ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

Innovation Station

Sharing Best Practices in Maternal & Child Health

Developing, Testing & Scaling Coordinated Intake & Referral

Location: Florida
Date Submitted: March 2018
Category: **Promising Practice**

TITLE V/MCH BLOCK GRANT MEASURES ADDRESSED
NOM 4.1 and NOM 4.2: Low or very low birthweight deliveries **NOM 8, NOM 9.2, NOM 9.1:** Perinatal, neonatal, or infant mortality

BACKGROUND

With the implementation of the federal Maternal, Infant & Early Childhood Home Visiting (MIECHV) program, multiple evidence-based home visiting programs are available in many Florida communities, along with long-established family support programs such as state and federal Healthy Start. There was an identified need to develop an effective system for identifying at-risk families and connecting them with programs that best met both their needs and preferences. This was critical to reaching more families while reducing duplication of services. Florida used a unique approach to developing and testing CI&R that was community-driven and incorporated CQI principles and processes.

PROGRAM OBJECTIVES

The primary objective of this initiative was to develop a community-driven approach to Coordinated Intake & Referral, using the state's universal prenatal and infant screens, that could be adapted and scaled statewide through local Healthy Start Coalitions.

TARGET POPULATION SERVED

The target population was pregnant women and families with newborns at risk of a poor birth outcome – specifically, low birthweight and infant mortality – or developmental delay.

PROGRAM ACTIVITIES

Florida MIECHV, in partnership with the state Title V agency, developed coordinated intake and referral (CI&R) models with a group of state-designated Healthy Start Coalitions in the spring of 2016.

A quality improvement learning collaborative approach was used to pilot the development and implementation of CI&R.

A request for applications (RFA) was sent to the 32 Florida Healthy Start Coalitions, out of which eight responded.

Participating coalitions formed multi-agency teams and participated in monthly calls, webinars, and in-person statewide learning collaborative sessions, with five to seven members from each participating community team. The project also incorporated CQI principles and processes, including PDSA cycles and using data to drive system improvement at the community-level.

To facilitate engagement and involvement of these stakeholders, Florida MIECHV partnered with CityMatCH to design and implement an Action Learning Collaborative (ALC) framework to this pilot group. CityMatCH's ALC follows a Ready, Set, Go, model, which was applied at the state and local levels. Community teams assessed the landscape and needs of the community. Coalitions were provided with resources to support their work, including a planning period for partnership development and discussion of and consideration for how key CI&R components work in their community.

The collaborative utilized a CQI approach for testing and refining plans. Each team developed decision trees that focused on areas of identifying families who may qualify for services, improving coordinated systems for referrals, effective engagement and enrollment of families, and providing services that align with families' needs and preferences. The decision trees laid the foundation for focused areas to improve upon and ensure a more effective CI&R process. Community teams met regularly to review CI&R test results and refine their approaches as needed. Information was shared with state stakeholders, including Title V and home visiting model developers.

Support was provided by FL MIECHV in CQI training, including PDSA cycles, the development of a detailed Driver

Diagram, and the selection of specific metrics to measure implementation success.

PROGRAM OUTCOMES/EVALUATION DATA

The Consolidated Framework for Implementation Research (CFIR) model (Damschroder et al, 2009) was utilized by the University of South Florida MIECHV evaluation team to describe the characteristics of the learning collaboratives. The CFIR model was adapted by the MIECHV team by adding the 'learning collaborative group dynamics' category, to ensure that team dynamics such as CI&R members' perceptions and interactions within their respective groups were assessed. This was essential in order to evaluate influence of the partnership itself on the attainment of the outcome objectives of the group (Schulz, Israel, & Lantz, 2003).

The MIECHV evaluation team used this framework to evaluate coalition system changes while utilizing the prenatal and infant risk screens, their methods of incorporating the CI&R model into their various systems of care, and the accomplishments and barriers encountered during their various implementation processes.

Changes were seen across all the major CFIR domains between the first and third learning collaborative meetings. Among individual participants' characteristics, there was an increase in those working on system changes (24.2%), an increase in familiarity with facts & principles of system changes (13.6%), and an increase in those actively planning to implement changes (7.9%).

There were increases in perceptions related to the CI&R team's inner setting, in particular, the percentage of participants who agreed that needs and preferences of families were being considered (10.3%), clear definition of responsibility and authority (9.7%), as well as effective communication within the team (7.9%). With regard to perceptions related to the outer setting - which is the community in which system changes were implemented - there was increased perception that needs and preferences of families were being considered (19.9%), that implementation was influenced by external incentives (14.8%), and that there was networking with external organizations for resources (7.4%).

The largest changes occurred within perceptions related to the implementation of the system changes. Participants increasingly agreed that their implementation plans had specific roles and responsibilities delineated (29.9%), that there were shared responsibilities for implementation (24.2%), and that the system changes were being implemented according to plan (24.2%). There was however a decline in percentage of participants who saw satisfaction surveys being provided for program evaluation (29.3%).

In focus group discussions, the context in which the system changes occurred was described. Teams identified certain factors which helped facilitate implementation, such as

strong community relationships and willingness to collaborate by different agencies. Factors that made implementation challenging for some teams included lack of collaboration and sometimes competition for resources between agencies, lack of engagement and retention of families, having a CI&R system that was not fully developed, high turnover of staff, and lack of awareness by community medical providers of CI&R systems. All teams rated their own success (an average of 7 out of 10) and mentioned continually working to achieve the highest rating.

In addition to the formal evaluation, pilot sites were required to submit quarterly, as well as a final progress report detailing their activities and lessons learned from the PDSA tests conducted during the preceding three months and project period. A summary of common findings from the final site reports includes the importance of partnerships, the increased number of families accessing services following implementation of CI&R, the dynamic nature of decision trees, the importance of a feedback loop in documenting the disposition of referrals, and the value-add of family engagement and family choice in the process. These lessons learned were shared widely with partners and other Healthy Start coalitions.

PROGRAM COST

Participation in the CI&R Action Learning Collaborative was supported with funding from a MIECHV competitive award. Sites received funding over a 21-month period based on the number of births in their community ($170,000 – urban >10,000 births; $120,000 – mid-size 3500-10,000 births; and $90,000 – rural <3,500 births). Additional funding was provided to CityMatCH and a CI&R consultant ($145,000) to assist in organizing and facilitating the ALC. Evaluation costs were approximately $135,000. Total costs for the 21 month pilot ALC were $1.28 million.

ASSETS & CHALLENGES

Assets

1) A well-established statewide prenatal and infant screening process to identify at-risk expectant and new families
2) Community-based Healthy Start Coalitions with responsibility for developing local systems of care to improve MCH outcomes
3) A strong and supportive partnership with the state Title V Agency.

Challenges

1) Lack of a shared data system to track referrals and their disposition
2) Program competition and lack of trust in some communities
3) A challenging implementation environment due to program reorganization and threatened funding cuts.

Overcoming Challenges

Integration of CQI principles and practices in the ALC were key to testing and refining CI&R models. Key home visiting models in the state – including HFA, NFP and PAT – were also supportive and encouraged the participation of local sites in the pilot.

LESSONS LEARNED

As noted above, a summary of findings from the final site reports highlighted the following lessons learned:

- Partnerships are critical to the success of CI&R;
- More families are able to access services following implementation of CI&R;
- Decision trees, created by local partners, are dynamic and need to be reviewed and refined regularly.
- A transparent, shared data system is needed to provide a feedback loop in documenting referrals and their disposition;
- Family engagement and family choice contributes to success in both designing a CI&R approach and engaging families in services; and,
- The process used to plan, develop and implement CI&R - an Action Learning Collaborative and use of CQI- contributed to the successful engagement and buy-in by key stakeholders at both the state and community level. This buy-in facilitated scaling and statewide implementation based on the work of the pilot sites.

FUTURE STEPS

The state Title V Agency was a key partner in the pilot CI&R ALC. The success of this effort led to the adoption of CI&R by the state Title V Agency as part of its contract with the 32 Healthy Start Coalitions and statewide implementation, starting in July 2018. This scale-up provided the impetus for creating a CI&R tab in the statewide Healthy Start data system which will be available to all community partners and facilitate referral, tracking and reporting.

COLLABORATIONS

FL MIECHV, Title V, 32 Community-Based Healthy Start Coalitions, Home Visiting programs, including Healthy Families Florida, Parents as Teachers, and Nurse-Family Partnership, as well as Early Steps, Part C and other early childhood programs.

PEER REVIEW & REPLICATION

NA

RESOURCES PROVIDED

Florida MIECHV. Coordinated Intake & Referral Learning Collaborative. http://www.flmiechv.com/coordinated-intake-referral-learning-collaborative/

Evaluation Reports:
Sayi, T., Ajisope, O., Ramakrishnan, R., Patil, A., Cragun, D., & Marshall, J. (2017). Florida Maternal, Infant, & Early Childhood Home Visiting (MIECHV) Program Evaluation: Findings From The Coordinated Intake And Referral Learning Collaborative, 2015-2017

Sayi, T., Ajisope, O., Birriel, P.C., Ramakrishnan, R., Cragun, D., Vamos, C., & Marshall, J. (2017). Florida Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Evaluation. Time 1 and Time 2 results for the Coordinated Intake and Referral Initiative, 2016. Available at http://health.usf.edu/publichealth/chiles/eccs/evaluation

Alitz, P., Warren, A., Birriel, P. C., Balogun, O., Sayi, T., & Marshall, J. (2016). Florida Maternal, Infant, & Early Childhood Home Visiting (MIECHV) Program Evaluation: Coordinated Intake & Referral Learning Collaborative, Spring 2016. Available at http://flmiechv.com/what-we-do/measuring-results/

Key words: Coordinated Intake & Referral, MCH Systems Development, Home Visiting.

For more information about this program please contact:

Carol Brady, FL MIECHV Project Director
Florida Association of Healthy Start Coalitions, Inc.
1311 N. Paul Russell Road, A204
Tallahassee, FL 32301
904-608-8046
cbrady@fahsc.org