owning Agency	the Owner's agency
Type	Introduction Call
Date	the date the activity was completed
Day of the Week	the day of the week that the activity was completed – this field will auto populate once the date is entered
Time	the time you began working on the activity
Duration	the number of minutes spent working on the activity, from start to finish
Outcome	select the appropriate outcome • Successful = activity was completed • Unsuccessful = activity was not completed • No Longer Needed = activity was no longer needed
Interpreter Used	select this box if an interpreter was used as to complete this activity
Narrative Notes	Narrative Notes can be used to document details related to phone calls for example information shared on a voicemail and plan for next steps.

8.2 INCOMING CALL

Incoming Call activity is used to document a missed call/voicemail from a client, community partner or provider. Do not use this type of activity to document when a client calls you and you have a conversation - that interaction would be documented as a Care Coordination activity.

Field	Description
Owner	the individual DSS staff person completing the activity
Owning Agency	the Owner's agency
Type	Care Coordination Attempt
Date	the date the activity was completed
Day of the Week	the day of the week that the activity was completed – this field will auto populate once the date is entered
Time	the time you began working on the activity
Duration	the number of minutes spent working on the activity, from start to finish
Outcome	select the appropriate outcome ● Successful = activity was completed ● Unsuccessful = activity was not completed ● No Longer Needed = activity was no longer needed
Interpreter Used	select this box if an interpreter was used as to complete this activity
Narrative Notes	Narrative Notes can be used to document details related to phone calls for example who the call was from and what was their voicemail.

Section 9: Care Coordination Activity

9.1 TYPES OF CARE COORDINATION

Care Coordination is the process of helping the client access services to address needs identified by the primary care provider and the parent/caretaker. This includes the following:

9.1.1 Initial and Follow Up Calls to Client (with Contact)

Care Coordination service activity is used to document care coordination services, including a call when you speak to or correspond with a parent/caregiver. Follow-up with the parent/caregiver may occur at varied frequencies depending on the nature of the needs and solutions. Follow-up with the parent/caregiver should occur within two weeks of the first time you reached the parent/caregiver. Until services are in place, additional Follow Up calls should occur at a minimum of once per month following the second time you reach the parent/caregiver.

Follow up questions should include:

- Was the client able to connect with the referral resource?
- What is the status / eligibility status of the referral?
- What services are being provided?

Client's episodes should be closed if they have been connected to resources, are on a considerable waitlist and do not have additional needs.

If follow up attempts with parent/caregiver does not result in speaking or corresponding with them, the activity will be documented in Iowa Connected as a Care Coordination Attempt.

9.1.2 Follow Up Letters to Client

Care Coordination activity is used to document letters with the parent/caregiver to share brochures or information related to resources they are being connected to through 1st Five. Care Coordination letters are helpful in summarizing phone calls so that the parent/caregiver has the contact information necessary to follow through with referrals discussed.

9.1.3 Referrals to Community Resource

Care Coordination activity is used to document when connecting with community resources to which you are referring the client (for the contacts that the parent/caregiver is not making directly) and make appropriate referrals as identified by the provider and parent/caregiver. Repeat this process for each referral to each community resource.

Make referrals to a given community resource according to your agency protocols for referring to that specific resource (via phone, fax, e-mail, online referral system, etc.). Referral documents do not need to be attached to the activity.

9.1.4 Follow Up Calls to Community Resource

Care Coordination activity is used to document care coordination services, including follow up interactions with community resources. Follow-up may occur at varied frequencies depending on the referral protocols of the resources and availability of the service. Follow-up with

community resources should occur no longer than two weeks following the send date of your referral. Execute periodic follow-up as needed with community resources to obtain information about referral status.

Follow up questions should include:

- Was the client able to connect with the referral resource?
- What is the status / eligibility status of the referral?
- What services are being provided?

If follow up attempts with community resources do not result in speaking or corresponding with them, the activity will be documented in Iowa Connected as a Care Coordination Attempt.

9.2 CARE COORDINATION ACTIVITY

Things to remember:

- Care Coordination interaction types may vary including phone, text, email, and fax
- All Care Coordination activities must be documented in Iowa Connected separately as they are all individual interactions
- Additional Care Coordination activities can be added using the "Create +" button under the Activities grid
- If the interaction type is text or email, there must be a response from the recipient in order for it to be considered a Care Coordination activity
- Any emails containing protected health information must be sent via a secure mail system

Field	Description
Owner	the individual DSS staff person completing the activity
Owning Agency	the Owner's agency
Type	Care Coordination
Date	the date the activity was completed
Day of the Week	the day of the week that the activity was completed – this field will auto populate once the date is entered
Time	the time you began working on the activity
Duration	the number of minutes spent working on the activity, from start to finish
Outcome	select the appropriate outcome ▪ Successful = activity was completed

	▪ Unsuccessful = activity was not completed ▪ No Longer Needed = activity was no longer needed
Interpreter Used	select this box if an interpreter was used as to complete this activity – this field has replaced the Interpreter Services Referral activity in Signify
Interaction Type	select the Interaction Type that corresponds with your Care Coordination service
Service Provider	select the provider of the Care Coordination service
Service Provider Agency	select the Service Provider's agency
Narrative Notes	Use Narrative Notes to document the following: ▪ Contact Person ▪ Concerns/Issues ▪ Staff Response ▪ Medical/Dental Appt Summary ▪ Referrals, Outcomes, and Plan for Follow-up ▪ Client/Parent/Caregiver Feedback ▪ Other Comments

Owner
Amy Robak

Owning Agency
Iowa Dept. of Public Health

Type
Care Coordination

Date
06/06/2023

Day of the Week
Tuesday

Time
06/06/2023 1:28 PM

Duration (minutes)
15

Outcome
Successful

From Bundle
1st Five New Client

Activity Data

Activity Data

☐ Interpreter Used

Instructions

Interaction Type
Phone

Service Provider
Amy Robak

Service Provider Agency
Iowa Dept. of Public Health

Narrative Notes

Comments	Created Date ▼
Contact Person Concerns/Issues Staff Response Medical/Dental Appt Summary Referrals, Outcomes, and Plan for Follow-up Client/ family feedback Other Comments	06/06/2023 1:41 PM

9.3 CARE COORDINATION ATTEMPTS

Care Coordination Attempt activity (previously referred to as Follow Up Call) is used to document when you are following up on prior conversations (aka Care Coordination) where interaction occurred, but you have been unable to connect with the parent/caregiver, community partner and/or provider.

Field	Description
Owner	the individual DSS staff person completing the activity
Owning Agency	the Owner's agency
Type	Care Coordination Attempt
Date	the date the activity was completed
Day of the Week	the day of the week that the activity was completed – this field will auto populate once the date is entered
Time	the time you began working on the activity
Duration	the number of minutes spent working on the activity, from start to finish
Outcome	select the appropriate outcome ▪ Successful = activity was completed ▪ Unsuccessful = activity was not completed ▪ No Longer Needed = activity was no longer needed
Interaction Type	select the Interaction Type that corresponds with your Care Coordination service
County of Residence	select the county in which the client lives
Interpreter Used	select this box if an interpreter was used as to complete this activity
Narrative Notes	Narrative Notes can be used at your discretion to summarize the caregiver's response or add any additional feedback.

Section 10: Send Letter Activity

10.1 TYPES OF LETTERS

DSS communicate with clients and providers using letters. The following section describes the different types of letters, how they should be used, and the content expectations.

10.1.1 Letters to Client

Program Introduction

- documents a stock welcome letter sent to the referred client to introduce 1st Five

- must be sent to the client within 24 hours or by the end of the next business day of receiving the referral

- contents of this letter should include:

    o the1st Five brochure

    o any necessary releases or exchange of information forms

    o the URL for the local resource directory or guidance on how to search for the resource directory via a search engine (i.e., search "Polk County Resource Directory").

- should remain succinct and specific to 1st Five (do not use the 1st Five Program Introduction packet as agency outreach).

Follow Up Letter

- documents letters sent to the client in an attempt to contact them

- must be sent within 24 hours or by the end of the next business day if unable to contact a client

Thank You to Family

- documents the formal closing letter to the parent/caregiver. This will inform the parent/caregiver that you are closing the case and thank them for their participation in 1st Five.
- contents of this letter include:
    o 1st Five Contact information
    o a recap of referrals and contact information for the community resources to which the child was connected
    o a reminder that referrals are only accepted via primary care providers for developmental intervention, to reduce the likelihood that a client will attempt to "self-refer"
    o encouragement for the parent/caregiver to contact their child's primary care provider regarding any future concerns

10.1.2 Letters to Referring Provider

Referring Provider Acknowledgement

- documents a letter sent to the provider to inform them that you've received the referral

Referring Provider Update

- documents an update letter sent to the provider to inform them of appropriate referrals and connections being made
- can also be used to document letters sent to the provider to inform them of unsuccessful attempts to connect with a client and request additional contact information such as alternative phone numbers or addresses. If attempts to contact a client are not successful, send a provider update 2 weeks from the 1st attempt to contact.
- suggested point in time is at 2 months following the date of referral and no more than once every two months for most clients.
- provider updates may occur at various points in time during the DSS process depending on provider preferences and client's needs/program referrals
- contents of this letter include:
    - client contacts (including attempted contacts that were not successful)
    - referrals to community resources (including known progress and outcomes)
    - future plan for follow up

Referring Provider Closing

- documents a letter sent to the provider to inform them that the referred client's case has been closed
- must be sent within 24 hours or by the end of the next business day following the mailed Thank You to Family Letter
- contents of this letter include:
    - a summary of the community resources to which the child was connected and the results of the connections offered
    - an invitation for the provider to refer again if additional developmental concerns are identified before the child's 5th birthday
    - a thank you to the provider for the referral

10.2 SEND LETTER ACTIVITY

Send Letter activities are used to document letters sent to clients and referring providers.

Field	Description
Owner	the individual DSS staff person completing the activity
Owning Agency	the Owner's agency
Type	Send Letter
Date	the date the activity was completed
Day of the Week	the day of the week that the activity was completed – this field will auto populate once the date is entered

Time	the time you began working on the activity
Duration	the number of minutes spent working on the activity, from start to finish
Outcome	select the appropriate outcome ▪ Successful = activity was completed ▪ Unsuccessful = activity was not completed ▪ No Longer Needed = activity was no longer needed
Type of Letter	select the type of letter
Narrative Notes	Narrative Notes can be used at your discretion to summarize material that was included in the letter or sent to the client
Attachments	Letters to the referring provider **MUST** be attached to the Send Letter activity. 1. Click the "Create +" under the "Attachments" grid to open the "Create Attachment" pop-window. 2. Type the title in the description field 3. Notes are optional 4. Select the file to upload and click Save.

Activity: Send Letter - Charlie Brown

View 👁   Save 💾

Episode
1st Five - 03/16/2023 - Member

Owner *
Amy Robak   ✕ 👁

Owning Agency *
Iowa Dept. of Public Health   ✕ 👁

Type *
Send Letter

Date *
06/08/2023   ✕ 📅

Time
🗓

Duration (minutes)
13

Outcome
Successful   ✕

Activity Data	**Activity Data**

Type of Letter
Select values   ▼

Narrative Notes

Comments	Created Date
No results found	

Create +

Attachments

Description ⇕	File Name ⇕
Provider Update 6/8/23	Provider Update Letter 6.8.23.docx

Create +

Section 11: Family Satisfaction Survey
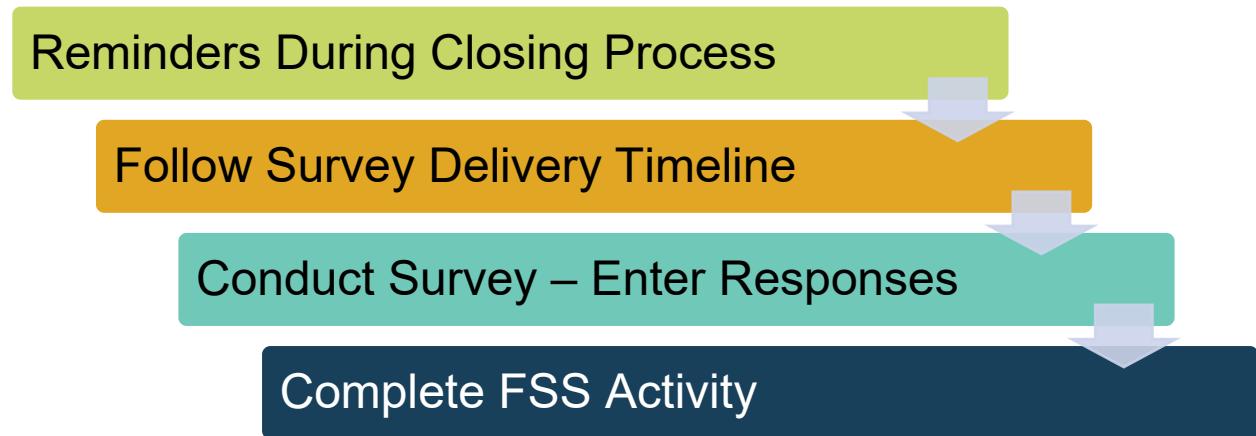
11.1 SATISFACTION SURVEY OVERVIEW

The University of Kansas Center for Public Partnerships and Research team designed a new Family Satisfaction Survey and protocol. The plan is to PILOT the new survey and protocol for FY25. The Family Satisfaction Survey Pilot Study will collect both qualitative and quantitative data. Using lessons learned from the pilot study will help to inform KU when improving and developing the final survey and protocol to be launched next year (July 1 2025). This project within the program evaluation will help to improve the 1st Five program and service – this is not a survey to evaluate agency performance.

Data collection will occur at all 1st Five sites for all 1st Five clients with closed 1st Five episodes within FY25.

- This does include clients that did not make contact or lost contact with 1st Five.
- This does not include 1st Five clients that declined 1st Five services.

11.2 SATISFACTION SURVEY PROCESS

Following the process, will provide consistency to delivering the Family Satisfaction Survey and improve collection of survey responses. Parent/caregiver feedback will help to improve our program and services.

Reminders During Closing Process

Follow Survey Delivery Timeline

Conduct Survey – Enter Responses

Complete FSS Activity

11.2.1 Reminders During Closing Process

Reminders are helpful – this we know! When closing a case there are 2 instances where a parent can be reminded of the upcoming survey.

- during your final communication/conversation
- closing letter

Inform the parent/caregiver that a 1st Five team member from your agency will be calling them within the next few days to complete the Family Satisfaction Survey.

Things to remember:

- It might be helpful to schedule the survey phone call ahead of time
  - Let them know it may take 5-10 minutes - when a good day/time would be to call them for the survey?
- If you know the name of the 1st Five team member that will be calling them – share that information with them too.
- Share the "why" behind the survey
  - Our goal is to use their feedback to help us improve the 1st Five program and our services.

Example: "Within the next week, my co-worker Jenny will be giving you a call to ask you a few questions about 1st Five and the services we provided. Your feedback is really important in order for us to learn more about ways we can improve our program and services. This could take maybe 5-10 minutes. Is there a good day/time for her to call you?"

11.2.2 Follow Survey Delivery Timeline

- 1st Five staff should establish contact with parents/caregivers to conduct the Family Satisfaction Survey Surveys **within** 1 week (5 business days) of case closure.
- If not able to connect with parents/caregivers during the 1st attempt, an additional follow up attempt will be conducted, **within** 1 week (5 business days) of the 1st attempt.
- If not able to connect with parents/caregivers during the 2nd attempt, the 3rd and FINAL follow up attempt will be conducted, **within** 1 week (5 business days) of the 2nd attempt.
- **Important:**
  - Please put some time/space between attempts to connect with a parent/caregiver – we do not want to be a nuisance with back to back phone calls. 1st Five staff should wait 3-5 business days before making additional attempts to call the parent/caregiver.

Things to remember:

Example:

- A Case closes on June 4th
- The Family Satisfaction Survey 1st attempt should be made between June 5th and June 11th (at the latest).
- If the 1st attempt results in "Unable to Complete Survey" the 2nd attempt should be made between June 12th and June 18th.
- If the 2nd attempt results in "Unable to Complete Survey" the 3rd and final attempt should be made between June 19th and June 25th.

			June		
Sun	Mon	Tue	Wed	Thu	Fri
2	3	4 CASE CLOSURE	5	6	7
9	10	11 Phone Call Attempt #1	12	13	14
16	17	18 Phone Call Attempt #2	19	20	21
23	24	25 Phone Call Attempt #3	26	27	28
30					

> - Phone calls to complete the survey should occur on different days of the week and different times of the day to ensure we're trying to connect with parents/caregivers at varied days/times.
> - If you complete the survey during the 1st or 2nd attempt –you do not need to continue calling the parent, the task has been completed.
> - If you've completed all 3 attempts and were not able to connect with the parent –you do not need to continue calling the parent, all attempts have been completed.
> - If a parent/caregiver declines the survey or asks to not be called again – note their response and document the outcome. Do not make any additional attempts to complete the survey, the task has been completed.

11.2.3 Conduct the Phone Survey

1st Five staff that did not work directly with the family will conduct the survey via phone call. This can either be the Site Coordinator or another DSS from the same 1st Five agency that provided 1st Five services. 1st Five Staff should use an interpreter during phone calls when appropriate.

1st Five staff will use the provided survey script when conducting the Family Satisfaction Survey over the phone. The FSS Scripts contains areas where staff will need to insert specific information:

- Parent/Caregiver's name
- Client's name
- 1st Five staff's name (staff completing survey)
- 1st Five Agency name
- 1st Five staff's phone number
- Reason for referral to 1st Five

See survey script in Appendix C.

11.2.4 Enter Responses Into Qualtrics

1st Five staff will be responsible for entering survey responses for each client that receives the Family Satisfaction Survey. Survey responses will be entered into a Qualtrics survey using an anonymous survey link while conducting the phone survey. The survey link is reusable and will be reused each time they need to enter survey responses.

- Survey link: https://kusurvey.ca1.qualtrics.com/jfe/form/SV_3vzIUzMX4HA18Vg

Survey response include scaled responses AND qualitative responses. Qualitative responses should be typed verbatim into the survey response boxes. Please make sure you read back the answer you type to the client to ensure the answer is accurate.

1st Five staff will complete the following four "intro" questions for each survey entered into Qualtrics:

1. "Are you the DSS that worked with the family directly on their case?"
   - Yes or no response
2. "Please select the CSA in which this client was served."
   - Select the appropriate CSA

- This information will allow KU to sort Qualtrics responses by 1st Five CSA.
- 1st Five Consultants will share agency data with Site Coordinators.

3. "Did this client have "unable to contact" or "lost contact" as the referral outcome for 1st Five?"
    - This will assist KU in "flagging" clients that have these specific outcomes
4. "Please enter the Client ID"
    - The Client's Iowa Connected ID is important so that KU is able to link the survey data to Iowa Connected data.

Staff will not be able to proceed within the survey unless these questions have been answered.

Things to remember:

- It might be helpful to review the clients 1st Five referrals before calling the parent/caregiver
- This information could be helpful if the parent/caregiver is having a hard time recollecting 1st Five:
    - DSS Name
    - Provider Name
    - Connections/Information provided by 1st Five
- In preparation for your phone call, make sure you are ready to collect the survey responses by having the Qualtrics site up on your computer.
- There will be a section at the end of the Qualtrics survey where 1st Five staff can enter information that may be helpful for the KU team to know related to conducting the phone survey and the pilot study (challenges, pain points, etc.). This is not a required text box.
- Be sure that the survey is submitted by clicking the right blue arrows until you see the conclusion message: "Thank you so much for your time today answering our questions about your experience with the 1st Five program. I hope you have a great day."

11.2.5 Complete the Family Satisfaction Survey Activity

1st Five staff will be responsible for completing a Family Satisfaction Survey activity in Iowa Connected to document the outcome of each attempt to complete the survey. 1st Five staff will use "successful" to report the outcome of the activity – meaning the activity itself was completed. This is similar to guidance we've provided related to other completed activities within Iowa Connected.

EACH survey attempts will be documented separately and staff will select one of the following outcomes for the Family Satisfaction Survey:

- Unable to Complete Survey (1st, 2nd and 3rd Attempt)
    - This option will be used when surveys are incomplete (examples: parent doesn't answer, parent asks to reschedule for another time, parent hangs up, etc.).
- Survey Complete (1st, 2nd and 3rd Attempt)
    - This option will be used when the survey is completed fully, this includes situations when a parent has completed only a portion of the survey.
- Decline Survey (1st, 2nd and 3rd Attempt)
    - This option will be used when the parent declines to participate in the survey.

> **Things to remember:**
>
> - Be sure to check the "Interpreter Used" box if you used an interpreter to complete the activity.
>
> - Survey Outcome drop down list options:
>   - 1st Attempt- Unable to Complete Survey
>   - 2nd Attempt – Unable to Complete Survey
>   - 3rd Final Attempt - Unable to Complete Survey
>   - 1st Attempt- Survey Complete
>   - 2nd Attempt – Survey Complete
>   - 3rd Final Attempt - Survey Complete
>   - 1st Attempt- Declined Survey
>   - 2nd Attempt – Declined Survey
>   - 3rd Final Attempt - Declined Survey
> - Remember: if the client declined 1st Five services, they will not be receiving the survey. The outcome for the Satisfaction Survey in their record will be "No Longer Needed"

11.3 SATISFACTION SURVEY QUESTIONS

There are 8 survey questions. Questions are either open-ended and asking for qualitative responses or they are on a Likert scale and asking for a scaled response within a certain range. Please be sure to read the questions as they are written and, in the order, they are presented – do not skip questions or reorder them. The questions have been intentionally worded and placed in the order they are in. It's very important to make sure you read back the qualitative responses to the client to ensure answer was collected accurately. See survey questions listed in Appendix B.

11.4 SATISFACTION SURVEY TOOLS

11.4.1 Satisfaction Survey Script

1st Five staff will use the provided survey script when conducting the Family Satisfaction Survey over the phone and entering data into Qualtrics. Using the script is important so that we're eliminating any bias and providing consistency when delivering the FSS. The script will be provided in several formats, staff can choose the format they're comfortable using.

- The survey script and survey questions will be provided as a word document.
- The survey script and survey questions are also available in an excel spreadsheet format so that staff can phone call attempts.
- The survey script and survey questions are also embedded within the Qualtrics link.

The FSS Scripts contains areas where staff will need to insert specific details. Please be sure to review the client's record and collect that information before calling the parent/caregiver.

The FSS Script also includes a script for the following scenarios:

- Family doesn't answer – Attempt #1

- Family doesn't answer – Attempt #2
- Family doesn't answer – Attempt #3

See survey script in Appendix C.

11.4.2 Family Satisfaction Survey Spreadsheet

The Family Satisfaction Survey Spreadsheet can be used to assist with collecting client details needed to conduct the survey and it can be used to track attempts to complete the survey. The FSS Spreadsheet contains 2 tabs:

- Closed Cases – Tracking Sheet
- Survey Script

The Closed Cases – Tracking Sheet tab contains client case details that will be needed when completing the FSS. This tab can also be used to track the outcome and attempts to connect with parents/caregivers. It is recommended to use a "new" spreadsheet (copy of blank template) each month so that it doesn't become chaotic.

The Closed Cases – Tracking Sheet tab can be used in conjunction with the Survey Script tab so that it populates the information needed in the Script tab.

The FSS Spreadsheet is meant to be a tool to support staff in their work. If staff are not comfortable using any part of the spreadsheet, that's OK – they are optional tools. Please connect with your HHS consultant if you need a blank template of the FSS Spreadsheet.

Appendix A

CONTACT TIMELINE

Program Introduction	A Program Introduction Letter must be sent to the client within 24 hours or by the end of the next business day of receiving the referral.
1st Phone Call	Call the parent/caregiver within 48 hours (2 business days) of receiving the referral.
1st Follow Up Letter	A Follow Up Letter is sent within 24 hours or by the end of the next business day if unable to connect with the parent/caregiver during the 1st phone call.
2nd Phone Call	Approximately five business days after you send the 1st Follow Up Letter, call the parent/caregiver.
2nd Follow Up Letter	Send a 2nd Follow Up Letter within 24 hours or by the end of the next business day if unable to connect with the parent/caregiver after the 2nd phone call.
Provider Update	If attempts to connect with the parent/caregiver are not successful, send a provider update 2 weeks from the 1st attempt to contact. Update will include dates and times of attempted points of contact and a request for additional client contact information (if known).
3rd Phone Call	Approximately five business days after you send the 2nd Follow Up Letter, call the parent/caregiver.
3rd Follow Up Letter	Send a final Follow Up Letter within 24 hours or by the end of the next business day if unable to contact parent/caregiver after the 3rd phone call.
Thank You to Family Letter	If you are unable to contact the parent/caregiver after 3 phone calls and 3 Follow Up Letters, send a Thank you to Family Letter and close the 1st Five Episode.

Appendix B

SURVEY QUESTIONS

Remember:

- Please be sure to read the questions as they are written and, in the order, they are presented – do not skip questions or reorder them. The questions have been intentionally worded and placed in the order they are in.
- Once you type their answer into the Qualtrics form, please read back the response you've collected to ensure it is accurate.

1. What could have been done to make it easier for you to connect with 1st Five Staff?

2. One of 1st Five's main goals is to serve as the bridge to connect your family to needed services and supports. You may now be more aware of services that you, your child, and family could use to meet your needs. We would like to know more about how 1st Five impacted your family.

   What needs did 1st Five meet due to connections that were made to services?

3. What needs did your child or your family have that were unable to be met by 1st Five with their connection process such as connections to information, services, and supports?

4. On a scale from 1 to 7, one being very poor to 7 being very good: How would you rate the 1st Five program on the quality of their process in trying to connect you to information service and support for [INSERT REASON FOR REFERRAL]

5. What are some good things that the 1st Five program is doing?

6. In what ways can the 1st Five program improve?

7. What effect did the 1st Five program have on your child and your family?

8. What else should we know about your experience with the 1st Five program?

Appendix C

FAMILY SATISFACTION SURVEY: PHONE SCRIPT

In preparation for your phone call make sure you pull up the Qualtrics Survey so you can begin to fill out the survey if the family answers the phone call. You can find the survey at this link: https://kusurvey.ca1.qualtrics.com/jfe/form/SV_3vzIUzMX4HA18Vg .

Please make sure to fill out your information as well as the Client ID.

Family Doesn't Answer Attempt 1

Hi [PARENT/CAREGIVER NAME], my name is [INSERT YOUR NAME] I work at [insert 1st Five site name] your child [INSERT CHILD NAME] case recently closed and we wanted to follow up with you and your family about your experiences with 1st Five. Our goal is to get your feedback and use that information to help us improve the 1st Five program and services. You can call me back at [INSERT PHONE NUMBER] or I will plan to reach out to you again in about a week's time. Thank you so much. I hope you have a great day.

Family Doesn't Answer Attempt 2

Hi [PARENT/CAREGIVER NAME], my name is [INSERT YOUR NAME] I work at [insert 1st Five site name] your child [INSERT CHILD NAME] case recently closed and we wanted to follow up with you and your family about your experiences. Our goal is to get your feedback and use that information to help us improve the 1st Five program and services. I reached out to you previously about a week ago. You can call me back at [INSERT PHONE NUMBER] or I will plan to reach out to you again in about a week's time. Thank you so much. I hope you have a great day.

Family Doesn't Answer Attempt 3

Hi [PARENT/CAREGIVER NAME], my name is [INSERT YOUR NAME] I work at [insert 1st Five site name] your child [INSERT CHILD NAME] case recently closed and we wanted to follow up with you and your family about your experiences. Our goal is to get your feedback and use that information to help us improve the 1st Five program and services. This will be my last attempt to contact you to ask about your previous experience with 1st Five. You can call me back at [INSERT PHONE NUMBER]. Please contact me within the next week. Thank you and have a great day.

Family Answers Call

Introduction

Hi [PARENT/CAREGIVER NAME] my name is [INSERT YOUR NAME] I work at [INSERT 1ST FIVE SITE NAME] your child [INSERT CHILD NAME] case recently closed and we wanted to follow up with you and your family about your experiences. Thank you so much for taking my call today. The goal of my phone call today is to have you answer some questions about your experience with the 1st Five program it should take about 5-10 minutes. Does that sound okay?

Just to remind you a bit about the program, 1st Five is a free and voluntary program that supports children and families by connecting them to resources in their communities. Your child's doctor made a referral to 1st Five because there were some concerns with [INSERT REASON FOR REFERRAL/Connection to Services and Information that Family Received].

Our goal today is to get your feedback on those services and support that 1st Five provided, we will use this information to help us improve the 1st Five program and services.

Survey Questions

Now we are going to begin the survey, it is 8 questions. Please answer questions to the best of your ability all of the information that you share with us will be used to help improve our programs.

9. **What could have been done to make it easier for you to connect with 1st Five Staff?**

    ONCE YOU TYPE THEIR ANSWER INTO THE QUALTRICS SURVEY FORM, PLEASE READ BACK YOUR ANSWER TO THE CLIENT TO ENSURE THEIR ANSWER IS ACCURATE.

    I want to read back to you what you've said to ensure I've accurately written it down, you said [READ OFF ANSWER] are there any changes you would like me to make?

10. **One of 1st Five's main goals is to serve as the bridge to connect your family to needed services and supports. You may now be more aware of services that you, your child, and family could use to meet your needs. We would like to know more about how 1st Five impacted your family.**

    What needs did 1st Five meet due to connections that were made to services?

    ONCE YOU TYPE THEIR ANSWER INTO THE QUALTRICS SURVEY FORM, PLEASE READ BACK YOUR ANSWER TO THE CLIENT TO ENSURE THEIR ANSWER IS ACCURATE.

    I want to read back to you what you've said to ensure I've accurately written it down, you said [READ OFF ANSWER] are there any changes you would like me to make?

11. **What needs did your child or your family have that were unable to be met by 1st Five with their connection process such as connections to information, services, and supports?**

    ONCE YOU TYPE THEIR ANSWER INTO THE QUALTRICS SURVEY FORM, PLEASE READ BACK YOUR ANSWER TO THE CLIENT TO ENSURE THEIR ANSWER IS ACCURATE.

I want to read back to you what you've said to ensure I've accurately written it down, you said [READ OFF ANSWER] are there any changes you would like me to make?

12. **On a scale from 1 to 7, one being very poor to 7 being very good: How would you rate the 1st Five program on the quality of their process in trying to connect you to information service and support for [INSERT REASON FOR REFERRAL]**

13. **What are some good things that the 1st Five program is doing?**

   ONCE YOU TYPE THEIR ANSWER INTO THE QUALTRICS SURVEY FORM, PLEASE READ BACK YOUR ANSWER TO THE CLIENT TO ENSURE THEIR ANSWER IS ACCURATE.

   I want to read back to you what you've said to ensure I've accurately written it down, you said [READ OFF ANSWER] are there any changes you would like me to make?

14. **In what ways can the 1st Five program improve?**

   ONCE YOU TYPE THEIR ANSWER INTO THE QUALTRICS SURVEY FORM, PLEASE READ BACK YOUR ANSWER TO THE CLIENT TO ENSURE THEIR ANSWER IS ACCURATE.

   I want to read back to you what you've said to ensure I've accurately written it down, you said [READ OFF ANSWER] are there any changes you would like me to make?

15. **What effect did the 1st Five program have on your child and your family?**

   ONCE YOU TYPE THEIR ANSWER INTO THE QUALTRICS SURVEY FORM, PLEASE READ BACK YOUR ANSWER TO THE CLIENT TO ENSURE THEIR ANSWER IS ACCURATE.

   I want to read back to you what you've said to ensure I've accurately written it down, you said [READ OFF ANSWER] are there any changes you would like me to make?

16. **What else should we know about your experience with the 1st Five program?**

   ONCE YOU TYPE THEIR ANSWER INTO THE QUALTRICS SURVEY FORM, PLEASE READ BACK YOUR ANSWER TO THE CLIENT TO ENSURE THEIR ANSWER IS ACCURATE.

   I want to read back to you what you've said to ensure I've accurately written it down, you said [READ OFF ANSWER] are there any changes you would like me to make?

Conclude Phone Call

Thank you so much for your time today answering our questions about your experience with the 1st Five program. I hope you have