Section 5: SCREENING & PARENT VISITOR PROCESS

I. Community Outreach

II. Who To Screen and Survey

III. Screening Process

IV. Parent Survey Process

V. No Waiting List Policy

VI. Re-Entering Program

VII. Post Parent Survey

Kentucky HANDS Trainers, certified by Growing Great Kids™, provide training to all HANDS Parent Visitors utilizing the GGK™ materials (since revised 1/2000). As per training, Kentucky has adopted the use of the ‘screen’ provided by GKI™ in the Parent Visitor training materials (since revised 1/2000), making modifications to meet program specific needs (see ACH-300: Referral Record Screen). HANDS also adopted the use of the “Parent Survey”, developed at the University of Colorado Health Sciences Center (see GKI™ “Parent Visitor Training Materials, Revised 1/2000, page 53) and the “Rating Scale for the Parent Survey©” by GKI™ (see GKI™ “Parent Visitor Training Materials, Revised 1/2000, page 69).
Screening and The Parent Visitor Process

I. Community Outreach and Screening efforts are made in order for services to be initiated during the prenatal period/within 90 days from the birth of the infant. HANDS sites shall work with collaborative partners to provide an opportunity to all primary caregivers and / or partners to participate in the HANDS program by having:

A. Local HANDS sites initiate contact with suggested members of community collaborative groups; such as Health Departments, Department for Community Based Services (DCBS), local hospitals, pediatricians, OB/GYN, parent(s), Family Resource and Youth Service Centers (FRYSC), Community Mental Health Centers, First Steps, Faith Community, Head Start and any local organizations which share the same goals as HANDS;

B. The HANDS Coordinator or their designated staff person be a member of at least one local collaborative group; per county (each county within a district);

C. A HANDS staff member give an update on the HANDS program at regular intervals to local groups and; as appropriate, share data and evaluation material; and

D. HANDS sites maintain documentation of their participation on any local collaborative groups, which includes:
   1. Meeting agendas and minutes from collaborative meetings attended; and any other documentation that summarizes information shared about HANDS;
   2. The collaborative group’s role in the screening process (see State Summary I: Screening, PV Supervision Form C: Monthly Parent Visit Summary);
   3. Evidence of cross referrals, when applicable; AND
   4. Exchange of accurate information (i.e., referral forms, thank-you letters to OB GYNs, presentations, public relations log etc.).

E. The HANDS Coordinator or their designated staff person meet with site staff (clinic, administrative staff) to maintain awareness of the process for making referrals to HANDS, at least annually.

II. The Screen (ACH-300) and Parent Survey (ACH-303) can be completed with the parent/primary caregiver:

A. Who can provide consent for participation in the screen, survey and services (See Box 5.2);

B. Including:
   1. A woman who is pregnant;
   2. A man and/or woman:
      a. Who is the biological parent of a newborn (less than 90 days old).

      NOTE: For information in regards to unique custody / living arrangements, see Section 6: Family Support Worker Process.

      b. Anticipating adoption of a newborn, upon delivery:
         1. Up to twelve (12) weeks, without the child present (considered this family’s prenatal period); however,
         2. If the child is not present after twelve (12) weeks:
            a. The family will no longer be eligible; and
            b. An exit must be completed; and
            c. The family can re-enter services:

STATE REGULATIONS: 902 KAR 4; 120, Section 2: (1), (a) – (e)
Screening and The Parent Visitor Process

1. Once the child become a part of the family dynamic; and
2. If the child in no more than 90 days old; or

NOTE: Provide parents / primary caregivers anticipating adoption with a clear explanation of this policy prior to enrollment.

c. Who has temporary custody of a newborn (less than 90 days old), with no involvement of the biological parent(s).

5.1. When a family requires visits to occur at the DCBS office, the 25% of visits outside the home applies. (Reference Section 6: Family Support Worker Process, II.C.6.b.)

5.2 – When providing home visitation services, it is essential that the HANDS staff ensure, to the extent possible, that the parent, primary caregiver or legal representative (legal guardian, legal custodian, or an adult with Power of Attorney rights) fully understands the services being provided.

Assuring an appropriate person signs the consent is very important. What is contained in this Section of the HANDS Policies and Procedures Handbook is not all-inclusive to every situation the HANDS program may encounter.

Guidelines for Consent:

A. When a minor (under 18 years of age - according to KRS 2.015) is living with his / her parent(s), legal guardian, or under the custody or control of the Cabinet for Health and Family Services, the parent, legal representation, or a Cabinet for Health and Family Services social worker may legally give consent for services, as applicable.

B. Exceptions to parental or legal representative consent for minors (under 18 years of age) in order to receive services are when a minor:
   1. Has contracted a lawful marriage (and therefore emancipated) and is able to fully understand the services being offered (KRS 214.185).
   2. Is unmarried and has borne or fathered a child, he / she may give consent for his / her child and himself / herself, without the consent of his / her parent or legal representative (KRS 214.185).

C. When a participant (18 years of age or older) has a mental disability and has been adjudged by a court to be mentally disabled, the court appointed guardian has legal authority to give consent (KRS 387.660).

Further guidelines for who may give consent is available in the Administrative Reference, Consent for Services Section http://chfs.ky.gov/dph/arhld.htm.
Screening and The Parent Visitor Process

5.3 - If a parent or primary caregiver has already completed HANDS two (2) times and gets custody of a child who is already enrolled in services, the family will receive support in development of a transition plan for exit from services within 2 months of first visit with new custodian.

If a family exits HANDS prior to the baby turning one (1) year of age, this does not count as their enrollment. This includes, but is not limited to, circumstances where a woman’s / man’s parenting experience resulted in fetal death, infant death before reaching twelve (12) months of age, or the child being placed outside the family dynamic (temporary legal/permanent legal custody; elective / CPS removal), prior to the child reaching twelve (12) months of age, this does not count towards enrollment.

NOTE: See Section 11: HANDS 2.0 and Billing Reports for information specific to billing services for primigravida and multigravida families.

III. SCREENINGS:

A. Shall be offered to all parents / primary caregivers:
   1. As early in pregnancy as feasible; or
   2. Until the infant is 90 days old;
   3. Using the Referral Record Screen (ACH 300) for indicated risk factors; and

B. Shall be completed by screeners (other programs/designated health department staff) who:
   1. Receive instruction and education in regards to the screening process;
   2. Must get the Referral Record Screen Consent form (ACH 300) completed and signed by the parent or legal guardian before the screen can be completed;
   3. Must complete the Referral Record Screen for Primary Risk Factors and determine the score:
      a. By answering each of the sixteen (16) items True, False or Unknown;
      b. Positive:
         1. If items 1, 9 or 12 are True; or
         2. If any two (2) number are True; or
         3. If there are seven (7) or more Unknowns;
   4. If a community referral source, will send all completed screens to the local HANDS program within five (5) calendar days of the screen.; and
   5. Will keep all completed screens on file at the screening site; and

5.4 - When the primary caregiver is not the biological mother, questions will be answered from the primary caregiver’s perspective, except those regarding the pregnancy. These will be answered ‘unknown’.

5.5 - A referral or birth certificate cannot be used to complete a screen unless the consent to screen is signed by the parent or legal guardian.
Screening and The Parent Visitor Process

C. Which are **NEGATIVE:**
1. Will be offered community resources that provide support to the family
2. based on their identified needs;
3. Will be filed in a secure location for a minimum of two (2) years;
4. Will be entered into the HANDS web-based system, within five (5) calendar days of receipt; and
5. For a TEEN parent (less than 20 years of age) will be offered monthly home visiting until the infant is one (1) year of age; or

D. Which are **REFUSED** (includes referrals with completion of only demographic information, without a screen):
1. Will be compiled together in a separate file, in a secure location with the HANDS charts, for a minimum of 2 years;
2. Will **not** be filed in the medical chart;
3. Will **not** be entered in the HANDS web-based system;
4. Will be offered community resources; and
5. Will be counted on an annual basis, with this number being provided to the QA at the annual site visit; or

E. Which are **POSITIVE:**
1. With a completed survey:
   a. Will be filed in the primary caregiver’s chart; and
   b. Will be entered in the HANDS web-based system, within five (5) calendar days of receipt; or
2. Without a completed survey:
   a. Will be filed in a secure location for a minimum of two (2) years; and
   b. Will be entered in the HANDS web-based system within five (5) calendar days of receipt, with an edit to indicate the reason a survey was not done.

---

5.6 - Since HANDS is a voluntary program, families cannot be court ordered to participate in the program as described in 902 KAR 4:120. The court can only recommend participation. (Families with open DCBS cases can enroll in HANDS as long as they meet the eligibility requirements.)

All screens need to be documented on the Parent Visitor Process Tracking Form B.
Screening and The Parent Visitor Process

IV. PARENT SURVEYS:

A. Shall be offered to families with a POSITIVE screen;

B. Shall be completed within 90 calendar days from the birth of the infant;
   
   NOTE: Collapsing the screen and survey for referrals received close to the cutoff period (90 calendar days from the birth of infant) can assist sites with meeting this requirement. The baby must be present during postnatal visits in order to bill for services.

C. Must be completed by a Parent Visitor who shall:
   1. Contact the family within seven (7) calendar days of receiving the screen / referral to schedule the Parent Survey;
   
   2. Survey the family within 30 calendar days of the screen/referral, if screen/referral was completed within 60 calendar days from the birth of infant;
   
   NOTE: The Parent Survey visit and a FSW home visit cannot take place on the same day; however, it could take place within the same week.

   3. Make a minimum of three (3) various attempts to schedule the Parent Survey appointment (EX: phone, letter, drop-by, etc.), and document attempts on:
      a. The Referral Record Screen / Referral Record Screen Consent form (ACH 300); and
      b. The Parent Visit Process Tracking Form (PV Process Form B);

5.7 - Making 3 various attempts to schedule the Parent Survey is a minimum. Many sites have found it beneficial to make more attempts, as families are more likely to value the benefits of services close to or soon after delivery. Research indicates that family retention rates are higher when there is less time from the positive screen, to the positive survey, to the first home visit.

   4. Gather information from the family through a face-to-face contact that requires the Parent Visitor to:
      a. Verify that a Referral Record Screen Consent (ACH 300, page 2) has been signed prior to the Parent Survey;
      b. Meet with the family (with the baby present if occurring postnatally) for a minimum of 30 minutes in length; and
      
      NOTE: The survey is NOT billable when the Parent Survey visit is less than 30 minutes or the baby is not present when the survey is completed postnatally.

      c. Complete ALL areas on the Parent Survey assessment tool ensuring that information is collected for both parents / primary caregivers and:
         1. If only one parent is present:
            a. Information about the absent parent / primary caregiver should be gathered from the parent participating in the survey (if information is not known, indicate ‘unknown’); and
            b. The source of information should be noted in the Parent Survey introduction; or
         2. If both parents / primary caregivers are surveyed separately:
            a. The source of information should be noted in the Parent Survey introduction; and
            b. Only one Parent Survey is billed; and
3. If any information is obtained from other information documented (i.e. in their LHD medical record), the source of information should be noted in the Parent Survey introduction; and

4. Complete the:
   a. HIPAA form;
   b. Authorization to Release / Acquire Information; Consent for Services form (ACH 301);
   c. Parent Survey Summary (ACH 302);
   d. Parent Survey Score Sheet (ACH 303);
   e. Initial interval and any intervals up to the time of the Parent Survey visit of the Primary Caregiver Family Status (ACH 304) and Child Family Status (ACH 304A), which are entered into the web-based data system unless:
      1. The Parent Survey is negative; or
      2. Intake is closed; or
      3. Services are declined;
   f. Parent Completion Levels form (ACH 306); and
   g. Family Rights (PV Process Form A)

NOTE: If baby is in Neonatal Intensive Care Unit (NICU), the survey can be done with the parent; but can only be billed if completed at the hospital with baby present.

Family Rights (PV Process Form A) can be reviewed at the Parent Survey visit or by the FSW within the first four (4) visits. If intake is closed or the screen is negative, the Family Rights (PV Process Form A) nor the Parent Completion Levels form (ACH-306) require completion.

5. Provide a welcome / referral packet to all families participating in the Parent Survey process:
   a. Which includes “Essentials for Parenting”;
   b. Discussing with the family any specific referral information that has been identified as needed by the family; and
   c. Documenting any referrals on the Parent Survey Summary (ACH 302) to indicate the need for follow-up by the FSW during the initial home visit; and
Section 5: SCREENING AND THE PARENT VISITOR PROCESS

6. Document and score the Parent Survey Summary within 24 hours of service date and take the following action:

   NOTE: Individual strengths for each parent should be documented on the ACH 302.

   a. If positive (either parent / primary caregiver scoring 25 or above):
      1. Offer the family:
         a. Information and support with referrals to appropriate community resources; and
         b. Intensive home visitation services, based on availability within caseloads; and
      2. With intake closed (no FSW Services available) at the time of the Parent Survey:
         a. The Parent Visitor will offer information and support with referrals to appropriate community resources; and
         b. A primary caregiver’s signature will be obtained on the Authorization to Release / Acquire Information / Consent for Services (ACH 301) form, including the Non-Participant section; then
         c. A primary caregiver may contact a site to inquire about service availability within 90 days from the birth of the infant, AND space has become available, services should be offered to the family.
      3. With services declined, the Parent Visitor will:
         a. Offer information and support with referrals to appropriate community resources; and
         b. Obtain a primary caregiver’s signature on the Authorization to Release / Acquire Information / Consent for Services (ACH 301) form, including the Non-Participant section.
      4. With the family unsure of committing to participation in services:
         a. Indicate refusal on the Parent Survey Score Sheet (ACH 303);
         b. The Parent Visitor will offer information and support with referrals to appropriate community resources;
         c. A primary caregiver’s signature will be obtained on the Authorization to Release / Acquire Information / Consent for Services (ACH 301) form, including the Non-Participant section; and
         d. The Parent Visitor will ask the primary caregiver for permission to contact the family at a later time.

5.9 - Scheduling the first home visit at the time of the Parent Survey has proven beneficial for many sites with engaging families. When this occurs, the PV will note the scheduling of the visit on a contact log as visit type 13.
Section 5: SCREENING AND THE PARENT VISITOR PROCESS

b. If **negative** (a score where both parents score below 25):
   1. Adult parents / primary caregivers:
      a. Will be provided information and support with referrals to appropriate community resources as needed; and
      b. Obtain a parent’s signature on the Authorization to Release / Acquire Information / Consent for Services (ACH 301) form, including the Non-Participant section; and
   2. Teen parents (parents who have not reached 20 years of age):
      a. Will be offered monthly home visitation to occur until the infant is one (1) year of age.
      b. Who initially screened negative:
         1. Can be surveyed at any time before the infant reaches 90 days of age; AND
         2. If the survey score is **positive**, these parents will be offered high intensity home visitation services.

   c. If home visitation is **not offered** or **declined**:
      1. The Parent Visitor will provide the family with:
         a. A referral/welcome packet; and
         b. Information and support for referrals to appropriate community resources based on concerns identified during the Parent Survey Process; and
      2. If **declined** before the child is born (at the time of **Parent Survey**), the family:
         a. May be asked if HANDS can contact them once the baby is born to see if they would be interested in home visiting services at that time; or
         b. Can contact HANDS if they reconsider.

V. HANDS shall **not** have waiting list as per the following rationale:

A. The family may not understand that being on a waiting list does not ensure eventual receipt of services and may turn down services from another agency.

B. Due to potential liability issues the family should not be placed on a waiting list.

C. HANDS may appear to be like other agencies families may have trusted in the past, which have let them down.

D. The Parent Visitor **will** inform the family about the program and explain what it means when intake is closed. The family will sign the Authorization to Release Information form ACH-301, Non-Participant section, to confirm that this information was provided. Parent Visitor will also advise the family of their option to check back with the HANDS site to see if intake has re-opened at any point up to 90 days of the birth of the infant.
Section 5: SCREENING AND THE PARENT VISITOR PROCESS

E. The parent survey is designed to identify strengths and needs of the family, with referrals being made for circumstances that require immediate attention or ongoing services. When intake is closed, sites should continue to do the Parent Survey. This service becomes even more important to the family, who might be isolated, lack transportation, lack trust due to previous experiences, etc., because referrals made for services elsewhere can benefit the family.

F. Many families are not aware that they have the abilities and strengths needed to be good parents. If the Survey is done as designed and intended, a family can be left feeling more confident in their parenting abilities. Identifying strengths verbally with families begins to establish the “foundational relationship” necessary for family retention as well as support parents in seeing that they do have strengths which they can expand and develop further.

G. Remember that the PV process is not just for eligibility into the program, as this would no longer make it a strength-based program. The Parent Survey is a service in and of itself regardless of whether home visits are continued.

H. It is important for sites to continue completing Parent Surveys since exits and level changes are constantly occurring.

I. If intake (enrolling new families) remains open when FSW caseloads are full, FSWs may feel overwhelmed, become burned out or possibly even leave the agency.

J. Completing Parent Surveys when intake is closed provides the documentation to justify the need for increased staffing and services to families.

VI. RE-ENTERING / RESUMING HANDS services can occur:

A. When a family requests re-entry:
   1. Within ninety (90) days from the date of last home visit, and:
      a. Caseload space is available; and
      b. The family has not previously re-entered services with the same pregnancy/child; and
      c. A new Parent Survey is NOT required.
   2. After 90 days from the date of the last home visit, and:
      a. The mother is still pregnant; or
      b. The child is less than 90 days old; and
      c. There is space available; and
      d. The family has not previously re-entered services with the same pregnancy/child;
      e. A new Parent Survey is NOT required.

B. With the family resuming services at the same level they were assigned to prior to exit.

5.10 - When intake is closed the Coordinator is encouraged to consult with their TA and Director about expansion and hiring more FSW's. When intake is closed due to program growth it shows the staff, the agency, the state and everyone that HANDS is a much needed service.
Section 5: SCREENING AND THE PARENT VISITOR PROCESS

VII. A Post Parent Survey:

A. Provides the following valuable information (based on the comparison of scores from the Initial and Post Parent Survey in areas 2, 3, 4, 5, 6 and 8):
   1. Family outcomes;
   2. Review of the family’s progress since services were initiated (identification of family strengths); and
   3. Part of the closure process for families exiting the program;

B. Must be completed:
   1. By a Parent Visitor;
   2. On the first-time mom and/or dad/partner who participated in the initial survey (to ensure consistency of data collection);
   3. Within the ninety (90) days prior to the child’s second birthday (not prior to 21 months of age), when the family is exiting at age two; or
   4. Upon family’s exit / within the ninety (90) days prior to the child’s second birthday, when family has been participating in services beyond the child’s second birthday (on level 1 at child’s second birthday).
   5. With mom and/or dad/partner involved in the Post Parent Survey needing to score below 25 to successfully move to level 4;

   NOTE: If circumstances result in only one parent participating prior to their child turning 2 years old or moving from Level 3 to Level 4, the Post Parent Survey would be completed for only that parent; therefore, scores for the absent parent/partner would be “unknown”.

C. Will NOT be required for:
   1. A teen parent who:
      a. Has been enrolled in low intensity monthly home visitation until the child is one year of age; or
      
      NOTE: The teen is not moving through the levels to the point of graduation and the child will not be enrolled in the program when nearing his/her second birthday.

   2. A family exiting the program prior to their child becoming 21 months of age.