PA Project LAUNCH

Home Visiting Work
Presentation Objectives:

1) Project LAUNCH Overview
2) Approaching the Home Visiting Strategy
3) Discussion of Major Projects Undertaken
WHAT IS PROJECT LAUNCH?

Project LAUNCH seeks to promote the well-being and success of children, birth to 8 years of age, their families, and pregnant women through the delivery of a comprehensive, seamless system of services and supports.

The purpose is to help all children reach social, emotional, behavioral, physical and cognitive milestones and to thrive in school and in life.
Project LAUNCH is a collaborative process involving cross-sector systems, services, and strategies - all working seamlessly together to support the optimal development and well-being of children and families.
Strategic Doing Across Five Prevention Goals

1) Integrate Behavioral Health in the Physical Health Setting
2) Promote Quality Screening and Assessment
3) Increase knowledge of infant and early childhood mental health across systems
4) Strengthen Families
5) Increase the quality and utilization of home visiting supports
What is home visiting?

• Home visiting programs provide structured visits by trained professionals and paraprofessionals to women who are pregnant or caregivers with children under the age of six.
What are the benefits of Home Visiting?

1. Moms and babies are **healthier**.
2. Children are better **prepared** for school.
3. Children are **safer**.
4. Programs **save** money.
5. Families are more **self-sufficient**.
<table>
<thead>
<tr>
<th><strong>Goal:</strong></th>
<th>Promote integrated, evidence-based, high quality home visiting services that ensure access to those who need it.</th>
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<tr>
<td><strong>Rationale:</strong></td>
<td>Current HV services are underutilized, therefore a need for more sustained engagement in home visiting by families and to address the high turnover of home visiting staff has been identified.</td>
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</table>
| **Objectives:** | 1) Increase parent and community awareness of the importance of social-emotional wellness and the availability of home visiting supports.  
2) Explore and develop opportunities to leverage economies of scale by working as a system, particularly with regard to best practices and trainings.  
3) Increase support available to home visitors working with families. |
What Can I Do as a Healthcare Provider to Address ACEs?

**STEP 1:** **Screen** your patients for ACEs, especially pregnant women.  
**STEP 2:** If a family is at high risk for ACEs, **refer** them to one of the home visiting agencies serving children and families in Allegheny County.

<table>
<thead>
<tr>
<th>Programs &amp; Services</th>
<th>Who to Contact</th>
<th>How to Contact</th>
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</table>
| Community-Based Doula Program  
(UPMC for You subscribers only) | The Birth Circle | 412-441-3701 |
| Discovery, Assessment, Referral, Tracking (DART) – Preschool Early Intervention Services | Allegheny Intermediate Unit | 412-394-5904 |
| Early Head Start Program | Allegheny Intermediate Unit  
Council of Three Rivers American Indian Center (COTRAIC)  
Family Foundations  
Pittsburgh Public Schools | 412-722-4188  
412-431-4339  
412-246-1691  
412-606-1905 |
| Early Intervention Services | Alliance for Infants & Toddlers | 412-885-0000 |
| First Steps Program  
Family Resources | Allegheny Intermediate Unit, McKeeport  
Council of Three Rivers American Indian Center (COTRAIC)  
Family Resources | 412-678-5130  
412-363-1702, call x1110 or press 2 |
| Head Start Program | Council of Three Rivers American Indian Center (COTRAIC) | 412-488-2750 |
| Healthy Start Program | Healthy Start, Inc. | 412-247-1000 |
| In-Home Therapy and Family Preservation Services | Every Child, Inc.  
Toll Free: 1-888-665-2940 | 412-665-0600 |
| Maternal/Child Health Home Visiting Program | Allegheny County Health Department | 412-247-7950 |
| Nurse Family Partnership Program  
(First-Time Mothers Only) | Allegheny County Health Department | 412-247-7950 |
| Parents as Teachers (PAT) Program | Family Support Centers - There are 26 Family Support Centers serving different neighborhoods in Allegheny County. Go to www.alleghenycountyfamilysupport.org to find the phone number of a Family Support Center near you or call the Allegheny County Department of Human Services at 412-350-6611. | Allegheny County Health Department  
Family Support Centers - There are 26 Family Support Centers serving different neighborhoods in Allegheny County. Go to www.alleghenycountyfamilysupport.org to find the phone number of a Family Support Center near you or call the Allegheny County Department of Human Services at 412-350-6611. |
| Resource Mothers Program | Allegheny County Health Department | 412-247-7950 |

Efforts to educate PCPs about ACEs and Home Visiting immediately after applying for LAUNCH Grant.
Collaborating Partners to Build a Coordinated Referral System

- Allegheny Department of Human Services
- Allegheny County Health Department
- Allegheny Intermediate Unit
- Alliance for Infants and Toddlers
- Children’s Hospital of Pittsburgh of UPMC
- Council of Three Rivers American Indian Center
- Family Resources
- Focus on Renewal
- Healthy Start

- Primary Care Health Services
- Providence Connections
- South Hills Interfaith Movement
- The Kingsley Association
- Urban League of Greater Pittsburgh
- University of Pittsburgh Office of Child Development
- YMCA of Greater Pittsburgh

The decision to build a coordinated home visiting system spurred by the LAUNCH application. IT infrastructure developed prior to receipt of LAUNCH funding and funded by the Heinz Endowments and the...
Home Visiting Programs (participating)

- Early Head Start
- Family Support Centers (Parents as Teachers home visiting)
- First Steps
- Head Start (home-based)
- Healthy Start
- Healthy Families America
- Nurse Family Partnership
- Reach out to Families
- Title V nurses
Coordinated Referral System

July 30, 2014

The power points slides from initial group conversations discussing the advantages and disadvantages of building a coordinated referral system.
Presentation’s Learning Objectives

- Discuss the pros and cons of a coordinated referral system
- Discuss the logistics of what such a system might look like
  - Duties of Referral Coordinator run through LINK
  - Decision Tree Used
  - Possibilities for sharing live capacity data
Advantages of a Coordinated Referral System

- Help ensure that the families are being directed to the HV model most appropriate to their needs
- Reduce the risk that an eligible family does not enroll in a HV program: objective, up-front time finding the most appropriate program could help ensure that a family finds a program they will stick with. Efforts will be made to ensure that an eligible family actually finds a program with available space rather than only being added to a wait list.
• Potential to increase demand for home visiting through coordinated outreach/marketing—
  • Has the potential to lessen individual HV model efforts to rely on independent outreach
  • Offers us the opportunity to efficiently market to difficult to reach subpopulations
  • Puts us in a position to deal with larger numbers if additional home visiting funds are awarded (via MIECHV or foundations). We will have a structure in place to help increase and handle demand.
Minimize the demands placed on referring entities (such as doctors) to know about 10 different home visiting programs:

- Healthy Start - Early Head Start,
- Title V Nurses - Nurse Family Partnership
- Parents as Teachers
- Health Families American
- The Birth Circle - First Steps
- Every Child - Reach out to Families
- Ability for a Referral Coordinator to help assess whether additional program referrals can be made: I.e. Medicaid enrollment, WIC, rental assistance, connections to mental health or substance abuse support
Could provide our HV System with valuable knowledge

Where does demand exist? Even without a full-blown outreach campaign, are we seeing significantly more demand than supply: is there a case that we need more funding to expand programs?
Data Erie is Tracking

- % of contacts leading to referrals
- % of referrals by source
- The specific outcome after contact: eligible and enrolled, eligible and waitlist, eligible and declined, not eligible, refused referral, unable to contact
- % of referrals to program
- Other referrals made
- % of clients with previous EBHV
Additional data?

- Ability to identify the potential gaps of service in our overall system: are we finding that as a collective group, a subpopulation of HV clients needs DV counseling and there is no good service to refer them to?
Disadvantages

- HV models that are mandated to have a waiting list could feel that this systems change could impact their ability to maintain waiting lists

*Possible way to handle this:* Conduct quality assurance over Referral Coordinator to ensure that eligible clients are placed on both a waiting list and referred to a program with space
While all HV models would be entitled to maintain their existing outreach, it could be more efficient to do coordinated outreach/marketing over time. Will HV models lose their market share if this system encourages referrals toward the coordinated system?

Possible way to handle this:

1) We should conduct quality assurance over the Referral Coordinator to ensure that referrals are made to all programs as appropriate.

2) We have 4,767 families to potentially serve: we should have zero problems finding a way to fill every model’s spaces.
Guiding Questions for System Design

- What HV model would be best for each household? What HV model among all available would be best for each household?
  - Client centric
  - Community agreement on how to refer based on household needs and eligibility
Duties of Referral Coordinator

- Document client’s history and identify appropriate services
- Document discrepancy between client’s needs and available resources
- Respect client’s preferences
- Seek to prevent incompatible referrals and reduce placement time
- Obtain consent before sharing with providers
- Clearly communicate expectations and timing for client transfer
The Allegheny Link: 1-866-730-2368

The mission of the Allegheny Link is to simplify and streamline access to services and supports in an effort to help individuals and families maintain their independence, dignity and quality of life.

The Allegheny Link provides a wide array of services to Allegheny County residents

- with a disability
- who are over the age of 60 with or without a disability
- who are experiencing or are at-risk of homelessness
Allegheny LINK

- What call volume do we anticipate?
- How long would a telephone call take? (Walk through decision tree—to come)
- Would people be confused about who they were calling? Why not 211?
Home Visit Visioning: Assumed Current State

Clients seeking/need Home Visit Services

- DHS Home Visit Services
  - KIDS System
- Health Department Home Visit Services
  - Health Dept Home Visit System
- Independent Groups Home Visit Services
  - Group 1’s System
  - Group 2’s System
  - Group 3’s System

Clients seeking/needing Home Visit Services
Home Visit Visioning: Possible Future State 1

Clients seeking/needs
Home Visit Services

One Stop Home Visit Help

Home Visit Referral System

DHS
Home Visit Services
KIDS System

Health Department
Home Visit Services
Health Dept Home Visit System

Independent Groups
Home Visit Services
Group 1’s System
Group 2’s System
Group 3’s System
BUILDING AN ELIGIBILITY ALGORITHM

Which program is right for a family?

**Income Requirements**
- No requirement
- Specific guidelines

**Age of child**
- Serve children 2 and under
- Serve families until child is 6

**Frequency of Visits**
- Bi-monthly
- Weekly
- Monthly
Link Service Coordinators are available Monday-Friday, 8:00 am-7:00 pm

1. Trained staff will determine the programs for which a family is eligible and refer them, keeping in mind which ones have space.

2. Parents will have the opportunity to hear about all of the programs for which they are eligible (video-series training for staff)

3. There is a voicemail during non-business hours and Link staff will call families back.

4. Automatic referral when family involved with Child Protective Services (an outgoing call).
Benefits beyond home visiting

Allegheny Link is reducing barriers that impact a family’s overall health:

- Link Staff can connect families to resources:
  - WIC, subsidized housing, and assistance programs for food, transportation, utilities and medical coverage.

- Electronic referrals will have useful information for providers to ensure a continuity of care.
Free home visiting programs are open to soon-to-be parents & parents of children 0-6

<table>
<thead>
<tr>
<th>I would like: (check all that apply)</th>
</tr>
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<tbody>
<tr>
<td>□ Someone to talk with about pregnancy Prenatal support and education</td>
</tr>
<tr>
<td>□ Someone to talk with about my life Emotional support</td>
</tr>
<tr>
<td>□ A nurse to come and check on my baby Assessment of baby’s growth</td>
</tr>
<tr>
<td>□ To feel closer to my child Support with bonding</td>
</tr>
<tr>
<td>□ To know how to help my child develop or address concerns I have Education on child development</td>
</tr>
<tr>
<td>□ To ensure my family has insurance, heat and food Help in accessing resources</td>
</tr>
<tr>
<td>□ To help me improve my 2-5 year old’s behavior Child behavior support</td>
</tr>
<tr>
<td>□ To feel safer Personal safety</td>
</tr>
<tr>
<td>□ To find other parents I can relate to Desire to meet other parents</td>
</tr>
<tr>
<td>□ Someone to help me pursue personal goals Financial / employment / education goals</td>
</tr>
<tr>
<td>□ Not to be at risk of homelessness Homeless resources</td>
</tr>
<tr>
<td>□ Other</td>
</tr>
</tbody>
</table>
RFP for Marketing Support

What we learned from parents about home visiting...

**Fear**
- Makes me think of CYF, invasive
- People are “in my business”

**Gratitude**
- Connects me with resources, services
- Everybody knows someone that can benefit from home visiting
- I’d be lost without it
- It’s nice to have an adult to talk to
Nielsen PRIZM® Segmentation

- Nielsen PRIZM® divides consumers into 66 clusters based on their specific home address
- Combines demographic, consumer behavior and geographic data to understand target audiences
- Nielsen PRIZM® helps us create a vibrant picture of our target audiences
  - Who are our best audiences?
  - What are they like?
  - What do they care about?
  - How can we reach them?
Open doors to success.

866-730-2368

Trained individuals can help moms & dads:
• Have someone to talk to
• Learn what to expect each month of your pregnancy or during the stages of your child’s development
• Connect to resources to help your family
• Be the best parent you can be
Open doors to opportunities.
Flash drives for HV Partners with marketing toolkit

How to use this toolkit.

The Allegheny LINK to Home Visiting Marketing Toolkit was designed to help our stakeholders produce materials that are easily recognizable as LINK representatives or agencies.

We encourage you to use this toolkit as you plan your presentations, brochures, fliers, emails, and other communications to ensure your marketing material reinforces the LiNK Home Visiting brand. When new materials are needed, they should be created in conjunction with the vision and elements outlined here.
“We believe that the Allegheny Link to Home Visiting Services will *Open Doors* to home visiting services in our county.”

-Dr. Karen Hacker,
Director of the Allegheny County Health Department
Everyone can benefit.

We would like to encourage OB/GYN physicians and pediatricians to talk with EACH AND EVERY family about home visiting.

A) You never know which family could use the support
B) Speaking of it as a universal service helps reduce stigma
C) We have 500 slots to fill
3 Simple ways to refer a Parent to the Link Line to receive Home Visiting Services:

1. **GIVE** the parent the Allegheny Link telephone number: 1-866-730-2368

2. You or your staff with a parent/caregiver can **CALL** the Allegheny Link and convey your concerns to the Link Service Coordinator.

3. Invite the parent to **COMPLETE** the Home Visiting Referral Form and return to the LINK:
   - **LINK EMAIL:** alleghenylink@alleghenycounty.us
   - **LINK FAX:** 412-350-3834

**Remember there is an option to leave a voicemail.**
Open doors to answers.

**Toolkit**

**Materials:**
- Large Posters (3)
- Small Posters (2)
- Info Cards (50)
- Info Card Holder (1)
- Open Doors Business Cards (20)
- Sheet of Link Line Stickers (2)
- Link Line Window Decal (1)

**Forms:**
- Patient Referral Pad (1)
- Reordering Sheet (1)
Open doors to opportunities for you and your child.

Free home visiting programs are open to soon-to-be parents & parents of children 0-6.
I give my permission to share the above information with the Allegheny Link. My signature represents an interest in being contacted in order to learn more about programs, and I am not required to participate unless I choose to.

X ___________________  Date: ___________________
(Signature)

I give my permission for the Home Visiting Program in which I enroll to communicate back to this referral office when services begin. I also give my permission for the service providers in this office and in the Home Visiting Program to communicate as needed for the coordination of my family’s support.

X ___________________  Date: ___________________
(Signature)
Once a parent speaks with a Link service coordinator . . .

Home visiting programs will receive electronic notification that they have a new referral and will contact the parent.

Link staff will attempt to help a parent choose one program.

If a parent enrolls in a home visiting program and gives the program consent, the home visitor will get back in touch with you, the referring entity. (see sample Follow up form)
Follow-up form can be placed in the patient’s file.
Common questions patients may ask:

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>“Is this something like Children, Youth, and Family Services?”</td>
<td>“No. Home visiting programs are not associated with Children, Youth, and Family services. Home visiting programs are a free, voluntary service open to any family in Allegheny County during pregnancy or those with children ages 0 – 5.”</td>
</tr>
<tr>
<td>“What will a home visitor actually do when they come to my home?”</td>
<td>“The home visitor will want to get to know you and your family better to understand the support you’re looking for. They will talk with you about how you are and ask about the needs of you and your child. Then they help you connect with resources to meet those needs. They will also introduce activities that you can do with your child that encourage skill building and healthy development.”</td>
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Since the coordinated referral system began . . .

- The entirety of 2016 was a soft launch of our system during which we did not solicit referrals externally. Instead, Link service coordinators were able to identify families in a housing crisis with young children and refer them to services. According to our 2016 data, 148 families are now enrolled in home visiting who would otherwise not be.
### Quick Look at Medical Referral Process

**How many faxed referrals did the Link receive and what were the outcomes?**

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Faxed Referrals Received</th>
<th>Successful Home Visiting Program Referral Made</th>
<th>Client Not Interested</th>
<th>Unable to Contact and/or Follow Up Letter Sent</th>
<th>Client Not Eligible or Client Already Referred/Enrolled</th>
</tr>
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<tbody>
<tr>
<td>2017</td>
<td>154</td>
<td>57 (37%)</td>
<td>28 (18%)</td>
<td>67 (44%)</td>
<td>2 (1%)</td>
</tr>
<tr>
<td>2018</td>
<td>188</td>
<td>76 (40%)</td>
<td>33 (18%)</td>
<td>70 (37%)</td>
<td>9 (5%)</td>
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</tbody>
</table>

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<th>Year</th>
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<th>Successful Home Visiting Program Referral Made</th>
<th>Client Not Interested</th>
<th>Unable to Contact and/or Follow Up Letter Sent</th>
<th>Client Not Eligible (No children under 6) or Client Already Referred/Enrolled</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>2019</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>58</td>
<td>12 (21%)</td>
<td>6 (10%)</td>
<td>34 (59%)</td>
<td>6 (10%)</td>
</tr>
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</table>

- **January**: 12 faxed referrals, 0 successful referrals, 3 clients not interested, 8 unable to contact, 1 not eligible or already referred/enrolled.
- **February**: 17 faxed referrals, 4 successful referrals, 1 client not interested, 10 unable to contact, 2 not eligible or already referred/enrolled.
- **March**: 9 faxed referrals, 1 successful referral, 1 client not interested, 6 unable to contact, 1 not eligible or already referred/enrolled.
- **April**: 14 faxed referrals, 6 successful referrals, 1 client not interested, 6 unable to contact, 1 not eligible or already referred/enrolled.
- **May**: 6 faxed referrals, 1 successful referral, 0 client not interested, 4 unable to contact, 1 not eligible or already referred/enrolled.
Our coordinated referral system has improved the likelihood of diversion from other more costly, restrictive services by offering home visiting supports earlier in the crisis cycle in a more targeted manner. It has increased the odds that referrals for home visiting are made by easing the burden on referring entities. It has improved the ability to link families to the services of their choice based on an informed decision. It has created the capability to refer families to programs that have actual vacancies, as opposed to waiting lists. It has improved the ability to assess the supply and demand for each home visitation programs and make recommendations for further expansion. Lastly, it has provided a global perspective on home visiting, which is something that the community has never had.
Challenges. . .

- Early Head Start and Head Start’s funding “is in jeopardy” if they have a single spot left vacant for over 28 days. Because of this, they created their own hotline and did a big push of outreach a decade ago. Today, they have 15-30 people on their waitlists at any given point in time. They have maintained their own hotline and are not co-branding with Open Doors because of classroom based Head State referrals that they process. However, they are still not sharing families on their waitlists.

- Moving forward without MOU, gave us agility but also poses a risk when leadership changes.

- Families are still lukewarm on home visiting. Families express interest and then fall off during the process.

- Additionally, connecting with families via phone after the referral continues to be a challenge. Families often have limited resources and utilize minute phones that are often not in operation when Home Visiting partners reach out to them.
Shared Trainings and Increasing Support available to home visitors

- Celebrating the Home Visitor 2016: Self-Care and Launch of Coordinated Referral System
- Nancy Suchman and Mothering from the Inside Out: the 2017 Healthy Start Conference
- Cultural Competence Seminar for Home Visitors 2017
- Supporting Moms with Opioid Dependency: Dispelling Myths & Understanding Neonatal Abstinence Syndrome 2018
- State Home Visiting Conference 2018
- Webinar on Supporting Moms with Opioid Dependency 2019
- Infant and Early Childhood Mental Health: Why It Matters in Your Field 2019
- Pro-Tips Rings for ASQ and Family Resource Ring
Thank you!!!!

Questions?

Kimberly.cauley@alleghenycounty.us
412.439.0466