



Twin Cities Healthy Start Screening & Case Management System Training Manual: July 2010

This manual will provide helpful navigation tips and an overview of recent changes in the TCHS SCMS. For required data entry, please consult the TCHS SCMS At-A-Glance Aid. If viewing this manual electronically, please click on any of the headings below.



Table of Contents

The Basics	1
Account Tab	2
Changing Password	
Client List Tab	3
Searching for, selecting, and adding clients	
Phase 1 Tab	5
Screens: Eligibility/Case Management, Prenatal Referral, Risk Factor Status at Delivery, Prenatal Info & Education, View PRO Results	
Phase 1/2 Tab	9
Screens: Client Info, Encounters, Birth & Family Info, Termination, Alert	
Phase 2 Tab	12
Screens: Postpartum Case Management, Postpartum Referral Status, Postpartum Education, Postpartum Monitoring	
Mail Merge Guide	15
Tips on making mailing labels from the client information in the SCMS	



The Basics

Site Address

- <https://www.tchealthystart.org>

Technical Support

- Username/password, navigation assistance, connection issues
Brian Thomas May
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Data Support

- Reports, client status, required data entry
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Navigation

- Always use site tabs or navigation bar. **Do not use your browser's back or forward buttons.**

The screenshot shows the TCHS Screening and Case Management System interface. At the top, there is a blue header with the system name and a navigation bar containing buttons for 'Account', 'Client List', 'Phase 1/2', 'Phase 1', and 'Logout'. Below the header, the breadcrumb path 'Phase 1/2 > Client Info' is visible. A red box labeled 'Navigation Bar' points to the breadcrumb path. Another red box labeled 'Site Tabs' points to the 'Phase 1/2' button in the navigation bar. The main content area displays a form for 'Client Information' with fields for 'Medical Record #:', 'First Name:' (lma), 'Middle Name:' (good), 'Last Name:' (fake), and 'Other Name:'. To the right, there is a section for 'Preferred contact method/privacy protection notes' with a 'Client gives permission for TCHS site to send mailings to current address and email address if provided' checkbox.

- Do not use the Enter key on your keyboard. Use the Tab key to navigate from field to field.
- All fields are considered **required** except for any questions the client chooses not to answer in the PRO.



Account Tab

Change Password: First-time users should reset their password immediately.

- Click on the *Account* tab and follow the directions.

The screenshot shows the TCHS Screening and Case Management System interface. At the top, there is a blue header with the system name and a navigation bar containing buttons for 'Account', 'Client List', 'Phase 1/2', 'Phase 1', and 'Logout'. A red arrow points to the 'Account' button in the navigation bar. Below the header, the breadcrumb path 'Phase 1/2 > Client Info' is visible. The main content area displays a form for 'Client Information' with fields for 'Medical Record #:', 'First Name:' (lma), 'Middle Name:' (good), 'Last Name:' (fake), and 'Other Name:'. To the right, there is a section for 'Preferred contact method/privacy protection notes' with a 'Client gives permission for TCHS site to send mailings to current address and email address if provided' checkbox.



Client List Tab

When you log into the SCMS, the Client List is what appears automatically.

Overview

- 1 **Search for specific name or all names that start with a specific letter.**
Example: type "M" to see all first and last names that start with the letter "M"
- 2 **Sort List by Category.** Click on any underlined text to sort your list by that category. Click it twice to get reverse order.
- 3 **Alerts.** Click on these to view an item that needs to be addressed.
- 4 **Export to Excel.** Use this spreadsheet to create mailing labels, get contact information or use as a client roster.

TCHS Screening and Case Management System

Account Client List Logout

Client List Test: training user 3

Search by - Last Name (starts with): Client ID: Search

Enrolled (72) Non-enrolled (81) Unscored (62) Terminated (19) Export to Excel

1 2 3 4	2 Active	2 Client Name	2 Pro Scored	Prenatal Case Management	Encounter Log	2 Date of Last Encounter	Postpartum Case Management
<input checked="" type="checkbox"/>	Soon, Mother	12/8/2005	⚠️ 3			12/16/2005	N/A
<input checked="" type="checkbox"/>	Smith, Carol Jean	1/3/2006	⚠️			6/20/2006	N/A
<input checked="" type="checkbox"/>	lorna_adams	2/16/2006	⚠️			4/6/2006	

Select Current Client

- **Click on the client you want to view or update.** You will be taken to the Client Info page (see Phase 1/2).



Add New Client

- Click on the *Add New Client* button

TCHS Screening and Case Management System

Account Client List Logout

Client List Test: training user 3

Search by - Last Name (starts with): Client ID: Search

Enrolled (72) Non-enrolled (81) Unscored (62) Terminated (19) Export to Excel

Active	Client Name	Pro Scored	Prenatal Case Management	Encounter Log	Date of Last Encounter	Postpartum Case Management
<input checked="" type="checkbox"/>	Soon, Mother	12/8/2005 ⚠			12/16/2005	N/A
<input checked="" type="checkbox"/>	Smith, Carol Jean	1/3/2006 ⚠			6/20/2006	N/A
<input checked="" type="checkbox"/>	Ioma, Adams	2/16/2006 ⚠			4/6/2006	

- Fill in the required information
- Click on *Start Prenatal Risk Screen* button and follow directions for PRO.

TCHS Screening and Case Management System

Account Client List Logout

Client List > Add New Client Test: training user 3

Client Information

Consenting?: Yes

Medical Record #:

First Name:

Middle Name:

Last Name:

Other Name:

DOB:

Race: -Select a Race-

Foreign Born: -Select One-

Marital Status: -Select One-

Primary Phone:

Site: Test

Client Address

Address:

Address:

City: Minneapolis

State: MN

Zip Code:

Phone:

Cancel Start prenatal risk screen

Designed by IncWebs, Inc.



Phase 1 Tab

PRO

- Once the PRO interview is complete, click the *Save and Mark as Scored* button. Once this is clicked, you cannot go back to edit answers. If you do not click this, you cannot move on to enrollment.

Client: May, Brianna (ID: 5572) Save and Close

Assign Screener
Telephone Access
Transportation Access
Food Insecurity
Housing Instability
Social Support
Partner Violence
Depression Page #1
Depression Page #2
Cigarette Smoking
Alcohol Use Page #1
Alcohol Use Page #2
Drug Use
Legal or Child Protection
Scoring

You have reached the end of the PRO Assessment.

You have the following options:

- Go back to any domain by clicking on it in the left side bar.
- Click "Save and Close" to exit this assessment.
- Score the assessment.

Domain	Risk Level
Lack of telephone access	High
Lack of transportation	High
Food insecurity	High
Housing instability	High
Lack of social support	Med
Intimate partner violence	Med
Other physical/sexual abuse	???
Depression	High
Cigarette smoking	Med
Alcohol use/abuse	High
Illicit drug use/abuse	High
Legal system involvement	Low
Child protection involvement	Low

If PRO was started in English but clarification or some interpretation was done in the patient's native language, please check here.

Save and Mark as Scored

Previous

ref #: 7862

- Results.** If the client is eligible for TCHS, you will be asked to move on to the *Eligibility/Case Management* Screen

Client: Brianna May (ID: 5572) Date Scored: 6/29/2010
Screener: training user 3 1st Prenatal PRO (ID: 7862)

PRO O/A Eligibility/Case Management

This client is now TCHS eligible. Go to Eligibility/Case Management page to enroll.

	PRO-defined Risk Level	Action indicated by PRO score: see protocol for detail			
		Education or Resource Information	Direct service, advocacy, or tangible items	Emotional support	Referral for or ensure assessment/services
Lack of telephone access	High	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of transportation	High	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food insecurity	High	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing stability	High	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of social support	Moderate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intimate partner violence	Moderate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other physical/sexual abuse	???	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	High	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cigarette smoking	Moderate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use/abuse	High	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Illicit drug use/abuse	High	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Legal system involvement	Low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child protection involvement	Low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Eligibility/Case Management

Client: Brianna May (ID: 5572) Date Scored: 6/29/2010
 Screener: training user 3 1st Prenatal PRO (ID: 7862)

[Print friendly](#)

	PRO defined Risk Level	Risk identified subsequently: enter date and update	Actions taken to reduce or resolve risk areas			
			Education or Resource Information	Direct service, advocacy, or tangible items	Emotional support	Referral for or ensure assessment/services
Lack of telephone access	High		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of transportation	High		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food insecurity	High		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing stability	High		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of social support	Moderate		Provision of emotional support: Contact client at least once every two weeks to provide emotional support. Encourage participation in Healthy Start Consortium and facilitate attendance.			
Intimate partner violence	Moderate					
Other physical/sexual abuse	???					
Depression	High		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cigarette smoking	Moderate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use/abuse	High		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illicit drug use/abuse	High		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal system involvement	Low		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child protection involvement	Low		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under Age 18	Yes					
PRO eligibility	TCHS enrollment		Age eligibility	Psycho-social eligibility		
Yes	- Select one -		Yes			

PRO Defined Risk Level. Roll over each one to view guidance on actions to take.

Select TCHS Enrollment decision

Results if client is eligible under these categories.



Prenatal Referral

- Select any referrals made for the client.
- When a client follows through with the referral, come back and note this.

TCHS Screening and Case Management System Account

Phase 1 > Prenatal Referral

Client: fake, Ima (ID: 4879) Enrollment Date: 12/10/2009
 Case Manager: Not Assigned Client DOB: 8/30/1971

Risk Domain	Referral Made Check box if Yes	Client followed through
Food insecurity	<input checked="" type="checkbox"/>	<input type="text" value=""/>
Housing instability	<input type="checkbox"/>	<input type="text" value=""/>
Intimate partner violence	<input type="checkbox"/>	<input type="text" value=""/>
Other Physical/Sexual Abuse	<input type="checkbox"/>	<input type="text" value=""/>
Depression	<input type="checkbox"/>	<input type="text" value=""/>
Cigarette smoking	<input type="checkbox"/>	<input type="text" value=""/>
Alcohol use/abuse	<input type="checkbox"/>	<input type="text" value=""/>
Illicit drug use/abuse	<input type="checkbox"/>	<input type="text" value=""/>

Risk Factor Status at Delivery

- Record any change in a client's risk factors at the time of delivery.

TCHS Screening and Case Management System

Phase 1 > Risk Factor Status at Delivery

Client: fake, Ima (ID: 4879) Enrollment Date: 12/10/2009
 Case Manager: Not Assigned Client DOB: 8/30/1971

	Risk Identified during Pregnancy	Status at time of Delivery
Lack of telephone access	Yes	- Select One -
Lack of transportation	Yes	- Select One -
Food insecurity	No	- Select One -
Housing stability	Yes	Resolved
Lack of social support	Yes	Improved somewhat
Intimate partner violence	No	- Select One -
Other physical/sexual abuse	No	- Select One -
Depression	Yes	Unknown
Cigarette smoking	Yes	- Select One -
Alcohol use/abuse	Yes	- Select One -
Illicit drug use/abuse	No	- Select One -
Legal system involvement	No	Resolved
Child protection involvement	No	Improved somewhat
		Unchanged
		Worsened
		Unknown



Prenatal Info and Education

Phase 1 > Prenatal Info and Education

Client: fake, Ima (ID: 4879) Enrollment Date: 12/10/2009
Case Manager: Not Assigned Client DOB: 8/30/1971

Insurance Coverage:

Health Plan:

Check here if client is getting prenatal care at a site other than this TCHS site.

Clinic:

First time mother:

Date of positive pregnancy test:

Weeks gestation at start of prenatal care:

Number of prenatal care visits:

Required Prenatal Education

- Prenatal/childbirth education
- Dangers of tobacco, alcohol, and drug use
- Harmful effects of second hand smoke on pregnancy
- Nutrition
- Use of folic acid before and during pregnancy
- Prevention, screening, testing, and treatment for HIV and STD's
- Preterm labor
- Safe infant sleep practices and environments
- Benefits of breastfeeding
- Family planning and baby spacing

Record a client's insurance status.

Record all prenatal education given to client. Ideally, all boxes should be checked once a client is terminated from the program.



Phase 1/2 Tab

Phase 1/2 screens can be used in either Phase 1 or Phase 2

Client Info

Client Information

Medical Record #:

First Name:

Middle Name:

Last Name:

Other Name:

DOB:

Race:

Foreign Born:

Marital Status:

TCHS Enrollment:

Enrollment Date:

Case Manager:

How did you find Client?:

Date of first prenatal medical exam:

Expected Due Date: Last Menstrual Period: Weeks Gestation at enrollment:

Phase 1 Site:

Phase 2 Site:

Phase 1 end date:

Preferred contact method/privacy protection notes Active

Client gives permission for TCHS site to send mailings to current address and email address if provided

Email Address:

Add Contact: Address (* if current) Phone

Father's Information

Check here if client is living with father of baby at time of enrollment

First Name:

Middle Name:

Last Name:

Father's Phone:

Check if father wants to participate in program

Screening Date	Type	Scored	Date Scored
12/10/2009	PostPartum	No	
12/10/2009	1st Prenatal	Yes	12/10/2009

Designed by InWebz, Inc.

Weeks Gestation will automatically populate once Enrollment Date and Expected Due Date fields are filled in.

Use this space to give yourself and other users contact notes.

Examples:
Lives with mother. Mother doesn't know she is pregnant.
Lives with boyfriend. Don't leave voicemail.
Don't call after 5:00p.m.
Call cell phone first.
Prefers email.

Start a new PRO or P-PRO

Encounters

- It is very important to track all encounters with a client.

TCHS Screening and Case Management System

Phase 1/2 > Encounters

Client: fake, Ima (ID: 4879) Enrollment Date: 12/10/2009
Case Manager: Not Assigned Client DOB: 8/30/1971

	Date of Encounter	Phone with Client	Indirect work on client's behalf	Office visit with client	Home visit with client	Consult with other agency staff	Education	Support	Advocacy	Make referral	Provide tangible items	Appointment monitoring
1	6/30/2010	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	12/10/2009	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Twin Cities Healthy Start Screening & Case Management System Training Manual: July 2010

Phase 1/2 > Encounters > Edit

Client: fake, Ima (ID: 4879) Enrollment Date: 12/10/2009
Case Manager: Not Assigned Client DOB: 8/30/1971

Save and Return to Encounters Page Save and Add New

Encounter Date: 6/30/2010

Type of Encounter - Select one	Type of Action - Select all that apply
Phone contact with client: <input type="checkbox"/>	Education: <input type="checkbox"/>
Indirect work on client's behalf: <input type="checkbox"/>	Support: <input type="checkbox"/>
Office visit with client: <input type="checkbox"/>	Advocacy: <input type="checkbox"/>
Home visit with client: <input type="checkbox"/>	Make Referral: <input type="checkbox"/>
Consult with other agency staff: <input type="checkbox"/>	Provide tangible items: <input type="checkbox"/>
Attempted/unsuccesful contact: <input type="checkbox"/>	Appointment monitoring: <input type="checkbox"/>

Comments:

Adjust Encounter Date if encounter occurred in the past

Keep in mind all comments are part of client's record.

Birth & Family Info

- It is very important to track the outcome of the pregnancy.

Phase 1/2 > Birth and Family Info

Postpartum Education Postpartum Monitoring

Birth Outcome: Live birth

Date of delivery:

Birth weight: 2920 grams

Infant name(s) and sex(s):

First	Middle	Last	Sex
#1 Amy		Godecker	Female
#2			Female

Infant death: n/a Date of infant death:

To be completed in Phase 2

	Number of children in household	Mother's children living outside household
Ages 0-2		
Ages 3-5		
Ages 6-12		
Ages 13-18		

Check people living in household (in relation to mother)

- Partner/husband
- Parents
- Relatives
- Friends
- Other



Termination

- Once a client has left the program, you must terminate them from the system. Otherwise she will continue to appear as an active client even if the baby is older than 2 years old.

Phase 1/2 > Termination

Client: fake, Ima (ID: 4879) Enrollment Date: 12/10/2009
Case Manager: Not Assigned Client DOB: 8/30/1971

Birth outcome: Live birth
Last encounter date: 6/30/2010 Use Last Encounter Date

Terminate client
Termination date:
Termination reason: - Select one -

If an official termination interview was not given, select the *Use Last Encounter Date* button

Alert

- Create an alert or reminder for you or other system users

Phase 1/2 > Alert

Client: fake, Ima (ID: 4879) Enrollment Date: 12/10/2009
Case Manager: Not Assigned Client DOB: 8/30/1971

Alert Text:

Alert Start Date (optional):

Alert End Date (optional):

Alert Status: On if checked

To trigger an alert, three criteria must be met. There must be alert text entered, today's date must fall within the start and end dates, and the "On" Status must be checked. Dates may be left blank if there are no starting or ending date restrictions.

Examples:
Setup Home Visit
Check-in with client
Verify client followed through on referral



Phase 2 Tab

Phase 2 screens are similar to the Phase 1 screens, but these are to be used after a PPRO has been given.

Postpartum Case Management

- Equivalent of Phase 1 *Eligibility/Case Management* screen

[Phase 2 > Postpartum Case Management](#)

Client: Grace Early (ID: 4337)
 Screener: training user 2

Date Scored: 6/24/2010
 Postpartum PRO (ID: 7845)

PPRO Defined Risk Level.
 Roll over each one to view guidance on actions to take.

	PPRO defined Risk Level	Risk observed or identified subsequent to PPRO	Actions taken to reduce or resolve risk areas			
			Education or Resource Information	Direct service, advocacy, or tangible items	Emotional support	Referral for or ensure assessment/ services
Housing stability	Low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of social support	???	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intimate partner violence	High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other physical/sexual abuse	High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	Very High	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondhand smoke exposure	Moderate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use/abuse	Low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Illicit drug use/abuse	???	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant identified as having special medical needs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant identified as having developmental needs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Education/resource information: Provide information about the dynamics of intimate partner violence. Provide information about the types of assistance available in the community.

Provision of emotional support: Contact client at least once every two weeks to assess current sense of safety and provide emotional support.

Refer for assessment or services: Refer client to a domestic violence counselor. If appropriate, make immediate contact with a shelter to ensure the client's safety (and that of her children).



Postpartum Referral Status

- Equivalent of Phase 1 *Prenatal Referral Status* screen
- Select any referrals made for the client.
- When a client follows through with the referral, come back and note this.

[Phase 2](#) > **Postpartum Referral Status**

Client: Early, Grace (ID: 4337) Enrollment Date: 5/3/2010
 Case Manager: demonstration user Client DOB: 11/19/1986

Risk Domain	Referral Made Check box if Yes	Client followed through
Housing instability	<input type="checkbox"/>	<input type="text"/>
Intimate partner violence	<input type="checkbox"/>	<input type="text"/>
Other Physical/Sexual Abuse	<input type="checkbox"/>	<input type="text"/>
Depression	<input type="checkbox"/>	<input type="text"/>
Alcohol use/abuse	<input type="checkbox"/>	Yes No Unknown
Illicit drug use/abuse	<input type="checkbox"/>	<input type="text"/>
Health care for infant	<input type="checkbox"/>	<input type="text"/>
Developmental services needed for infant	<input type="checkbox"/>	<input type="text"/>

Postpartum Education

- Equivalent of Phase 1 *Prenatal Info & Education* screen

Record all education given to client. Ideally, **all boxes should be checked once a client is terminated from the program.**

Client: Early, Grace (ID: 4337) Enrollment Date: 5/3/2010
 Case Manager: demonstration user Client DOB: 11/19/1986

Postpartum Monitoring

	6 mo	12 mo	18 mo	24 mo
Dangers of maternal alcohol and drug use	<input type="checkbox"/>			
Harmful effects of secondhand smoke	<input type="checkbox"/>			
Prevention, screening, testing, treatment for HIV/STD's	<input type="checkbox"/>			
Safe infant sleep practices and environments	<input type="checkbox"/>			
Family planning and baby spacing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy parenting practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child injury prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childhood development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Postpartum Monitoring

- All information on this page is very important to collect from client.

Birth and Family Info		Postpartum Education		
Date of postpartum visit:	<input type="text"/>			
Well-baby visit:	<input type="text" value="- Select one -"/>			
Breastfeeding initiated	<input type="text" value="- Select one -"/>	Breastfeeding at 6-12 weeks	<input type="text" value="- Select one -"/>	
Contraception	6-12 weeks	6 months	12 months	
Use	<input type="text" value="- Select one -"/>	<input type="text" value="- Select one -"/>	<input type="text" value="- Select one -"/>	
Medical Home	6-12 weeks	6 months	12 months	
Mother	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Infant	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Insurance	6-12 weeks	6 months	12 months	
Mother's coverage	<input type="text" value="- Select one -"/>	<input type="text" value="- Select one -"/>	<input type="text" value="- Select one -"/>	
Infant's coverage	<input type="text" value="- Select one -"/>	<input type="text" value="- Select one -"/>	<input type="text" value="- Select one -"/>	
During the past two weeks did your baby sleep in any of the following places, either at night or during a nap? (check all that apply)				
6-12 weeks		6 months		
<input type="checkbox"/> crib, play yard, pack & play, or bassinet		<input type="checkbox"/> crib, play yard, pack & play, or bassinet		
<input type="checkbox"/> adult size bed (this could be any size single, double, king) alone		<input type="checkbox"/> adult size bed (this could be any size single, double, king) alone		
<input type="checkbox"/> adult size bed with other children		<input type="checkbox"/> adult size bed with other children		
<input type="checkbox"/> adult size bed with adults		<input type="checkbox"/> adult size bed with adults		
<input type="checkbox"/> couch or recliner		<input type="checkbox"/> couch or recliner		
<input type="checkbox"/> car seat		<input type="checkbox"/> car seat		
<input type="checkbox"/> stroller		<input type="checkbox"/> stroller		
<input type="checkbox"/> infant swing (not Indian swing)		<input type="checkbox"/> infant swing (not Indian swing)		
<input type="checkbox"/> on a blanket or mat on the floor		<input type="checkbox"/> on a blanket or mat on the floor		
<input type="checkbox"/> other		<input type="checkbox"/> other		
Which position(s) have you put your baby in for sleeping in the past two weeks? (check all that apply)				
6-12 weeks		6 months		
<input type="checkbox"/> On his or her side		<input type="checkbox"/> On his or her side		
<input type="checkbox"/> On his or her back		<input type="checkbox"/> On his or her back		



Mail Merge Guide

Enrolled client information can be exported to an Excel spreadsheet to create mailing labels. These steps may not be accurate depending on which version of Microsoft Word is installed on your computer.

Similar steps can also be used to print customized letters and emails.

1. On the *Client List* screen, click on the *Export to Excel* button
2. Save the spreadsheet to your computer
3. Open Microsoft Word on your computer
4. Click on *Tools>Letters and Mailings>Mail Merge*. A toolbar on the right-hand side of your screen or a separate window should open
5. Click on *Labels*, then *Next: Starting Document*
6. Click on *Label Options*
7. Choose the template listed on your box of labels, then click on the *OK* button
8. The label template should appear in your document. In the *Mail Merge* toolbar, Click on *Next: Select Recipients*
9. Click on *Browse* under *Use an Existing List*
10. Browse for the spreadsheet you saved from the TCHS Screening and Case Management System. Click on the *Open* button, then the *OK* button
11. The *Mail Merge Recipient List* will appear. These are all the names from the spreadsheet. Any name that has a checkmark next to it will have a label. You can uncheck any name or sort the list by any of the columns. **Click the *OK* button when finished customizing**
12. Click *Next: Arrange your Labels* in the *Mail Merge* toolbar
13. Under *Arrange your Labels*, choose *More Options*
14. Select each of the fields you want to appear in your mailing labels by clicking on the *Insert* button. Make sure to include both *ClientAddress* and *ClientAddress2*
15. The fields you chose will appear in the top left label in your document. **Format the label as you want it to print.** You may need to add spaces between fields.
16. In the *Mail Merge* toolbar, click on the *Update all labels* button, then *Next: Preview Your Labels*
17. If all looks good, click *Next: Complete the merge*
18. Click on either print option to print your labels!