

# CityLights



CityMatCH | September 2017



Using Collective Impact  
**TO ADDRESS MCH PRIORITIES**



# Action Learning Collaborative Approach to COORDINATED INTAKE & REFERRAL

Florida's unique network of community-based Healthy Start Coalitions is providing a foundation for the development of local systems of care with a goal of linking at-risk families with services that best meet their preferences and needs.

The state is leveraging its established universal prenatal and infant screening process to facilitate access to an array of home visiting programs that focus on maternal and child health, prevention of abuse and neglect, and school readiness.

"Healthy Start was the only game in town 25 years ago, but the landscape of service availability has really changed so there was a need for a coordination point," said Carol Brady, Project Director, Florida Maternal Infant & Early Childhood Home Visiting (MIECHV).

The question is, how do you improve coordination and collaboration among programs serving families with children age 0-3, and can it be done in a way that links families to appropriate services?

Florida's universal screening process has been around since the early 1990s, and was primarily used to identify people who might qualify for or need the state Healthy Start program.

"There is a lot of information on that screen that could potentially be used to identify people who are eligible for other programs in the community," Brady said.

In 2016, MIECHV launched a Learning Collaborative working with 10 local Health Start Coalitions to test community approaches for implementing Coordinated Intake & Referral (CI&R) for at-risk families using the state's universal screening process.

The coalitions represented urban, mid-sized, and rural communities. Collectively, they accounted for more than 70,000 of the state's 200,000 annual births. They were given a two-year period to craft local strategies for making home visiting a "hub" of local place-based early childhood systems. The aim being for families to receive the best services for their needs, as well as to minimize duplication of services, ensure effective use of local resources, and collectively track what happens to each family.

"We did not have a goal within the project period of developing a full-scale, fully-operational CI&R at the end of the time," said Lisa Pelle, CI&R Consultant, Florida MIECHV. "This was really about taking the time and resources and encouraging them to start exploring what this would look like at the local level."

Coalitions used an Action Learning Collaborative (ALC) framework to guide the work, which began with a 9-month planning period. Brady and Pelle agreed that the planning period was a challenging, yet a critical phase for all 10 coalitions. It allowed them the opportunity to learn more about CI&R, it gave time to explore what programs and services are available in the community, and it gave them the chance to build or even reestablish relationships with partners.

During the planning period, the coalitions formed community teams, created and tested decision trees, and created transparent pro-

cesses for tracking referrals and enrollment in participating programs.

They incorporated Continuous Quality Improvement by using Plan-Do-Study-Act (PDSA) cycles to do small tests of change. Brady said that the evaluations were important and teams began thinking about how to use data to measure impact. She said it also helped uncover challenges.

"The challenges are helping us improve our capacity for tracking referrals and enrollment within the Healthy Start data system to support CI&R," Brady noted.

As the MIECHV project period ends September 2017, the Florida Department of Health (FDOH), the state Title V agency, will begin incorporating the CI&R within the framework for all of the state's 32 Healthy Start coalitions starting in 2018. Brady said that MIECHV will continue providing some support to the 10 coalitions, and will coordinate with FDOH to help scale the work. The 10 coalitions already engaged in the work will provide peer support for other Healthy Start coalitions.

"The pilot sites did amazing work and demonstrated their value as back-bone organizations for coordinating access to care," Brady said.

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"What we learned is that this can work regardless of the size of your community," said Carol Brady, Project Director, Florida Maternal Infant & Early Childhood Home Visiting (MIECHV). "The coalitions and their effectiveness in bringing partners to the table and commitment to working through inevitable challenges, was key to the success of this effort."

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## Hillsborough County

The Florida MIECHV Coordinated Intake and Referral process provided Hillsborough County with the opportunity to improve their Central Intake Unit (CIU). The process established 10 years prior to the MIECHV project, when centralized intake for infants took place exclusively in hospitals. In more recent years, prenatal populations have been incorporated into the centralized intake process. One of the most valuable pieces of CI&R has been using PDSA cycles to improve CIU intake.

"The supervision piece has improved... it is now more focused on improving engagement with families," noted Brenda Breslow, Director of Programs, Healthy Start Coalition of Hillsborough County.

Supervisors monitor calls to observe the message delivery style and referral patterns of each intake specialist. With this information, supervisors have designed individual and group training sessions with topics such as motivational interviewing. Within 2 months of this review process, referrals have increased by at least 50 percent. The Hillsborough team now better understands the importance of quality improvement and engaging in the feedback loop by communicating with partners. Additionally, there has been a positive shift in staff motivation. Previously, staff focused on volume, making sure they referred the maximum number of clients. Now, the central intake specialists are more concerned with the connection of appropriate services and longevity of the family.

The CI&R pilot also served as an opportunity to create a mobile app. Once the group came to consensus, the team began reaching out to developers. A common concern amongst staff and community members was that it was difficult to remember the requirements for each agency. Thus, Parent Connection, a home visitation referral service mobile app, was created.

Hillsborough County (Continued on page 13)

## Manatee County

The Healthy Start (HS) Coalition of Manatee serves 2,400 clients per year. Four agencies provide home visitation services within the county, and seven programs that provide home visitation services (prenatal to age five).

Prior to joining the CI&R pilot, the Coalition was already a part of the county's Home Visitation Coalition. "Everyone was 100 percent onboard and in the right mindset to work on CI&R," Lauren Blenker, Community Relations Manager. "We were ready to give it the time, and ready to change our processes to make it work."

Together, the group developed decision trees and tested them by working first with a small population. "Once we were comfortable with the process, we expanded to include first time moms and targeted ZIP codes based on high-need and high-risk," said Marissa Bressi, CI&R Project Coordinator. "Our goal is to scale CI&R to include the entire county between now and July 18."

Blenker and Bressi said the CI&R work is crucial for linking families to services they need. Together, the group zeroed in on process flow from screen entry to assignment as a means of making that happen. "It's about refining the communication to really paint a picture about what families can expect out of services," Bressi said. "It helps them make more informed choices about how to better address their needs."

"Throughout the planning process we have been conscious of each program's deliverables and requirements, and have taken those factors into account before adopting a new element within the system," Blenker said. "The ultimate goal is better service to families. If an agency receives an inappropriate referral, for example, that takes away time they could be focusing on engaging another family that may be eligible for services."

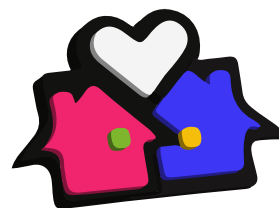
## Jefferson, Madison, Taylor

The Healthy Start Coalition of Jefferson, Madison, and Taylor (JMT) serves three rural contiguous counties in north Florida. There are 550 to 600 births a year within these three counties, and the coalition intake is approximately 35 to 45 participants a month. While there are some safety net services provided through the local county health departments, there are no obstetric services and no birthing centers within these three counties. Until recently, the counties had only one home visiting program [Healthy Start], but now more than 12 agencies provide home visiting.

"What makes CI&R work for us is that we are some of the most underserved communities in Florida, and therefore the agencies are highly motivated to change outcomes for our families," said Donna Hagan, Executive Director, Healthy Start Coalition of JMT. "If we don't work together intentionally, we will be reaching out to the same people and no one will get into services."

Hagan said that one of the greatest challenges has involved maintaining the referral infrastructure. "The folks that we are serving are going outside of our county for services [to Leon County]," she said. "It challenges us to work with that community to keep our referral structure."

Hagan said that because home visitors cover a large geographical area that is sparsely populated, high engagement rates are crucial. "All agencies are looking at months worth of engagement rate data, and we are using a driver diagram to see if we can identify trends or commonality that we can address," she said.



Florida  
Maternal  
Infant &  
Early  
Childhood  
Home  
Visiting  
Initiative

# CityMatCH Learning Portal

This learning portal provides access to online resources developed to augment CityMatCH projects, which are grounded in the philosophy that all children and families deserve to be healthy and achieve their optimal growth and development. Children and families in urban areas have unique needs and deserve special attention. Check out CityMatCH's newest learning modules: the *Local MCH Responds to Zika* and the *Well-Woman Project*.

**Access the learning portal at <https://www.citymatchlearning.org>.**

## Local MCH Responds to Zika

The Zika virus infection (ZVI) has emerged as a public health threat, with specific implications to the MCH community, that "requires the public, public health professionals, and governments to find effective responses to mitigate the current crisis and prevent recurrence."

Spread by daytime-active mosquitoes, the virus often causes only mild symptoms but can spread from a pregnant woman to her fetus, resulting in microcephaly, severe brain malformations, and other birth defects. In adults, there has been evidence that ZVI can rarely result in Guillain-Barre syndrome.

There has been much written, presented, and aggregated on the topic. This MCH mini-module does not seek to be comprehensive, but provides learners access to (1) critical federal information, (2) webinar podcasts outlining how two health departments have worked to communicate about, prevent and mitigate the effects of, and used data to develop impactful programs related to Zika, and (3) current-awareness mechanisms to find the latest evidence-informed information as it emerges.

## The Well-Woman Project



**Women**  
At the center of this toolkit are resources that directly support women by addressing barriers they face seeking preventive care as well as the realities of their lives that prevent them from being Well-Women.

[Access Resources](#)



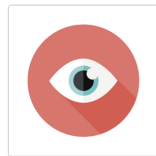
**Providers**  
Providers interact directly with women for preventive care and in addressing issues when they arise. These resources support providers during the Well-Woman Visit and beyond.

[Access Resources](#)



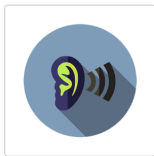
**Health Departments & Communities**  
An overarching infrastructure is necessary to support both women themselves and the providers who serve them. These resources support a systems approach to Well-Woman Care.

[Access Resources](#)



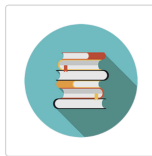
**Look**

- Review information, resources, and advocacy efforts from the MCH community
- Access information about Zika via the CDC Zika Portal



**Listen**

- Check out 5-minute segments from the CityMatCH Zika webinar
- Provide feedback about other topics you'd like to hear about



**Learn**

- Find the most current evidence-informed research from the field
- See what social media is saying about Zika

## Action Learning Collaborative Approach to Coordinated Intake & Referral

### Hillsborough County

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Using this app, referrals can be conveniently made by referral staff, health care providers, or community members. Parent Connection features a parent toolbox containing useful information and interactive activities for children, a health care provider platform, and a listing of community resources such as breastfeeding support, fatherhood programs, and food pantry information.

"[The app] increases the opportunity for touch points with the family as their needs change over time," said Barbara Macelli, Program Manager, Healthy Start Coalition of Hillsborough County. The Hillsborough team collaborated with the app developer, Centric, to set up a user-friendly back end allowing them to make changes as needed. The state partners hope to extend the opportunity to create a mobile app to other coalitions in the future. Breslow acknowledged the FL MIECHV partners stating, "Without funding, it would have been impossible to create this. We are thankful for grant funding."

of the barriers women face seeking preventive care as well as the realities of their lives that prevent them from being Well-Women. Most importantly, the Well Woman Project includes an essential and innovative component to this attempt at understanding: women's voices. Access the Well-Woman Project tool kit and resources for women, providers, and health departments & communities in the learning portal.