California Home Visiting Coordination Learning Network Session 7

January 24, 2022


WELCOME

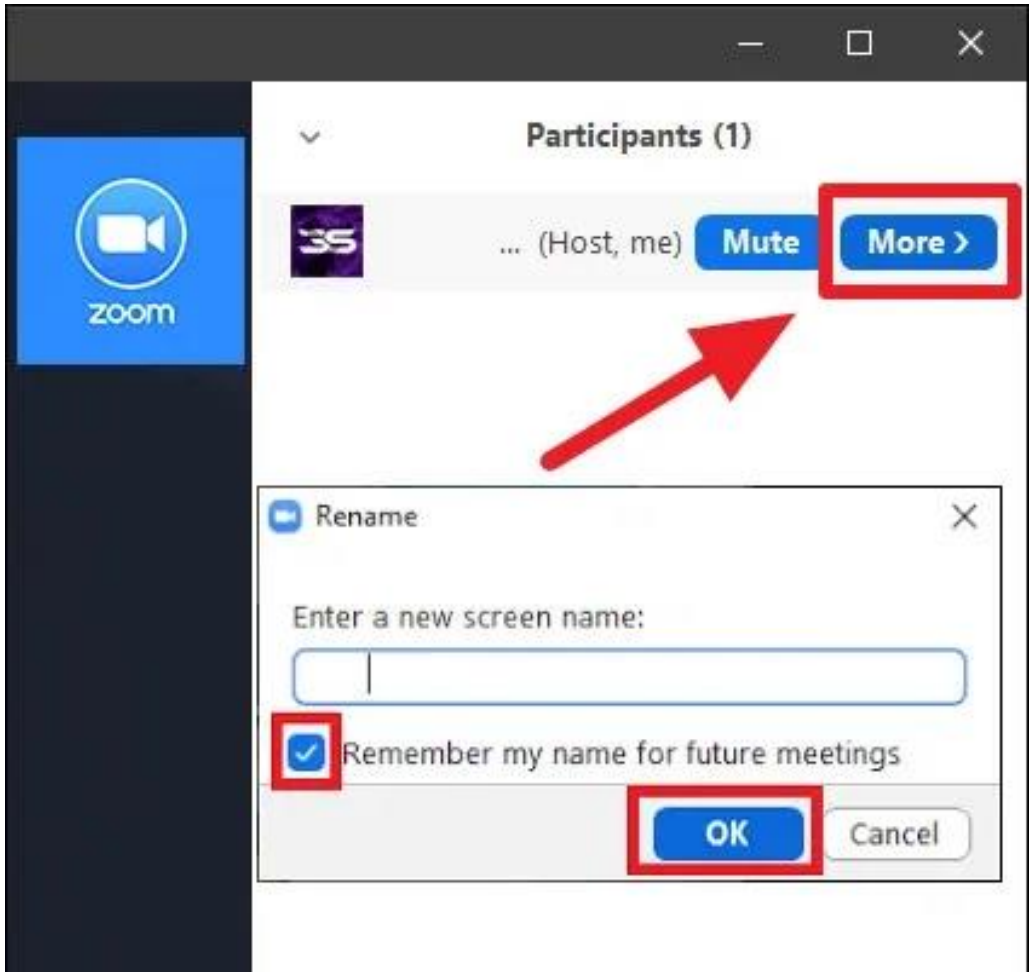
Participation Reminders

Please use the chat feature to engage in discussion and to reach our support team with any technology questions.

Please mute your computer speakers if you joined by phone and hear an echo.

If available, please turn your video on.

Rename Yourself in Zoom



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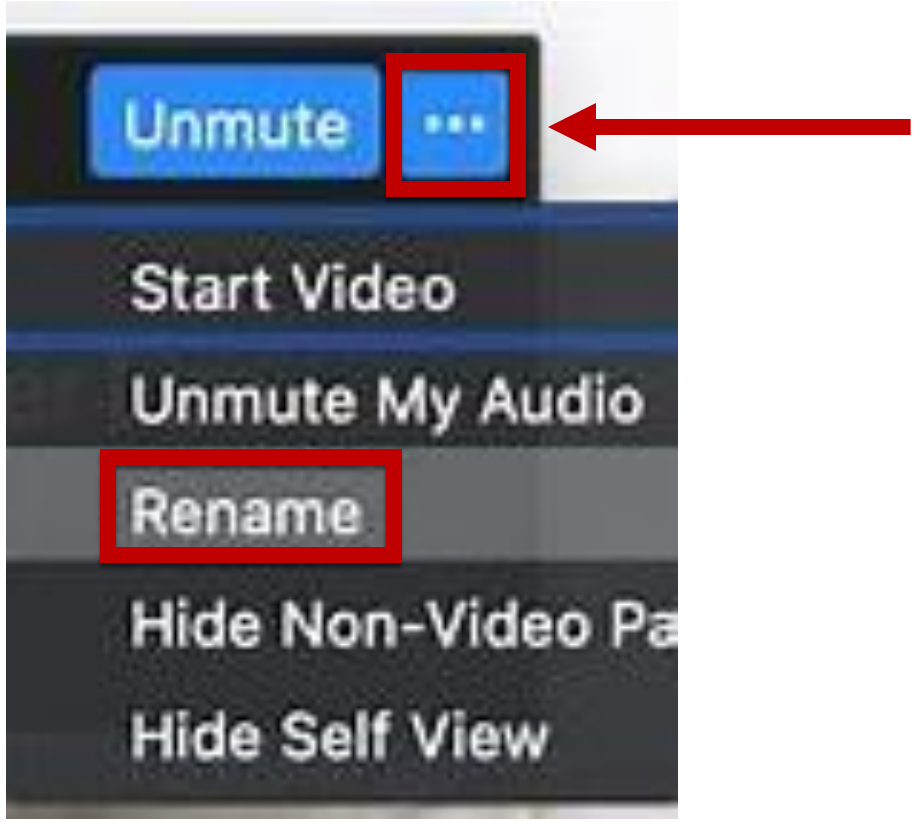


Example: Hannah, Fresno

Agenda

- Coordination framework
- Infrastructure domain
- Peer Spotlight – Solano
- Peer Spotlight – Riverside
- Group breakout discussions
- Next steps

Coordination Framework

Service Coordination

Coordination between:

- HV programs
- HV and other family-serving organizations

Coordination is on a Continuum

Infrastructure

Reflections

Infrastructure: WHAT

Infrastructure

- **Governance & policies**
- **Referral systems**
- **Data collection & use**
- **Financing**
- **Workforce**

Coordinated Referral within Counties (n=50)

Survey item: ***To what extent does your county have standardized administrative forms or processes for connecting families to services?***

	Well Established	Begun to Implement	Begun to Plan	Not Begun
Eligibility determination for home visiting	15%	17%	21%	48%
Referral to home visiting	17%	29%	19%	35%
Tracking of completed referrals to home visiting	10%	21%	38%	31%
Tracking of completed referrals from home visiting to other services	10%	23%	35%	31%

Note. The question was asked only of counties that have home visiting (n=48)

Coordinated Referral Systems: WHAT

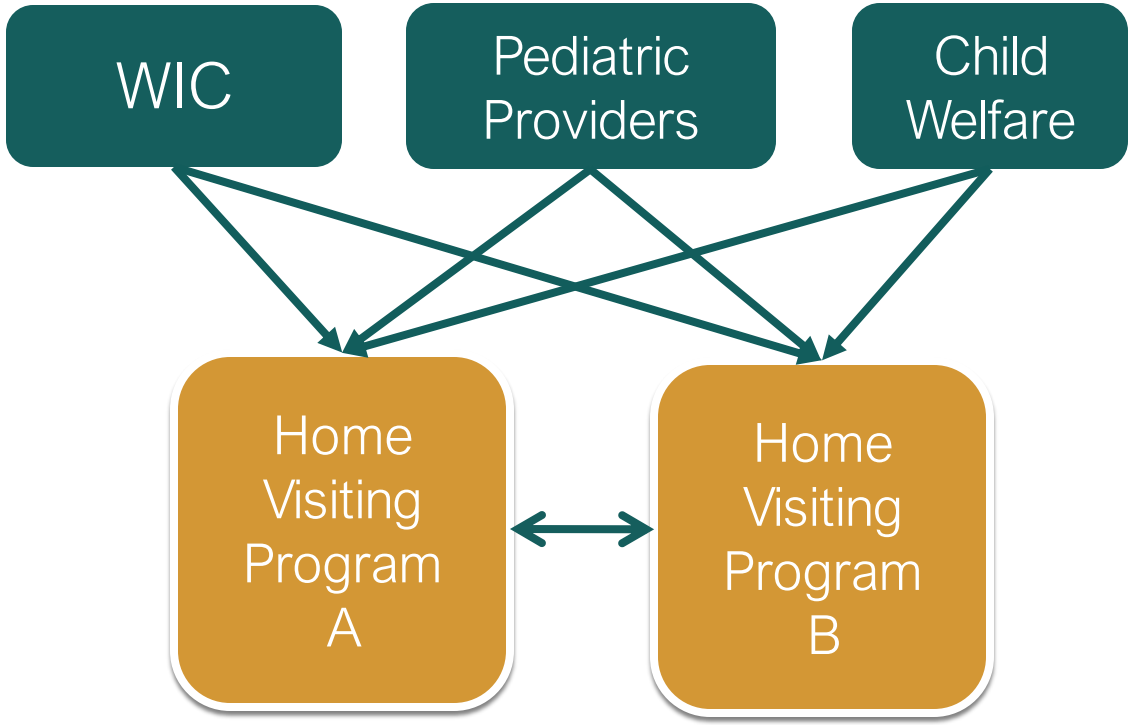
Coordinated systems for outreach/recruitment, intake, and referral

- Between HV programs
- Between HV programs and other family serving organizations

Can take many forms (e.g., “No Wrong Door” or Centralized Intake)

Coordinated Referral Systems: WHY

- Reduce duplication of effort
- Reduce duplication of services
- Direct families to needed services more efficiently and equitably
- Increase number of families served
- Ensure families obtain services that meet their needs and preferences
- Improve program and family outcomes
- Strengthen relationships among family serving organizations



Coordinated Referral Systems: WHERE TO START

- Leverage infrastructure already in place
- Think BIG but take baby steps
- Co-develop a plan based on most pressing needs of your community
- Short-term SMART goals might address needs for funding, dedicated staff, data systems (for electronic referrals)
- Develop a realistic timeline – may take several years!
- Evaluate the process and refine over time

Peer Spotlights

Solano County

Maternal, Child & Adolescent Health


SONOMA
NAPA
SACRAMENTO
SOLANO
MARIN
CONTRA COSTA
SAN JOAQUIN
SAN FRANCISCO

Home-Visiting Programs Available

Nurse-Family Partnership

District Public Health Nursing

Healthy Families Solano*

- CalWORKs Family Support Program
- Solano Black Infant Health

About us:

We offer parents the guidance and support to:

- Achieve a healthy pregnancy
- Learn about the many benefits of breastfeeding
- Create a safe home for their child or children
- Navigate the healthcare system
- Set & accomplish personal goals
- Get linked with local resources
- Cultivate & strengthen nurturing parent-child interactions.

1-877-680-2229
www.babyfirstsolano.org

www.solanocounty.com

Vision Statement

All women, infants, children, adolescents and families in Solano County will receive appropriate, quality, comprehensive health and social services that promote wellness and prevent disease, injury and violence. This will result in healthy, responsible and productive individuals and families.

SOLANO PUBLIC HEALTH

Maternal, Child & Adolescent Health

Are you pregnant or parenting?

Programs for Parents:

NURSE FAMILY PARTNERSHIP
A free program for soon-to-be moms who are pregnant with their first baby. When you enroll, you will be connected with your own personal nurse who will provide support & education.

HEALTHY FAMILIES SOLANO
A free program for pregnant women or parents to a baby under 2 months old. Designed to help parents build a positive relationship with their baby.

*Includes the **Family Support Program** which is for individuals receiving CalWORKs services.*

BLACK INFANT HEALTH GROUP
A free group centered around African American culture, experience & tradition. Serves as a space to socialize with other families & as a place to learn strategies on multiple parenting topics.

PUBLIC HEALTH NURSING
Offers nurse home visits to monitor health, provide advice & resources on breastfeeding, newborn growth & development.

BABY FIRST SOLANO

Provides assistance to women who are either pregnant or think they might be by helping to find medical providers, linkages to health insurance coverage & access to early & regular prenatal care. All for healthy moms to have healthy babies!

Additional Programs:

CHILD HEALTH & DISABILITY PREVENTION PROGRAM
A preventative health program that offers health assessments, immunizations & services to infants, children & teens who have unmet health needs.

CALIFORNIA CHILDREN'S SERVICES
A countywide program that serves children (ages birth - 21) who have physical limitations & chronic health conditions & illnesses.

MEDICAL THERAPY PROGRAM
A special program within California Children's Services that provides Physical Therapy & occupational Therapy for children (ages birth-21) with disabling conditions, generally due to neurological or musculoskeletal disorders.

CHILDHOOD LEAD POISONING PREVENTION PROGRAM
A program that provides education, screening, diagnosis & case management of lead poisoning in children & young adults up to age 21.

SUDDEN INFANT DEATH SYNDROME PROGRAM
Public Health Nurses provide grief & bereavement services to families who have suffered the loss of an infant under the age of 1, due to sudden infant death syndrome (SIDS) or sudden unexplained infant death (SUID).

SOLANO PUBLIC HEALTH

CONFIDENTIAL REFERRAL FORM

Solano County Maternal, Child & Adolescent Health Services
Fax: 707-784-2229
Toll-Free Phone: 1-877-680-2229

SOLANO PUBLIC HEALTH

Referral Source:

Organization: Child Welfare Services Referred Date: Date referral was made

Referred by: Your name Phone: Your phone number

Email: Your email Fax: Your fax

Contact Information:

Client is aware of this referral? ■Y □N OK to leave message? ■Y □N

First Name: Jane Middle Initial: Last Name: Doe Date of Birth:

Street Address: 275 Beck Ave City: Fairfield Zip: 94533

Preferred Language: English Ethnicity: White Relationship to client: Self

Home Phone: Alternate Phone: Gender: □M □F

First Time Mom: ■Y □N Pregnant ■Y □N Prenatal Care: ■Y □N Due date Estimated delivery date

Medical Insurance: ■Y □N Medi-Cal ■Y □N Medi-Cal Number: If applicable

Child First Name: Last Name: Date of Birth:

Child's Medi-Cal Number: Gender: □M □F

Programs Available:

□ BabyFirst Solano (BFS)	□ Nurse Family Partnership (NFP)
□ Black Infant Health (BIH) Group	□ Public Health Nursing (PHN)
□ Childhood Lead Poisoning Prevention (CLPPP)	□ Sudden Infant Death (SIDS)
□ Healthy Families Solano (HFS)	□ Other _____

I am aware my personal information may be shared with Solano County Maternal, Child & Adolescent Health Bureau for referral purposes.

Signature of Client: _____ □ Client was verbally advised of referral

Additional Information:

Comments: (please provide detailed information that would help the receiving agency work with this client)

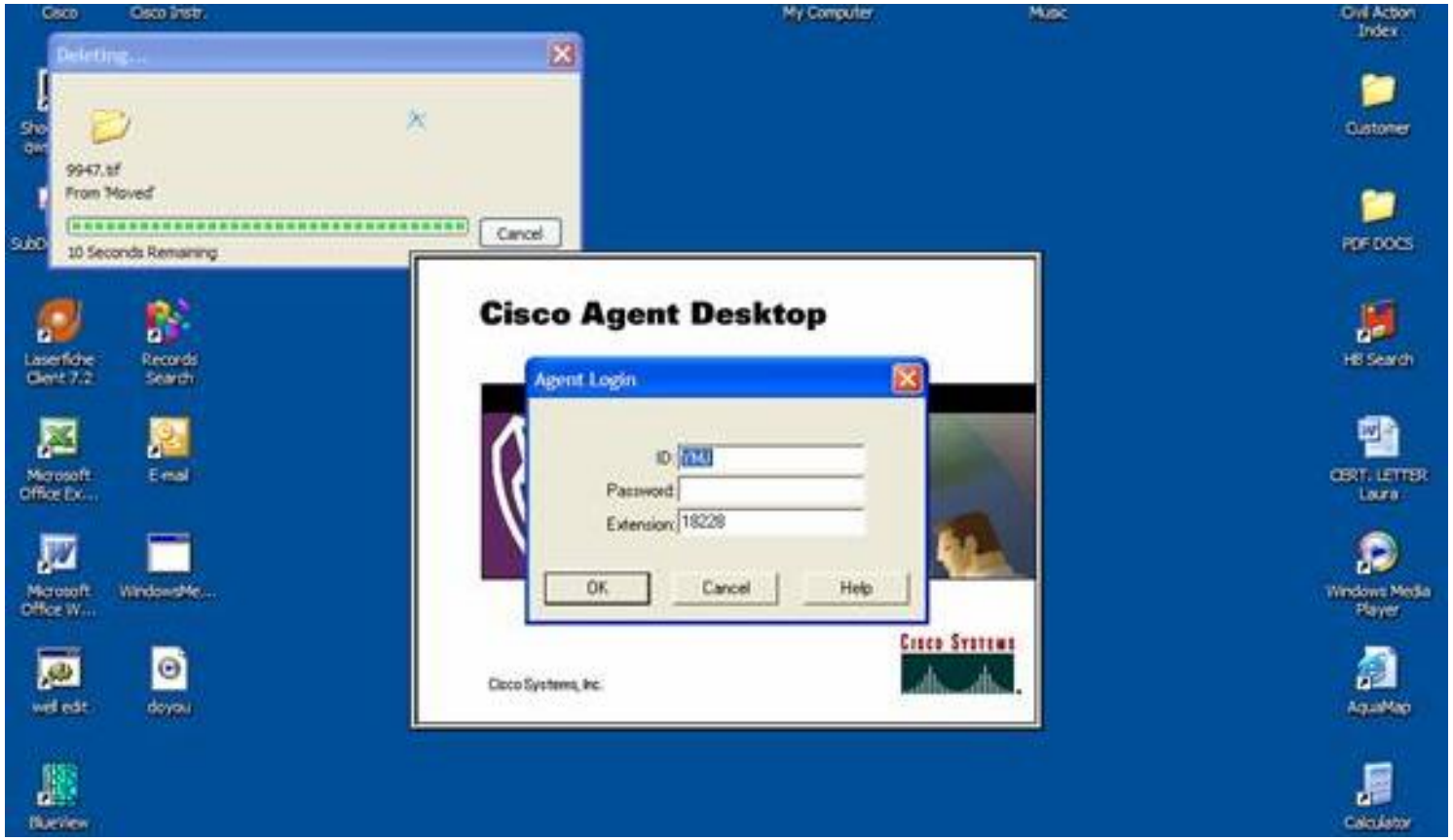
First-time mom; no support from family

☑ Check here if you are requesting referral response

ALL FIELDS NEED TO BE COMPLETED before faxing this form to:
707-784-2229

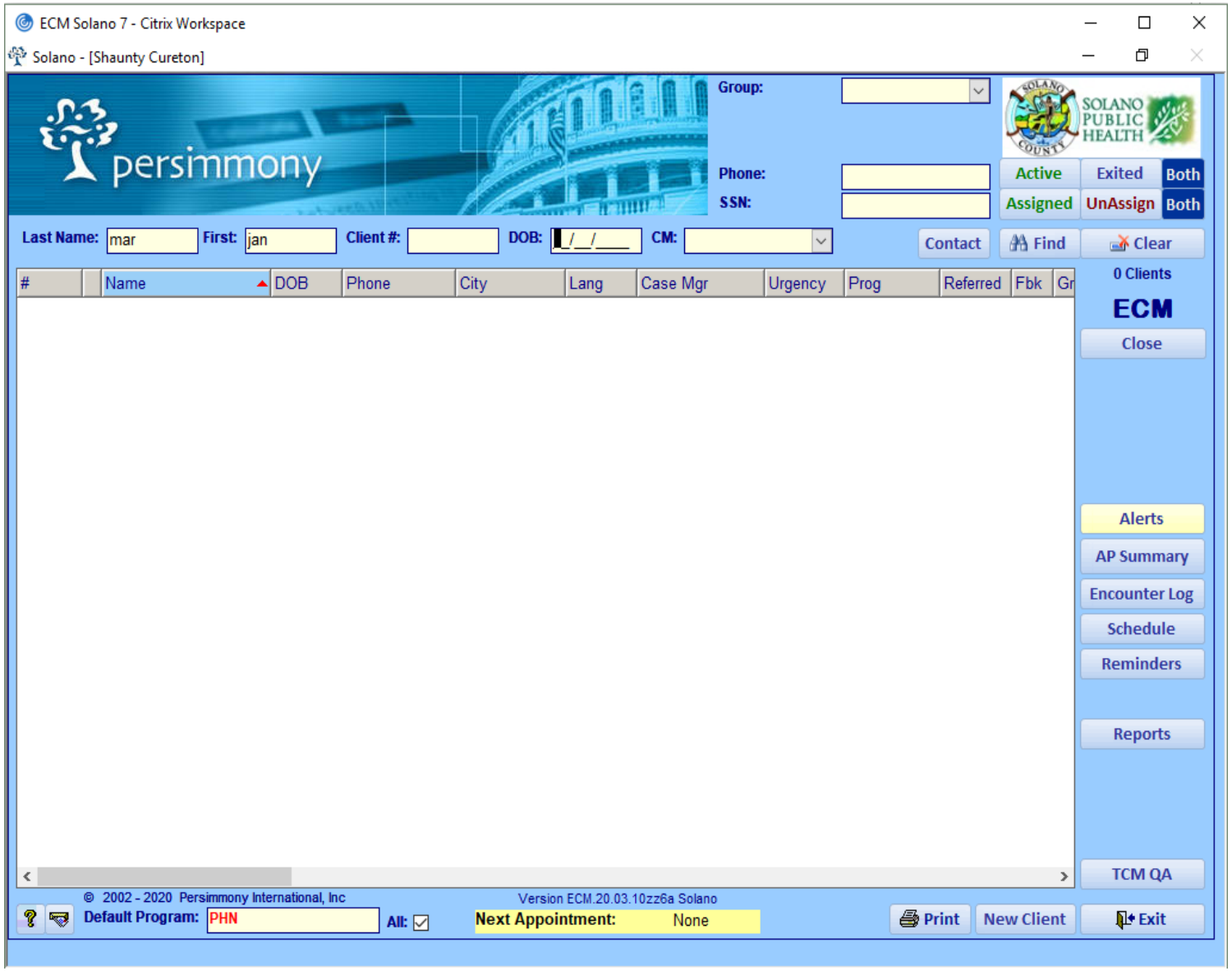
SOLANO PUBLIC HEALTH

Central Referral System: 1-877-680-BABY

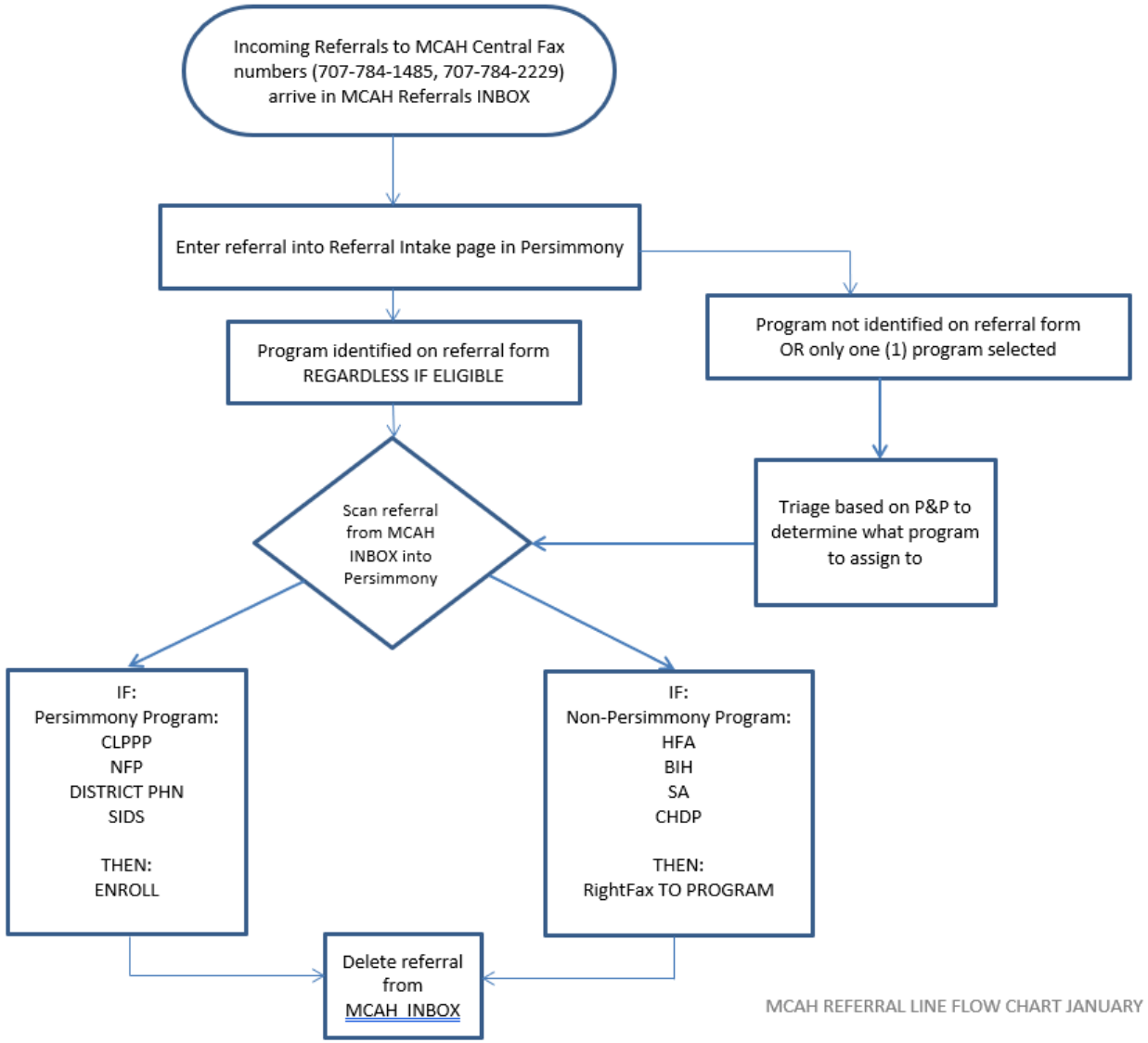


- All MCAH referrals come through CR, via the Confidential Referral Form (CRF)
- CR is staffed by 2 individuals
- The 1-877-680-BABY line is accessed via **Cisco Agent Desktop** - which is available on their desktop phone and computer.
- Once logged into the Agent, CR staff are able to answer & make calls, as well as retrieve messages.

Persimmony



SOLANO PUBLIC HEALTH



MCAH REFERRAL LINE FLOW CHART JANUARY 2022

How Referrals are Prioritized:

FOR INTERNAL USE ONLY
PHN REFERRAL PRIORITIZATION

PRIORITY I – Referral Criteria (Time Sensitive)

a) Child Welfare Services (CWS)
b) Breastfeeding difficulties
c) Infant with feeding or weight gain problems

PRIORITY II – Referral Criteria

a) Parent with Mental Health; suspected or diagnosed
b) Child/Adolescent with Mental Health; suspected or diagnosed
c) Substance using pregnant/postpartum/ or parenting
d) Substance exposed infant/Withdrawal Symptoms
e) Parenting/bonding problems
f) Infant/child/adolescent with medical condition
g) Premature infant birth
h) Small for gestational age
i) Infant is or was in the NICU
j) Infant and Child Developmental/Academic Concerns
k) Age 21 or younger, pregnant or post-partum
l) Bereavement
m) Medical Noncompliance
n) Infant's medical/healthcare needs exceed capabilities of parents
o) Infant at risk due to parent's lack of knowledge about basic care as assessed and documented by hospital staff or CWS
p) Parent with social problems, medical problems, learning disabilities, or developmental delays that appear to be negatively impacting the health of their pregnancy or baby

***PRIORITY III – Referral Criteria**

a) Client with problems accessing prenatal care/postpartum care/medical care
b) Infant and children whose health condition requires client education in specific area(s), such as review of health condition, growth and development, nutrition, immunizations, routine/specialized care
c) Client requires further guidance and education in parenting
d) Client with limited support and limited knowledge of community resources

*If a referral has two or more concerns in Group 3 then the referral will be moved up to Group 2.

MCAH CENTRAL REFERRAL LINE TRIAGE MATRIX

INSTRUCTIONS: Use this matrix when a program is not indicated or several programs are indicated on the referral form. The matrix will assist in matching the referral to the program criteria. Dual referrals to BFS & any of these programs: HFA, NFP, BIH, AFLP and PHN can be made, depending on client needs/comments on CRF.

PROGRAM	NEED					LINKAGE	MOM'S AGE		ETHNICITY		GESTATION			GEOGRAPHIC LOCATION						PREGNANCY #	
	IMMEDIATE	BF	MEDICAL	MH	CPS		<18YO	>18YO	AA	OTHER	<26 WKS	<28WKS	>28WKS	DIX	VV	FF	VJO	BEN	RV	1ST	>1
BIH Group							X	X	X		X			X	X	X	X	X	X	X	X
PHN	X	X	X	X	X		X	X	X	X		X	X	X	X	X	X	X	X	X	X
HFS/BIH							X	X	X	X		X	X	X	X	X	X	X	X	X	X
NFP							X	X	X	X		X		X	X	X	X	X		X	
*BFS						X	X	X	X	X		X	X	X	X	X	X	X	X	X	X

*Formerly known as Prenatal Care Guidance

Key	
Immediate	Falls under Priority I - See PHN Referral Prioritization
BF	Specifically for breastfeeding challenges
Medical	Lead; head lice; elevated blood levels; failure to thrive; premature infant. (Priority II & III on PHN Referral Prioritization)
MH	Mental Health Needs
CWS	For/from Child Welfare Services
Linkage	Basic needs; medical insurance; medical appointment; lost to care
<18YO	Teen mom under 18 years of age.
≥18YO	Mom 18 years old and older
AA	African American mom
Other	All race/ethnicity, other than African American
≤26Wks	Pregnancy at 26 weeks or less
<28 WKS	Pregnancy at 28 weeks or less
>28Wks	Pregnancy at 29 weeks or greater.

Key	
AFLP	Adolescent Family Life Program
BFS	BabyFirst Solano (AKA: Prenatal Care Guidance)
BIH	Black Infant Health
CHDP	Child Health & Disability Prevention
FSP	Family Strengthening
HFA	Healthy Families America
IZ	Immunizations
NFP	Nurse Family Partnership
PHN	Public Health Nursing
PE	Physical Examinations
PNC	Prenatal Care

To determine which program is most appropriate - see the above Matrix. Contact the Point Person/Supervisor if you are unable to determine the most appropriate program based on referral information.

Lessons Learned

- **Develop well-defined Policies & Procedures** (to keep referral systems running smoothly).
- **A Centralized Referral System is worth it** (but costly).
- **Invest in staff**
- **Referring agency turnover causes some challenges.**
- **Outreach-specific staff is beneficial.**
- **Always continue to build relationships with referring parties**.
- Most important, **there will always be challenges!**

Contact info:

- Nancy Morataya, Project Manager
- 707-784-8674
- nmmorataya@solanocounty.com

Q&A

Riverside County

Q&A

Breakout Group Discussions

Group Discussion Topics

- What challenges have you had or do you anticipate in developing shared processes with partners for intake and referral?
- What is working well to coordinate intake and referral procedures?
- What resources or support might you need to strengthen your ability to establish coordinated systems for intake and referral?

Next Steps

HVC TA Liaisons

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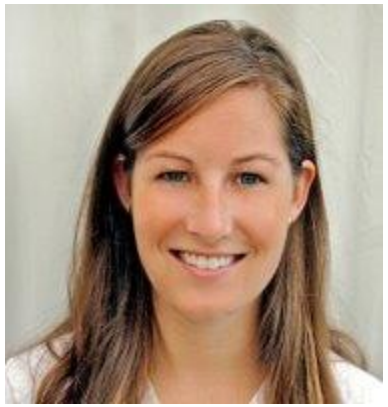

Katie Brennan
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Select counties in Central, Northwest, and Southern Regions

Next Steps

- Follow-up email with:
  - Post-session survey
  - Slide deck and breakout discussion notes
- Session 8 on Feb 28, 2022
  - Topic: Shared Accountability
  - Please email simmons@jbassoc.com with any questions you have in advance

Thank You!

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