

Spotlight on Georgia's MIECHV Evaluation of a New Central Intake System

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Georgia's MIECHV evaluation focused on two initiatives: the development of a new central intake system and the implementation of a new protocol to improve program retention. This article will focus on the evaluation of the new central intake system. The goal of the central intake system evaluation was to determine whether the system helped link pregnant women and new mothers to community resources and services to support the health and development of their child(ren).

Background:

Georgia has been working with communities for several decades to support efforts to provide coordinated systems of care for children. The MIECHV funding was used to further this work through the development of a central intake system piloted in seven of Georgia's most at-risk counties.

Central intake provides a single point of entry to connect families with needed services in the community, including home visiting. Families contact central intake, are screened for needs, and are then referred to services in the community to address any identified needs. Providers also contact central intake on behalf of families to connect them with needed services in the community.

The goal of Georgia's central intake initiative was to design, develop, and implement a central intake system to improve their capacity to identify at-risk families and refer them to home visiting programs and other community services. The initiative was implemented through a partnership between the state Department of Public Health and the Governor's Office of Children and Families. There were three main components of this initiative:

- Establishing a phone and internet accessible Information and Referral Center to operate as the central intake hub in the seven MIECHV counties, supplying individuals and providers with information about maternal and child health and development resources available in the community
- Adding an additional screener to each of the seven MIECHV counties to facilitate more screenings and referrals of families who access the central intake hub
- Implementing a new data system, accessible to local Departments of Health and MIECHV funded home visiting programs, which would house all screening and referral data for pregnant women and new mothers, including electronic birth certificate data from local hospitals

The Center for Family Research at the University of Georgia conducted the evaluation. The study compared the MIECHV counties implementing the central intake system to comparison counties implementing services as usual that were matched on variables associated with referrals and usage of community services.

Evaluation Findings:

Below are some of the key findings from the central intake system evaluation.

- **Incoming Referrals: The MIECHV counties processed more referrals through the central intake hub than the comparison counties.** Overall, the MIECHV counties processed around four times as many referrals through the central intake hub, the Information and Referral Center, compared to the comparison counties using other systems. The majority (80%) of these referrals

came from electronic birth certificates, which likely was due to fact that the central intake hub had only recently been implemented and introduced to community partners.

- **Referrals to Community Services: The MIECHV counties made more referrals to community services than the comparison counties.** The number of referrals made to home visiting programs (Healthy Families America, Parents as Teachers, and Nurse Family Partnership) and other community services was higher in the MIECHV counties compared to the comparison counties. Similarly, the Parents as Teacher programs in the MIECHV counties received significantly more referrals compared to the Parents as Teachers programs in the comparison counties.
- **Tracking of Data: The MIECHV counties were successful in contacting more referrals and made more referrals that led to families obtaining services.** The MIECHV counties had significantly less referrals that were closed due to loss of contact compared to the comparison counties. Additionally, the MIECHV counties had significantly more referrals closed because resources had been provided to families compared to the comparison counties. However, the MIECHV counties had significantly more inappropriate and duplicate referrals. This suggests that there may be some limitations to the high number of incoming referrals in the MIECHV counties.
- **Perceptions of the central intake hub: Overall, frontline staff, supervisors, and directors felt that the central intake hub helped connect families with services.** Frontline staff indicated that the central intake hub probably (89%) and did (11%) improve their agency's ability to provide services to families. The majority (89%) reported that they would use the central intake hub in the future. Supervisors and directors reported that the central intake hub probably (55%) and definitely (28%) improved the performance of their agency. The majority (90%) indicated that they would encourage future use of the central intake hub by their staff. Families also felt positively about the central intake hub, with the majority (91%) indicating that they were satisfied with the screening methods used by the central intake hub staff.

Challenges:

- **Partnership with the state.** The partnership with the state's Department of Public Health strengthened the initiative because it was able to build on the screening and referral infrastructure already established through a state program. However, expanding the state program's data system and personnel posed some challenges to the project timeline. Additionally, obtaining buy-in for the project from different levels within the state proved to be difficult.
- **Central intake hub contractor.** A group in Louisiana was funded to operate the central intake hub. Central intake system leadership found it challenging to collaborate with the central intake hub staff across the geographical distance. Ultimately, a Georgia-based organization, Healthy Mothers, Healthy Babies, took over the implementation of the central intake hub.

Next Steps:

- Efforts are being made to expand the central intake system beyond the MIECHV communities.
- Plans are being made to incorporate Medicaid data into the central intake system in order to identify at-risk pregnant women who may be eligible for services to support prenatal, delivery, and newborn health, such as home visiting.

For more information about Georgia's MIECHV evaluation, please contact:

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