

Background & Purpose

Evidence-based home visiting and other family support programs have increased significantly over the last decade, thanks in part to federal support provided to states through the Maternal, Infant & Early Childhood Home Visiting (MIECHV) program.

This growth has created challenges with duplication and competition in outreach and family enrollment activities.

Florida's well-established universal prenatal and infant screening process offered a foundation for a community-based coordinated system of intake and referral (CI&R), using local Healthy Start Coalitions as a backbone organization for its development and implementation.

The goal of CI&R is to facilitate the identification of atrisk families and effectively connect them with programs that best meet their needs and preferences.

Florida MIECHV, administered by the Florida Association of Healthy Start Coalitions, organized and funded an Action Learning Collaborative (ALC) in 2016 to pilot the development of CI&R in 10 coalition areas.

A unique feature of the ALC was the use of CQI processes and tools, specifically Plan, Do, Study, Act (PDSA) cycles, to test CI&R systems developed by the pilot sites.

Program, Materials, Methodology

The CI&R ALC was implemented over a 20-month period. Pilot sites represented large, mid-size and rural communities with a range of programs, resources and capacities.

Sites formed teams, including representatives of: Healthy Families Florida Healthy Start Early Head Start Early Steps Federal Healthy Start Local Health Departments Education and support programs MIECHV programs Other community stakeholders



Florida Maternal Infant & Early Childhood Home Visiting Initiative



Coordinated Intake & Referral Action Learning Collaborative: Using CQI to Support System Change

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Families

Choice

 \rightarrow Agreements with participating partners

- \rightarrow Service inventories, including program eligibility, capacity and referral processes
- \rightarrow Community-based decision trees
- \rightarrow PDSA testing and refinement of processes





Building Capacity for CQI

Coalitions, pilot teams had limited experience with CQI, PDSAs. SMART AIM

Sale Referral /isiting systems. $\mathbf{C} : \mathbf{\overline{C}}$ LOOD B Results

Key Community Cl&R Activities

→ Processes for referral follow-up, data collection & data sharing

Coordinated Intake and Referral

Each team completed two to three tests. Examples of strategies tested include:

- Revised referral form

Tests generally lasted 60 to 90 days. Data was collected and submitted. Limitations in Healthy Start data system were a barrier to planned collection of metrics during ALC. Despite this challenge, sites were able to collect local data and modified local plans and processes based on PDSA results.

Impact

methods, system change strategies community collaboration/coa building.

The success of the su CI&R ALC led the Florida Departme Health (FDOH) to

A focus of state activities was on building capacity for the pilot sites to use CQI tools in testing and refining Their locally developed CI&R

By September 30, 2017, 75% of families referred and determined to need and desire services are enrolled in home visiting or another appropriate program.

A state advisory committee created a CI&R Driver Diagram and identified monthly metrics to guide CQI efforts. Monthly calls were held with each site.

• Meet with mothers delivering at hospital

Use of Connect Card, rack cards

Modifying "scripts" describing programs

Obtaining client feedback

Include external HV program in CI&R

Develop tracking log and triage process for best fit

Contact clients within 10 days of HS screen

Engage first time mothers

Based on evaluation results, the CI&R ALC built a strong cohort of local teams who gained an understanding of CQI

ns es, and	" We do (PDSAs) almost biweekly and our focus is really improving
alition	quality in all of our methods. Implementation, data collection, and
the ne nent of to	really trying to connect all the dots of the full circle of our process to make sure that not only we are being effective but we are using all of our resources in the best way."
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include CI&R in all Healthy Start Coalition contracts for FY 2018 and support to the pilot sites in FY 2017 to provide technical assistance to help other coalitions plan Cl&R.