

MECSH Reporting Guidance

Family Home Visiting (FHV) grantees implementing the Maternal Early Childhood Sustained Home-visiting (MECSH) model are required to indicate this model for each MECSH participant reported to the Information for Home Visiting Evaluation (IHVE) data system. Correct reporting of participants served by MECSH is necessary to meet fidelity data requirements. MECSH participants reported to IHVE must meet model requirements for enrollment or transfer into the program.

The MECSH model also requires Reflective Supervision (RS) fidelity documentation. Reflective Supervision fidelity data will be sent via email to MDH, who then will submit to the MECSH developers annually.

Fidelity Data Reporting

The Minnesota Department of Health (MDH) has licensed the MECSH model from Western Sydney University (WSU). MDH sends fidelity monitoring data to WSU each quarter to fulfill the terms of the MECSH agreement between the State of Minnesota and WSU.

MDH uses data from the IHVE system to meet MECSH fidelity monitoring requirements. MECSH fidelity monitoring includes measures of whether an appropriate number of home visits were delivered based on the target child's age. To ensure that all MECSH participants and visits in IHVE are included in fidelity data, FHV grantees implementing MECSH are responsible for indicating the use of MECSH for each participant and home visit delivered using this model.

Reflective Supervision Fidelity Documentation

Reflective Supervision (RS) for home visitors is a fidelity requirement for the MECSH model. Starting 2023, MDH recommends that group RS be provided eight times per year and that one-to-one Reflective Supervision be provided twice per year to each nurse home visitor (NHV).

MECSH Fidelity Requirement: Each NHV receives a minimum of 10 RS sessions per year.

Additional RS sessions should also be provided as requested by a home visitor. The MECSH fidelity measure is defined as the proportion of home visitors who receive RS at least 10 sessions over the course of the year.

MECSH implementing agencies are required to use the [MDH MECSH Reflective Supervision Tracker](https://3.basecamp.com/4106165/buckets/21415142/vaults/3591045921) found on MN MECSH Basecamp (<https://3.basecamp.com/4106165/buckets/21415142/vaults/3591045921>) to document RS sessions for each home visitor.

The 2023 MECSH RS tracker is **due two times a year**: July 20th (documenting RS sessions that occurred between January 1st- June 30th) and January 20th (documenting RS sessions that occurred between July 1st and December 31st). Please send a copy of the file to Health.FHVDData@health.mn.us. MDH will calculate RS fidelity measures and send to WSU annually.

MECSH Electronic Health Record Forms: Adapt and Self Manage (ASM) Survey and Core and Focus Module Form

Vendors for the Nightingale Notes and PH-Doc electronic health record (EHR) systems are implementing two MECSH EHR forms by the end of 2021:

- Adapt and Self Manage (ASM) survey
- Core and Focus Module form

MECSH implementing agencies should complete these forms according to the following schedule, once they are available within their EHR:

- ASM survey: complete according to the Minnesota Program Schedule, at MECSH program intake and closure, and if considering early closure with a family
- Core and Focus Module form: complete for each MECSH home visit

Beginning January 2022, MECSH implementing agencies are required to submit data extracts from their EHR containing ASM and Core and Focus Module data to MDH every quarter. Submissions are due on the 10th of the month (or the next business day) following the end of each calendar quarter, in January, April, July, and October.

Submit MECSH EHR form data extracts to MDH using [MDH Cloud Drive](#). To obtain an account for the Cloud Drive, contact the FHV Evaluation Unit at Health.FHVDData@state.mn.us.

Recording Oral Health screenings using the MATCHO on the Core and Focus Module form

If you are using the MATCHO for your MECSH oral health sessions with families, for the question, “Which Oral Health session was delivered at this visit?” you should use the value, “03 Behavior Screen” to indicate that the MATCHO was used.

MECSH Eligibility

Families are eligible for enrollment in MECSH:

- Prenatally
- After a baby is born, until 8 weeks after the baby comes home from the hospital. For example, if a baby was in the NICU for a period of time after birth, the 8-week period begins when the baby is discharged from the hospital and begins living at home.

MECSH Transfers

Families can transfer into MECSH if they were:

- Participating in services using another EBHV model at the time of transfer, AND
- Have at least one target child younger than 2 years of age.

This applies to:

- Agencies starting up MECSH and transitioning their own currently-enrolled families to MECSH from another EBHV model.

- Families transferring to a MECSH site from another agency providing EBHV model services.

Families that do not meet criteria for enrollment or transfer to MECSH can enroll in traditional, non-EBHV model FHV. Home visitors can use portions of the MECSH curricula when serving these families, but these families should not be reported to IHVE as MECSH-participating families.

Target Child Criteria

MECSH target children must be younger than 2 years of age. Children exit the program at the time of their second birthday.

FHV grantees implementing MECSH may serve children that do not meet target child criteria in MECSH-enrolled families using traditional, non-EBHV model FHV. When reporting the Home Visiting Model for these children to IHVE, use one of the following response options:

- Home Visiting Model = 77 Other non-model, long-term home visiting program
- Home Visiting Model = 88 Other non-model, short-term or limited home visiting program

How to Indicate the MECSH Model in IHVE

The “Home Visiting Model” question in IHVE is located on the intake form for each FHV participant. This question includes a response option for MECSH.

- Home Visiting Model = 07 Maternal Early Childhood Sustained Home-visiting

For more information on where to find this question on IHVE intake forms in your agency’s electronic health record (EHR) system, contact the support team for your EHR.

For participants that are transferring into MECSH from another evidence-based home visiting model provided by the grantee, update the Home Visiting Model question on the intake form when entering data for the participant’s first MECSH home visit. This will ensure that all home visits delivered using MECSH are reported correctly to IHVE and can be included in fidelity measures.

How to enter HOME-IT short form parent child assessment in IHVE

To enter this assessment, use the IHVE parent-child interaction form in your electronic health record.

- For the Tool Used select “Other Tool”
- For the PCI Assessment Type enter “HOME-IT SF”
- Enter the HOME-IT short form Total Score. No domain-specific scores should be reported.
- For more details refer to the [IHVE data collection manual](https://www.health.state.mn.us/docs/communities/fhv/ihvedatacollmanual.pdf) (<https://www.health.state.mn.us/docs/communities/fhv/ihvedatacollmanual.pdf>)

Note that the HOME-IT short form is not the same as the HOME Inventory that is among the PCI assessment tool options in IHVE. Since the HOME-IT short form data is submitted as an “other” tool, IHVE is unable to collect specific scores for the cognitive and emotional domains.

Consent Form Guidance

MDH shares selected private data reported to IHVE about MECSH participants with WSU for MECSH fidelity monitoring. Because of this, FHV grantees implementing MECSH should inform participants that MDH may share certain private data about FHV clients with a third party under contract with MDH for purposes of monitoring program effectiveness. For more information, review the FHV Informed Consent Guidance document ([FHV Informed Consent Guidance document \(https://www.health.state.mn.us/docs/communities/fhv/informconsentguide.pdf\)](https://www.health.state.mn.us/docs/communities/fhv/informconsentguide.pdf)). A client's refusal to sign a consent form to share data with MDH does not disqualify a client from being enrolled in MECSH.

Minnesota Department of Health
Family Home Visiting Evaluation Unit
PO Box 64975
St. Paul, MN 55164-0975
Health.FHVDData@state.mn.us
<https://www.health.state.mn.us/communities/fhv/evaluation.html>

Last updated: 01/18/2023

To obtain this information in a different format, call: 651-201-5000.