

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

Webinar

“Linkages and Referrals: Community Issue, State Response”

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Presentations by:

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Francesca A. Kupper, Texas Home Visiting CQI Coordinator, Health Coordination & Consumer Services, Texas Health and Human Services Commission

Robin Pleau, PhD, Research Scientist III, California Home Visiting Program, Maternal Child and Adolescent Health, California Department of Public Health

Operator: Good day everyone and welcome to the Linkages and Referrals: Community Issue, State Response conference call. Today’s conference is being recorded. At this time I’d like to turn the call over to Katrina Coburn. Please go ahead.

Katrina Coburn: Thank you, Dana. Good afternoon everyone. My name is Katrina Coburn and I’m the e-Learning Coordinator for the MIECHV Technical Assistance Coordinating Center. I will be your facilitator today, and on behalf of the TACC I want to welcome you to today’s webinar.

During our webinar today, we invite you all to engage with us in a conversation about how grantees have worked to build capacity to address community issues related to linkages and referrals at the local level.

We do have one change to today’s agenda. Camellia Falcon from Texas is feeling a bit under the weather and is not able to join us today. But, one of her colleagues, Francesca Kupper, has very graciously agreed to fill in for her today, so we will welcome and introduce her in a bit.

You should have received an email yesterday with the link to download your pre-webinar registrant packet, and that contains a PDF of these PowerPoint slides that we’re going to be using today. So be sure and download it if you have not already done so.

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We have quite a few people with us today in the webinar, so phone lines are muted for all participants. However, because we really do want this to be an open conversation, if at any time you have a question or comment about the presentation, we would love to hear from you. To submit your question or comment, you'll use the control panel that's located to the right of your screen. At the bottom of the panel is an open text field where you can type your questions or your comments.

We will be monitoring that throughout the webinar, um and we will share your comments or questions with the presenters during the designated Q&A time and give them time to respond to those.

I would like to kick off today's webinar by introducing our HRSA representative for the day. Josephine Ansah is a Public Health Analyst with HRSA's Maternal and Child Health Bureau in the Division of Home Visiting and Early Childhood Systems. She is committed to contributing to program and research areas related to community development and capacity, racial and ethnic disparities and MCH outcomes, social inequities and determinates of health international MCH care systems and social entrepreneurship.

As a Project Offi – Officer for MIECHV she provides programmatic guidance to Arizona, Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin. She has been with HRSA for ten years and with the MIECHV program since its inception. Prior to MIECHV she conducted performance reviews of federally funded HRSA grantees.

She also worked as a Project Director for a MCH Policy and Advocacy Organization. Lastly, she implemented a local chapter of a national organization designed to address the health and social needs of nonviolent female offenders, as they returned to their communities.

Josephine received a master of public health degree from the University of Illinois, Chicago School of Public Health and a Bachelor of Science in community health degree from the University of Illinois at Urbana-Champaign. Welcome, Josephine.

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Josephine Ansah: Great. Thank you, Katrina. Hello everyone. Welcome again to today's webinar. As we are all aware – ensuring quality linkages and referrals and the actual receipt of services continues to be a core component of local systems development.

Throughout the MIECHV landscape we have a mix of coordinated and centralized intake community hubs, local coordinating council, communities of practice, No Wrong Door approaches and other community systems development models and tools that all serve to reduce duplication, prevent gaps in service and provide a seamless and collaborative framework.

The challenges and the opportunities that exist all demonstrate the need for ongoing consideration about how an effective referral system can best meet the needs of our families. And just to highlight quickly, what the data is revealing to us in terms of grantee performance across the country – more than 50 percent of grantees improved in all constructs under coordination and referrals for other community resources and support.

Furthermore, more than 80 percent of grantees improved in two of the constructs – specifically memoranda of understanding or other formal agreements with social service agencies in the community, and information sharing. Agencies with clear point of contact in collaborating community agencies that includes regular sharing of information.

Clearly this is a priority strategy and all grantees are striving for success. Today's speakers have expertise and perspectives which we anticipate will assist in your efforts to support local capacity in your communities. Thank you again for participating in today's webinar, and we welcome all questions. I will now turn it back over to Katrina.

Katrina Coburn: Thank you very much for sharing those numbers. Um that really does give us a nice picture of how we're all doing, Josephine. Now without further ado, I would like to introduce our first speaker for today. Barbara Leavitt is the Community Impact Director for the United Way of Utah County. Barbara graduated with a degree in business management in 1981. And, she's spent over 23 years in the business world.

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Over 20 years were spent co-running a small business, which allowed her the opportunity to become very involved at the community level. Her involvement included multiple community councils, parent training and school level involvement – focusing energies to support parents. As a mother of four wonderful daughters, she has come to realize the great influence a community can have on parents to increase their perspective and skill level.

When a life transition brought the opportunity to re-educate, she chose the public sector. She received a master's of public administration in 2008. And for the last ten years, has worked within the United Way world – directing a home visitation program manned with volunteers, implementing the Help Me Grow system statewide in Utah and working within the early childhood area to build a regional and state system that supports parents.

Her unique set of skills as a business owner, community organizer and public administrator have proven to be instrumental in building collaborative teams to meet the needs of an ever-changing generation of new parents. Welcome, Barbara.

Barbara Leavitt: Thank you very much and I appreciate the opportunity to share our story of how we developed a system of linkage and referrals in our community. So, if you'd advance the slide, I'm going to start with what I think is most important, and, because I've come under the United Way system, is actually understanding the needs and the uniqueness of the community.

So what we saw in our community – over ten years, we actually consistently do community assessments. And we have seen over the last – really it's been more like 20 years – we have continually seen that we have one of the youngest populations – actually the youngest population for counties that are over 500,000 in the county, in the country. We have the highest birth rate, and we had a community that was moving from a rural to a urban uh setting. And so currently we have about 550,000 in our county, and it's projected that we're going to go to a million in 2030 and up to in 2050 we'll be at 1.3 million.

So, we knew at that time that we had to focus on the early childhood area of a community, and that we wanted to put in place those things that would make a community thrive, especially with the growth that we were seeing.

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So the second thing that we did was we looked at all the resources that were available, so you could advance the slide. Thank you. When United Way um is one of the resources that we felt, as not only because I sit at United Way, but our community feels like United Way has been instrumental in building partnerships over the last 65 years that have brought in the kinds of resources that we've seen being very um, it's – it's very reactive to the community assessments that we've seen also and have done.

So United Way has really – we we want to build the bridges across the multiple sectors. We want – we have had an information and referral in our United Way for over 26 years. So, we have a lot of experience on information and referral and we ran that particularly for our county. And, we really focused on the needs of our county and the – we're very responsive to the clients, so that we're coming into our information and referral.

And we also are very interested in promoting community involvement and building the capacity of volunteerism, having social movements that build the capacity of the community to understand, and building the advocacy and the expertise that was in our community to solve the problems of our community.

We also had corporate partner – partnerships. And, we historically have been involved in private partnership – private/public partnerships. So we used our key relationship with corporations, specifically our board members, to help us with oversight in creating this strategic plan to go to a deeper and richer linkage and referral system.

We also have an Early Childhood Council that has existed for over 25 years. And, we uh took ownership of that council about eight – eight and a half years ago. And in doing that, we did a very detailed review of the minutes and the historical uh conversations, and found that for over five years they had been discussing that there was a need to improve the linkage of families to resources that were community based.

We have partnerships with the community members, and we work with so many community members and have historically done that. But, we have some very strong partnerships with our

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PBS program and with our Head Start program, with our early intervention programs. We have worked very closely with our home visitation programs, so we were in a nice position to be able to use those partners and to meet the needs of those partners.

We also are a VISTA project. So we – we have several – actually 26 VISTAs that come out of our project and um so we were able to use these young very innovative, very talented college students who were interested in building community capacity, and they were interested in addressing poverty. So we were able to um use those VISTAs in the very beginning of our programs to help us and especially Help Me Grow to help us get started, and also have a very interesting perspective on the population that we were trying to serve – young parents.

We also had two major universities and that has – was a wonderful um resource that we could use with the methodologists and evaluations all along the way. And we have continually used evaluations out of those two major universities to help us improve our um approach.

So if you could move on please – the next – thank you. So I'm going to give you a little timeline and tell you um basically how this came about, and how we came to the conclusion that we had to have a better linkage and referral.

We started a program in partnership with our home visitation – our nurse's home visitation in our county called Welcome Baby. Our home nurses – home visiting nurses saw that they were not going to be able to make significant change in the community without offering a universal program.

And so under this uh partnership there was a um curriculum developed for volunteers that could visit very low risk families. So that it was offered universally to every family. And, what we found as a result of it was that we were able to nurse – the nurses program was able to shift over low, risk families, so they were using their time effectively. And we were seeing families that were high risk that were not on paper high risk, and we were able to shift them over to the nurse's program.

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We also live in a community where the Vital Smart Influencer uh Corporation sits. They're a very innovative organizational behavior team that works with businesses, but they also offer to United Way and many of our community partners the training in their model. And their model really helped us to get a vision of how we wanted to make change in the community, based upon ability and motivation on the personal level, the social level and also on the um the systemic level. So we knew that we had to make change in all three of those areas.

We also conducted parent surveys and continue to do that over the last ten years. We've done many, many parent surveys and what we were seeing on this survey – as you can see – is the most used resources, where they were – where parents were accessing information, their most trusted sources and their greatest unmet needs.

And what came from this survey was that we understood that we needed a system that ties families to resources, because the family's very narrow view of what was available in the community. And it's pretty much you don't understand what you – you don't know what you don't know.

And the other one – other thing that came out of this uh survey was that we needed to engage physicians. They were key points of access for families. They were trusted, and if there was a way that we could support physicians in what they were doing so that they could – they would have the resources and the information that they needed on a community level versus medical, then it would be very effective for these families.

And the third thing that we learned from these surveys was that we had to market directly to the families. And so we began the process of how do we make this message so that it is palatable for the parents, but underneath there's a lot of connection among the resources – among the community providers and the physicians.

So, what we did was over this period of time – uh if you can go to the next slide, please – we are – as the early childhood council administrator – we realize that also including the – from the information from the parent surveys that we had to tie the community partners together.

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We went to a corporate partner who was working and very innovative in networking corporations and businesses. And, we asked them if we could use their model. They were very supportive and they actually supported many of the luncheons that we put on. And we had these Jump Start Luncheons. And basically it was a networking opportunity – it's a really fast moving networking opportunity for community providers to come in.

Well we started realizing that it was very needed, because we did three a year for two years. And, we had anywhere from 35 to 65 individuals attending, and we had people that came down from uh Salt Lake City and even further to attend our luncheons. So we started seeing there was a need here for these community providers. So we went hunting and we found the Help Me Grow model in 2009, and we knew that we wanted to implement Help Me Grow.

It's a very powerful model, and I'm going to go into it in just a little bit of detail how it works and why it's so powerful. So we introduced that model to our Early Childhood Council and they were thrilled to have a model that was evidence informed, that had a national technical team that could help us and that was moving across the nation. And, we knew that there was a future with this model and so there began the process of implementing it.

We went live in 2010 with a essential access point or a call center. We were embedded in the 211, and we started having families call. Our first year we had over 200 families call. And this is the end of our fifth year, and we have now – last year we had close to 1550 families call in and receive information.

Um, and then we became an affiliate with Help Me Grow, and we uh received a grant through the national affiliate – of the national affiliate – and we began working with technical systems with the national affiliates, and they were wonderful. And, they were able to give us guidance in how we could establish this program in our community.

And then the last thing that – if you'll advance the slide, I really want to go through the beauty of Help Me Grow and what it does and why we accepted this model.

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So, Help Me Grow has four components. It has a central access point, which it, basically we are an integrated unit of 211, and we have very well-informed and educated care coordinators who have a background in either child development, family um family life science, social work, psychology – they have to have a bachelor's. They sit on that line and they listen to those parents and they, through that conversation and the gathering of data, they're able to ascertain some of the needs of the parent, and to work through with the parent what is the educational program that the parent or the plan that the parent would like to implement.

We also offer at this time a developmental screening tool – the Ages and Stages – so that those families, one, it helps families to understand a little bit more and gives them some uh vocabulary to express their concerns. And secondly, it helps our care coordinators. We really use it as a fine tune – tuning of how to navigate the resources.

The next thing is a local community outreach, and this can involve physicians, it can involve community providers and it can also uh include families. And so what we did was we started networking breakfast very similar to the model that we used for our Jump Start Luncheon. We also did in-services for community providers as to what is Help Me Grow, but in that process often we were educating on other providers that they could link with.

We also did uh family outreach in the form of fairs and family events and so that we could build that understanding by the families. And then during this process we were also able to build simultaneously state partnerships and an understanding of what we were doing in our community and why we were doing it. And because of that, it made it possible for one, to keep the funding and increase the funding, and make embedded in a state system.

The um we also were finding that when we were out with community providers, we were gathering more and more information on the needs, the gaps and the barriers and all of the problems that were happening in that linkage and referral.

We also – as I stated before – the outreach includes physicians and we outreached to any child healthcare provider in our area. We offered in-services. We also provide a referral system, so that they can fax the referral to us if they have a family that they're concerned about. And we

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provide feedback on the family when permission is granted by the family back to the physician, on not only the resources that the family has received and the linkage, but also the um any of the developmental screenings that have been conducted.

Then the most – and I think this has been an amazing part of the Help Me Grow is the data evaluation. So in Help Me Grows everywhere across every state, they are collecting information on who calls, why they're calling, what's their presenting issue, what are they looking for, what are um what are the number of children that are in their family, and their ages, and their birthdates and all that demographic information.

But then we are also maintaining information on where we're sending them so the referrals, the taxonomy, what happens as a result of that referral. Um, also when they are not connected, then we're able to go back and see why there were gaps, why there were barriers, what were some of the issues with either the care provider and the parents, or what were the issues with the actual system and why that wasn't happening – those connections weren't happening.

We um also have done a lot of data evaluation on our marketing and our partnering with physicians and with families. And so we've had teams – as I stated before – we used local universities and those teams were used of students and they were – there was oversight with professors on some very brief studies on how are we doing, as far as marketing to each of those individual players – those families, those physicians and those providers.

Out of that came some very uh interesting information as to how to reach the parents, and also how to reach physicians. And even more importantly was how to determine partnerships with community providers and how we could improve our partnering so that uh community providers felt more comfortable referring to us. And also they felt that they were receiving what they needed from the linkage and referral system that was in place.

We also um teamed – we have a uh uh pediatric champion. They conducted a survey on developmental screening and that gave us a lot of information as to how we can work with our physicians in our uh state, and specifically in our county, but also our state as to how we can promote that whole linkage once they uh determine that there is an issue that needs to be

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done. We also have used the protected factor survey, because we not only wanted to quantify but we want to qualify what's happening with those families. And we have specifically focused on parental resilience and concrete support in times of need.

We have also – working with our Office of Home Visitation – we have been able to uh really discuss how we can use the intake process to better meet the needs of families, and to triage in a much more effective way into the programs that will fit in their community. And we also have used uh specialized assessments of physicians and families' needs and partnership needs, so that we just can become a better provider.

So, I wanted to end my uh presentation on lessons learned. So we – I think one of the first lessons that we learned was that we underestimated the complexity of a coordinated referral and linkage system. And it is not just a database uh and it's not just a list of – it's not just a list on a piece of paper. But, it is so much more. And that's why we had to go with the model that we did.

Another thing that we've really uh seen and have learned is that databases on resources are very, very complex. Resources change according to funding, and they change in communities and the actual um services that they provide change. And so we have seen how important that is to keep that really accurate to be a product that will be used by all of the players in the community.

The next thing that we learned was that referrals doesn't mean linkage. And, we have worked very hard with our care coordinators and – as I said – with the research that we've been doing to figure out ways that we can improve that linkage. And, we're constantly working on that.

We have learned that families are the ones who guide – when they guide the process and the referrals by their needs and they're able to have a lot of information, they make better decisions and it actually happens. And that is a very important lesson that we learned with families. We learned that there's a disconnect between the state leaders at their level, and the community provider that comes under their particular leadership. And so we have worked extensively on state committees also to try to inform and give information on these disconnects.

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Both informal and formal services are necessary and important. And, what we're seeing in our work is that often times we can get a family into an informal service, because they're not ready to go to a formal service. But, because they're supported and they feel successful, they will move into a formal.

And so we've learned that it can be a long process depending upon the family. We have also learned the importance of the natural caring systems, and how important it is to discuss with families those systems. And how they can be used, and how they can help the parent in the plan that they have.

We've learned the importance of educating and persuading the gatekeepers of families on the importance of information and referral. And, we're seeing all the time among ecclesiastical leaders, among teachers, childcare providers who are working in every realm to help them to understand that we're here to support them, and to give them the information that they need to be able to connect their families and those individuals they're working with, with better resources. And, to give them the support that they need to stay linked to it.

And I think probably one of the most important lessons, and the one that we have used continually, is that data evaluation helps guide the process and we need to make sure that the data points that we are gathering are examining that we are making the change that we want to change – that we want to make in the community. So, I thank you for your time and uh appreciate this opportunity. Thank you.

Katrina Coburn: Thank you, Barbara. That was fantastic. You guys have done some very good and some very hard work um.

Barbara Leavitt: Yes, hard work for sure.

Katrina Coburn: Yes. So we've had a couple of questions come in.

Barbara Leavitt: Okay.

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Katrina Coburn: Um, if you don't mind, I'd like to run those by you.

Barbara Leavitt: Yes, I don't.

Katrina Coburn: Okay, let's see. So we had um Alyssa who wanted to know if you could share um a little bit more information about the VISTA project and what that is.

Barbara Leavitt: Yes, so the VISTA project is similar to the Peace Corps, but in the United States. And, a student after they graduate from college will – actually I don't even know if they need to – but in our – in our VISTA project we use college graduates. They have the opportunity to apply for a VISTA position, and they are used to uh promote the um community capacity, to develop resources and to um I'm trying to think of the third one – there's three – three goals – to uh help alleviate poverty in communities.

And so it – we – because we hold a project – there are projects all over the country, and you can connect with someone in your state that has that particular – has a project site. And then you can apply to have a VISTA. I will tell you that the VISTAs were incredible that we worked with with Help Me Grow. They came on – we brought on two VISTAs. At the time we didn't have a very big budget, and so we brought on these VISTAs and they had a overwhelming understanding of the social media and what parents were needing of that, because they were that age. And they had many, uh you know, friends and relatives that were that age.

And so they were able to really guide a lot of what we did. And, in the process of bringing on VISTAs, we also learned that it's very important to have very specific items that they can work on. And, to give them a lot of leeway in what they're doing, because they were a lot more talented than we were in the areas that we brought them on. I hope that answers the question.

Katrina Coburn: Okay, and um we have another question. I am very interested in your data evaluations around marketing and advertising that you discussed. As a community outreach specialist for our office, I am currently beginning to explore more ways in which our state can determine good

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partnering avenues, and how to improve these partnerships with the community. Can you share the results that you found with these data evaluations in particular?

Barbara Leavitt: Yes.

Katrina Coburn: (Inaudible) okay.

Barbara Leavitt: Okay so what we did with our uh, the – the community outreach, was that we chose individuals on different levels of partnering within our system, Help Me Grow. And we went to those partners – not us – it was a third party evaluator, and did extensive interviews to see what was happening, and how they saw Help Me Grow and what they felt like it was doing for them. And what we found out was that we had – we were not interpreting it correctly as to how they were seeing us. And, that we need to, to move in a direction where one – we were explaining it in a way that it was palatable to those partners, two – that we were encouraging them as individuals to use the system.

And what we found over and over again, in – in all of our experience within service, is that if we can get someone including a doctor or a community provider or a family to actually use this system, it increases our ability to market it because it's – it's that word of mouth that really moves it.

And then with parent marketing we have done several um surveys over the years to see what parents want to know, uh what – what they want to know about resources, what they do know about resources. Do they know about 211? Do they have any understanding about information referral? And, it's been really fascinating to see – in our state we just did a um a survey just within the last couple of months and focus group. So it was a survey and focus group and our 211 had a 60 percent level of recognition. Help Me Grow had a thirty.

And so what we determined from that is we have got to co-brand Help Me Grow and 211 so that we are leveraging that um understanding. And, the other thing that we asked was, are parents aware of developmental screenings and how they can play a role in that, and the

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majority of them – I think it was only 5 percent that really had any understanding of that. So, it really has changed our whole focus.

And we also do a lot with Google Analytics on our social media and the thing that we have learned out of all of our uh Google Analytics is that our Pinterest is our most popular means of connecting families.

Katrina Coburn: Well, who doesn't love Pinterest?

Barbara Leavitt: Exactly.

Katrina Coburn: We have time for one more question it looks like. And, um if we don't get to your question today, we will make sure that your question is answered in the post webinar packet. Um, so I'm just going to pick one here.

Um, hello to Barbara from colleagues in Alabama. We're curious about how you incorporated Help Me Grow into the – into the home visiting. Do you use it to link families to home visiting?

Barbara Leavitt: That's a great question and I'll tell you a little bit of history on that. So about two a half years ago our Office of Home Visitation was, uh they were expanding home visiting in some of the rural areas and were not having success in having families connect to the services. And so they came to us and they asked Help Me Grow about, you know, what could they do. And, we said we are able to go out, and we can build the community capacity so that all the partners in the community understand what's happening and what's available. And, then it will increase the uh number of families that you can connect to your home visiting program.

So that was our initial pilot program with the Office of – Office of Home Visiting in our state, and out of that there was a huge understanding of all of the home visitation programs within that community, and a much better understanding of how families could get into those programs. And so because of that then they moved us to a new level of creating a more statewide information and referral for that home visiting.

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And what we are currently doing – we have two things that we’re working with right now with the Office of Home Visitation in our state. One is making – Help Me Grow the central triage point for home visiting and using an extensive intake process to allow us to do that and to triage properly. And two, we are working with the Office of Home Visiting to promote um developmental screenings and to work in that area also.

So – and oh third I forgot one more thing. We also – we have two child development specialists on our line. They work part time. One is a nurse – is a family nurse practitioner and the other is the director of – is a doctorate in psychology – social emotional wellness and health in children. And, so they are now going to be used as consultants to the Office of Home Visitation.

Uh, when they are – when home visitors are seeing some issues and there’ll be a consultant in the way of directing them to appropriate resources. So that’s kind of three things that we’re doing.

Katrina Coburn: Wow, that’s fantastic. Um, so hopefully that answered their question. If it did not, um you can see Barbara’s information up here on the screen and that um, again it came out in your pre-webinar packet, and will be in the post-webinar packet as well. Um, I want to thank you again, Barbara. This has been fantastic um, and I will be following up with you for the questions that we didn’t get to, to go into...

Barbara Leavitt: Okay, sounds great. Thank you.

Katrina Coburn: Thank you. So um without further ado, um I am – I am pleased to introduce our next speaker um Francesca Kupper. Francesca stepped in at the last minute um and so pleased and thankful that she was willing to do that when her colleague was not feeling well.

Um Francesca has over thirty years of experience in the Texas Health and Human Services field in the areas of organization and community development, systems building, continuous quality improvement and public health emergency management. She currently serves as the Texas Home Visiting CQI Coordinator, working closely with the home visiting communities on their

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quality improvement project, and with internal Texas HHSB staff to incorporate the findings into existing processes and policies.

Prior to her current position, Francesca has served as a regional Child Protective Services Community Relations Coordinator – working with 56 Texas counties to develop child abuse prevention strategies and plans. The manager of the Texas Medicaid Chip Community Outreach Division – the CQI Coordinator at the State Health Department, and where she facilitated, implemented and evaluated the agency’s CQI initiative. And, also at the State Health Agency, the State Director of the Emergency Management Bioterrorism Preparedness Response and Recovery Program.

Thank you so much for joining us on such short notice today, Francesca. The webinar is all yours.

Francesca Kupper: Thank you very much, Katrina. I’m very happy to be able to fill in for Camellia today, and sending her our best wishes for a quick recovery um from the virus that I believe has put her down for right now.

Um let’s talk a little bit about our Texas Linkage and Referral Communities of Practice project that we have going on right now. This uh is part of our Early Childhood Development Systems project, and uh if you could go ahead and switch the slides, that would be great. Great.

Um prior to developing our communities of practice, we funded the matching systems uh which where implemented in various ways at our different program sites. We had seven original community contractors that we worked with across the state, and they developed local centralized referral systems. All of the local program model sites in each of the communities require the planning efforts, and they continue to actively participate in growing this matching system today in their communities.

Two examples uh that I’d like to give would be one, in one of our rural counties, which would be Cherokee County, and many of our other rural counties had this same experience.

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In Cherokee County originally back in 2012, 2013, they developed a centralized intake form for the two program models to use. They have Parents as Teachers and HIPPI in that community. They enlisted the local services in their community. They researched them and they included school districts and community partners to participate in the home visiting matching system.

And in that initial format, families indicated the needs for other services – this matching system coordinator worked to locate and connect families to the appropriate services that they could find in their community.

Now on the flip side, in one of our urban communities in Dallas, the United Way Metropolitan Dallas contracted with the Childcare Group, which researched and matched – matching systems before choosing to work with the Work Life Systems, which is a software developer, to develop a referral matching and intake system.

The Childcare Group also finalized a policy and procedure handbook to standardize the referral matching intake system for the home visiting programs in Dallas County. And at that time the system included only the Texas home visiting programs during the first grant period, and with plans to expand. And, I'm happy to say that that system has expanded, and now it also includes a family support services database for – for Dallas County and this way we can link families not only with the most appropriate home visiting programs that will meet their needs, but we can also provide them with the opportunities to search for programs and services that promote the overall well-being of the family.

And this is a free web-based resource that Dallas continues to keep developing and working on through it through the Childcare uh Group and through their coalition and the community at large. We could go to the next slide, please.

Okay, we um we moved into developing the communities of practice initiative this year, and it's one of those areas that supports these linkages and referrals. When we were compiling our 2014 DGIS report, we did notice that referrals was an area that could show improvement in. We have a statewide data workgroup that works with our data system and reviews the data on a regular basis to determine what needs improvement, and where we are having some successes.

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And so upon that determination we then looked at all of our strategic plans that our local early childhood community systems uh coalitions developed this past year, and we compared them against the MIECHV benchmarks. That helped us to determine the areas that were being focused on by our local communities across the board. And those areas that rose to the top of the priorities for the coalitions were linkages and referrals, and then also reading and improve maternal and child health.

We uh began a systems project – we began talking about a systems project for our coalitions this year. We have CQI projects that our community contracted teams work on every year. And what we determined for the second half of this fiscal year was that we would ask the coalition to identify a project – a systems project to work on that lined up with their strategic plan and fell under uh the linkages and referrals reading or improved maternal and child health.

And as it turned out, all of our coalitions that are participating in this chose linkages and referrals, and that project has begun. The systems project uh began a few weeks ago in early May. And so they're beginning to work with the coalitions, the community contractors and the coalitions are taking on what their particular project will look like.

In concert with that we also have passed our CQI teams that are part of our community contractor sites, and they are going to be working as well on what we call a service project. And it will be under the linkages and referrals topic area, and they will be integrating their work and leveraging the different types of benefits – etcetera – of working together with the coalitions. That project also began on May 1st and the CQI project for our community contractors ends on August 31st.

They – I would like to also add our CQI teams are just now finishing up. They worked on a uh retention and recruitment projects for the first four months of this year. If we could go to the next slide.

So our strategy for our linkages and referrals community of practice um initiatives was that we would focus on strategies and tools to help early childhood programs more effectively

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coordinate services for families, receive referrals from other programs, identify gaps and strategize how to close them. And, I would like to add at this point that we work with our partner at the University of California at Los Angeles on that – on this particular initiative – and they actually run the Groupsite and they uh – and run the meetings for – for us, which we participate in for all of our contractors and our coalitions.

The different communities of practice meet once a month. Uh there have been three linkage and referral meetings uh phone calls since February of 2015 and they're hosted again through the TECCS – the Transforming Early Childhood Community Systems work that is undertaken by UCLA.

Um and for – for instance, in our last linkage and referral call that we had uh with on linkages and referrals on the communities of practice, our agenda looked at mapping the linkage and referral process in our communities. And, so we talked about process maps and a way to see the systems in each community. We looked at understanding alignment, the talent of understanding of the work that occurs and how do we facilitate action, the diversity of actions that can take place at any one time, yet contribute to collective goals.

We also talked about what has come up as a topic of conversation among our teams and our coalitions is the warm handoff, and what is the working definition, and what are the working approaches for a warm handoff in our communities. And so we wanted to talk about putting principles and philosophy into practice, and then the sites also gave examples and tools that they used uh for warm handoffs. And it's really generated quite a bit of discussion and posting on our sites.

In our call that's coming up in May, we are going to be looking at uh asking folks the types of tools and processes that are helpful to have within a linkage and referral process, if they provide training for service providers, frontline staff or intake workers, what type of a curriculum they use, how often they use it, if they provide scripts for agencies to work for – from, and if they have a standard universal intake or referral form and how they follow up to see if linkage to services is actually taking place. And, this is very critical.

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This has come up uh over and over again that while we may be making lots of referrals, we don't know if the families are following through or if the referrals actually met their needs or not. So, that's what a lot of the different coalitions and the CQI teams will be looking at in the coming months.

And so they're going to be exploring in this – this next call the questions that have been raised with them, and they'll take on the task of identifying the tools that they have within their networks for linkage – for linkage and referral. And uh they will – they're going to be considering what particular – if there are any particular speakers that they'd like to hear in the future on this topic. If we could go to the next slide, okay.

The COPs are the – the communities of practice are also supported by Groupsite, and this is this is a website service that fosters engagement and discussion. It's a web based platform that combines the most useful features of traditional websites, blogs, collaboration software and social networks. And, it's administered by UCLA. It provides a safe place for peer consultation and problem solving among our coalitions, and our CQI teams and our community contractors.

A number of communities are actually setting up Groupsites for their own local coalitions. They have found that it's a special beneficial tool that it really is – is easier for them to communicate, rather than email or phone call if they actually have a Groupsite and people can get on and post as they can. And, some of them are actually getting that up and running in this month that we're in right now.

Uh, if we could go to the next slide. Okay, so the linkage and referral video leads to discussions that we have had um are about the – well I just talked about the actual recent discussions, I'm sorry about that. Here we go. We are – so here's an example of the actual – the one of the Groupsite pages for linkage and referrals uh workgroups, and it shows that we have actual – actual action items, or reminder and requests. People can post whatever they like. We have photos of many of the members up. Anybody can post a – a conversation, can post a question and whoever is signed up for that particular community of practice can answer at will.

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We do have regular email blasts with interesting articles and exchange of ideas. We give examples of referral forms, marketing approaches, local childhood – early childhood development policies that cities around the country are looking at enacting, and then newspaper articles and editorials. And, it really – it's really gaining momentum. It was a little slow to uh to get moving, but it's actually really – people are using it a lot more as they become more comfortable with the technology. So, if we could go to the next, okay.

So we want our – our communities of practice to share more outside resources and ideas. And, they are incorporating more resources as the months go on for our communities and our CQI teams. Our CQI teams and communities are also posting resources. We are beginning to have uh special speakers on our communities of practice calls that have really engendered a lot of conversation.

Um, we are using um a lot of the discussion that goes on in these communities of practice have really began – begun to help our coalitions think about the strategies for their linkage and referrals systems projects and for the related CQI projects. Um, for instance in one of our counties they'll be surveying – the CQI team will be surveying the home visitors to identify both successes and challenges in serving their families.

The team is then going to review the baseline data by developing their problem statement, improvement theories and come up with some proposed solutions that they're going to test to see if they can they can find some successes, and ways to really close some of the gaps in their referral uh systems that they have.

Another um community that has this local program model supervisors and CQI teams looking at the processes again for linking and referring families between the programs, and developing guidance for the home visitors on how to transition families between these programs and how to make appropriate referrals.

They're also looking at a process for referrals to other family programs and to other family support services, and then a key part which would be a process for following up with the families to ensu – ensure a smooth and successful transition.

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Uh, a coalition is beginning to look at, um that had previously identified baseline data on system linkage between the organizations in the coalition. And, so now they're developing a survey to again identify any enhancements or barriers. The members are actually working on their survey right now and they're focusing on families' access to services, knowledge of exercise and access to healthy foods and so on. Once they review this data that's been collected, the coalition members will then work collectively to identify strategies to streamline services and create a more accessible network in their community.

Conversations will be held around developing a universal referral form in this actual community, and protocols and processes for making referrals as well as follow-ups. So you see a theme that's been emerging here. Um, if we can go on to the next one – the next slide.

So that was kind of short and quick on our system. This is our contact information. We have a – a home visiting website. Uh, you see this is one of our home visiting posters. And, if you have any questions, please do not hesitate to contact Camellia Falcon our Program Support Manager. And, her work email address and phone number is there on the screen. Do I have any questions?

Katrina Coburn: You do, yes. That was great. That was a lot of information really quickly. Thank you for that.

Um, so uh we have some folks wondering who exactly um are members of your community of practice groups. Who – who sits on those?

Francesca Kupper: The people who sit on the communities of practice are our community contractors. They're the key community organization that we have contracted from the state here to run the home – the MIECHV home visiting program and we're adding our state home visiting program, to those communities, through different communities as well so it's those community contractors.

It is the local program model site staff. They're invited to sit on it and they do. That includes uh Nurse-Family Partnership, Parents as Teachers, the HIPPY program and Early Head Start Home

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Based. And then our local coalitions are also invited to sit on that and so we have a – a wide um – there's a wide basis of folks ranging from schools to business to church and civic leaders and organizers that work on that.

And then the state staff also sit in on it, and uh again, UCLA administers it and organizes it along with United Way Worldwide, one of their subcontractors to help the whole system work – help the community practice work.

Katrina Coburn: Okay, that's fantastic. Um, and you had mentioned special speakers that you use on calls. Um, how do you determine those special speakers and can you give an example of who those are – um particularly if you can give one related to linkage and referrals – what you would use for that.

Francesca Kupper: Well we are actually in the process of identifying uh speakers for the linkage and referral. We're hoping that that'll be our first speaker for the May one and UCLA is narrowing down a couple of the uh different recommendations that they had.

We also at – at the beginning and at the end of each community of practice the membership – the participants who are on the – the call are asked to, if they have any speakers, to please forward them um any ideas for speakers and then UCLA and United Way Worldwide. And we also research them and UCLA contacts them to find out their availability.

Uh, I don't have a, the recent um, the recent, we don't have one yet for uh learning – I mean for linkage and referral but we did have Candace Radoski from First Book uh present it, along with our colleague Beth Meyerson – in Ester County who has utilized the services of First Book. So, that was the reading community of practice. That was an example of, you know, the speakers that they had for the uh April call.

Katrina Coburn: Okay um and can you talk about um any barriers that you ran up against um while going through this process?

Francesca Kupper: Barriers as to uh participation or...

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Katrina Coburn: I think that would be fine, um any – any barriers to making this happen.

Francesca Kupper: No, actually it was it was just a lot of talking – a lot of talking with our community contractors and coalitions about what their needs were, particularly after we reviewed their strategic plans. Um, UCLA has coaches for our coalitions and then I coach the CQI teams, and the – we have community development specialists on our staff here at the state who work with our community contractor teams. And, so it was a lot of conversations with those teams, the state staff and then the management staff here with the management staff at UCLA just vetting back and forth about what we wanted to do with it, what the purpose uh was for it.

And then really I think it's a challenge to try to get it scheduled, to introduce it, have a kick off and then have a – find a date that works for everybody to have the same day of the month, every month, that people will call in for one of the two or three community of practice calls that we have. And, we have fairly good attendance on those.

And the attendance has run anywhere from seventeen, and that was on a snow day when people couldn't get to the office, um to 44, 45 at a time. And it's across, you know, across all the counties that we serve. I might say that we have – the – the home visiting program that we administer is in 39 counties out of our 254 here in Texas. And, we're uh expecting to bring on six more counties here this year.

Katrina Coburn: Excellent. Alright so I don't see any more questions at this point. I – I want to thank you again, Francesca for stepping in um so late. Um, and you can see uh the contact information for Camellia on um this slide uh if you have further questions after um the webinar.

So, um I'm pleased to introduce our last speaker, uh Robin Pleau. Robin is the Research Scientist with the California Home Visiting Program – CHVP – in the California Department of Public Health Maternal, Child and Adolescent Health Division.

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She serves as lead of CHVP's systems integration evaluation and collaboration efforts. Robin received her PhD in Sociology from the University of California-Davis, where she examined inequality in the areas of family work and gender. Welcome, Robin.

Robin Pleau: Thank you, Katrina and hello everyone. I'm going to start today by giving a very brief overview of the California Home Visiting Program or CHVP as Katrina mentioned. And then talk about what we're gonna – what we're doing at the state to assist California's local MIECHV funded programs. So, the first slide then.

So the uh CHVP began in 2011. Prior to that time, California did not have a state level infrastructure for home visiting. So MIECHV funds helped create that opportunity. Uh, we're located in the Department of Public Health – as was mentioned – Maternal, Child and Adolescent Health. We fund 25 programs in 24 California counties, and we fund two evidence based models, Nurse-Family Partnership and Healthy Families America. Next slide.

And I first want to provide a definition for the term systems integration, because that is a term we use a lot here in California. And when I first joined uh CHVP in 2012 I was told that my area of evaluation would be systems – systems change, systems eval – uh integration and systems evaluation and I really had to begin to understand what that meant. And, what kinds of things we would we would one, be responsible to report to HRSA and two, what do we want to do beyond reporting data on a handful of measures.

And one of the definitions I really like um is posted here. And it says that, "an integrated system is a coordinated network of providers that ensures delivery of a continuum of services to a defined population." That's such a great definition, because it really um has everything in that that we're talking about and are interested in.

And I also like this um, this visual here and the visual um of a coordinated – this is really a visualization of a coordinated system. The families at the center and those petals surround the family and represent different sectors in the early childhood system, um such as home visiting, mental health, quality of childcare, etcetera. Um and each of these sectors represents service providers that provides services to pregnant and parenting families. And what we're talking

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about on this webinar, and what HRSA has asked MIECHV grantees to quantify, is um as Josephine mentioned earlier, are those linkages between our home visiting programs and local service providers.

Three years ago when we started though, we decided to go beyond collecting just those systems level benchmark data and develop really a state level infrastructure that prioritizes systems integration efforts, both to evaluate and help improve linkages. And, we recognize that our local programs are the experts on their local system of services but there are things that we can do at the state to help support them in these efforts. The next slide.

So what – what have we done and are we doing? And, just a brief overview. And, I'll go into each of these. We prioritized our systems integration efforts. Um, we created an infrastructure, which I'll show you in a moment. We are working with our state level early childhood stakeholder, and we're working with our locals. And, this is really the – the area that we start with um is that we work with them to understand what their systems level barriers, issues, best practices um and promising collaborations are.

And, but ultimately what we finally have learned is that really, as – as the state, our role is to connect – is to listen and connect. We hear from our local programs about the barriers and issues that they face to deliver services to their families, and um what can we do to help them make those connections? And the next slide.

So our systems integration efforts are really a two-pronged – it's an iterative process, and it involves both evaluation and collaboration work. And those themes obviously have been brought up by Barbara and Francesca really nicely. Um and um we began with collecting both qualitative and quantitative data from our sites about their systems level efforts way back in um 2012. We collect these and did at that time through surveys, taped systems interviews, progress reports, CQI calls and annual site visits.

And through all of these methods we were able to really understand what's not only happening deeply within one site, um but also what's happening across California.

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The second prong in our systems integration efforts is our collaboration work, and it's directly informed by the data collection process. What we hear from our site drives our systems integration efforts, and our collaboration efforts involve local, state and systems level stakeholders. At the state level, um I'm going to reverse these two, at the state level primary stakeholders in our collaboration work include a State Interagency Team. And this uh SIT, as a shorthand, this SIT isn't the umbrella organization that's cross-agency. And, but we lead the um the SIT Home Visiting Workgroup. So that's our charge and we run that.

And members of the SIT um represent vital early childhood agencies and programs, including developmental services, social services, behavioral health and others. And at the local level this um type of cross-agency cross-program um groups are um mirrored in the Local Community Advisory Board. And these CAB's are each of our MIECHV sites are required to have a Community Advisory Board um to help them create and maintain vital collaborations within the early childhood system. And the next slide.

So we developed this slide. This slide helps us understand sort of as a visual our structure and mechanisms for relationship building, information and data flow and the iterative way in which data is collected from our local sites, and disseminated out to our state level stakeholders. And then um we create strategies at the – at the state, and then um convey that back down to our sites and provide information back to our sites.

So the top left um rectangle is CHVP. And to the right of that is that circle, which is our SIT Home Workgroup. And I want to mention here that the large squares, the MCH Action Reps and so these are local um MCH Action um, excuse me, county directors and they're representatives then that sit on our Home Visiting Workgroup that can – that create that conduit of information between what we're talking about at the state level and um that they can convey that down to all of the counties uh within California.

Um, the top left in the uh rectangle where it says CHVP – we also – after about a couple of years we created an Internal Systems Workgroup. And, originally it was just me um doing evaluation work and collecting data. And uh, this has really been a – an evolving process and we now have um an Internal Systems Workgroup in which we hear from our sites um through a number of

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different means. And then we brainstorm and this uh work – this internal workgroup consists of research scientists, program staff and managers.

So we brainstorm um possible solutions for our sites, and then we bring that over to the state workgroup that further um identifies strategies that then their um agencies can help with as well. And, go ahead and move to the next one.

Um, so this slide just represents some of the examples of local issues that we heard from our sites and how it informed our efforts, and I'm going to give you some specific examples. Um, one of the first things that came to our attention was the lack of affordable housing for our families. Um, I remember being in a meeting in 2012, and the program chief walked into the meeting, and she had just returned from several site visits, and – and announced to all of us that the number one issue that she was hearing from her – from the sites was that these families were often couch surfing. They didn't have affordable housing.

And I know this is not a surprise to everyone on the phone, because um we actually um gave a survey to our sites and 75 percent of them indicated that um their top service gaps in their area – in their local area – was housing and mental health services. Um, and we heard that from the MIECHV national survey last year, that all the sites um that echoes what all the um MIECHV funded states are finding as well that housing is an important barrier.

Um, we brought this issue to our workgroup and the workgroup strategized possible actions. Um, we had two housing experts present at the SIT workgroup and describe some of the barriers for our families, because we needed to understand this. Um, and these experts um describe both at the state level and local level what some of those barriers were to getting uh affordable housing for these families. And, some of these families are often teens.

And what I didn't know is that um teens can't sign uh contracts, at least in California. So, they were unable to sign a rental agreement, for example. So, there are all these types of barriers. And one expert told us that in each county, um probably they have applied for and received funds for a Continuum of Care or Homelessness grant from HUD to create a community group to

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work on housing issues. And, our expert suggested that we help our sites connect with their local housing HUD funded group.

We researched it, got the information for each of our counties, which was not easy because uh HUD's website was outdated. But, we went through one by one and contacted each – each county's Continuum of Care Coordinator, verified local information and then we passed that along to our um counties.

In addition, we suggested that our MIECHV funded site should add a housing representative to their, to their Community Advisory Board. We then followed up over the next year or so with our sites in CQI calls and other um ways that we interact with our sites, and asked them was this information helpful? Were they – did they attend a local housing um Community of Care Housing meeting? Did they find it successful, um im – important, helpful? Were they successful in finding a housing representative? And, I want to share a quick story about one of our local programs.

Um, it took them quite a few months to find someone and get someone from their local housing authority to attend their Community Advisory Board. But when they finally did, it was really helpful to both the – the MIECHV funded program and the housing representative. Um, she came, she heard stories of the CAB meeting about real families with infants having real problems with poor housing options.

And, the representative later reported that she went back to her department, conveyed that to her department. So, and they had real conversations within their local housing department.

Um, in addition she came back and I was present at a um CAB meeting where the nurses were able to ask her very specific questions, but specific clients that they had and some options that would be available for those clients.

Um, in addition to these efforts, we also reached out to our state level Housing and Redevelopment Department. And we ended up collaborating with them on a home visiting and

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homelessness brief that outlined some of the issues at this intersection of housing and home visiting.

And so this example shows how a particular issue bubbled up from our sites – we listened to them – how it was talked about and disseminated and worked on at the state level and support flowing back down to the um local.

The second, uh, the second uh the second issue that I wanted to talk about was mental health services. And again, this was uh another really um pervasive issue. Not only with our clients, um and it ranges from uh perinatal mood disorders to real issues that some teens have with cutting and other very major um mental health issues. And – and as well the lack of services within the community to address these.

So our sites – we heard from our sites that there was inadequate funding, that they had high acuity clients, that mental health clinicians were not well equipped to deal with the problems of pregnant and parenting women and especially teens. And we also heard that transportation was this – a co-barrier and it exacerbated the issues.

For example, we heard that some mothers might want to go to get mental health services, but they had to load up their infant, a diaper bag, a stroller. And because they often don't have their own car they had to get on a bus, they had to wait for the bus, they had to walk from the bus to the um clinician's office. And, that's if they were just willing to go to that – to that um visit.

And some mothers weren't, um had such severe mental health issues that they wouldn't even leave their home. So one thing that we heard through this process over the last couple of years is that having a mental health clinician co-visit with our home visitors is a real possible solution to many of these barriers.

So in in this topic, we follow the similar process to our work on housing. We discussed the topic in our Internal Workgroup. We brought the issue to our SIT Workgroup, and we strategized with our state um partners um what might be done.

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We cold-called, basically, our um state level Behavioral Health Department. Met with them, talked about home visiting. We had them come to our SIT Workgroup and present. Um, we had several meetings and presentations at the state level um about home visiting and mental health. And, we worked with our locals in addition to elevate this issue through a state level Behavioral Health Forum, or any citizen can point out um problems that maybe aren't being addressed. Uh, and so we worked with our locals on submitting something for that Behavioral Health Forum.

And here at the state one of the other things that we're doing is we're currently recruiting a health program specialist who will have um a mental health background. So, we understand and see now how important that issue is, and if someone has a mental health background, um they can help both us here at the state to move forward in addressing this topic and also be of service and help to our sites.

So we've completed several other actions under this topic I won't touch on, but this was another example of hearing from locals and moving it up to the state and back, and working with our locals on issues.

The third topic area we're working on is warm transitions and so this um echoes uh something that Francesca had said about warm handoffs. So for us warm transitions um specifically means creating those relationships and linkages with local providers in order to ensure our families receive ongoing services once they graduate from our programs. So we're three years into our MIECHV funded programs and after ramp up uh we have – this year we have a lot of uh families um graduating from home visiting programs. And, we want to make sure that they are um have this warm handoff to the services that they need.

One of those ways um can be Help Me Grow as Barbara described – sort of that um that holding pot, so to speak. Ensuring that those families receive and actually connect to services.

Um, we also – within California, many of our families will be transitioning to Head Start, so we're making multiple efforts to strengthen CHVP's relationship at the state level with our California Head Start organization. We'll have them speak to our SIT Workgroup again, uh we are presenting at their local – at their California Head Start um meetings um.

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And one of the things we learned is that our sites created, uh one of our sites created a written agreement and referral form with their local Head Start office about six months ago. And, once we learned that, we um offered to disseminate those forms um to our MIECHV funded sites so that they could replicate that process. And, we have um uh every other month calls with our MCH directors where um MIECHV staff sit in on those calls. And, uh we've had lots of conversations where all sites are sitting talking together about these issues. So CHVP provides that – that uh forum for them to share ideas, etcetera um once a quarter.

And finally uh our high school topics – um high school credits rather. And, this is really sort of a – just a little thing because we didn't – we're not doing anything except providing that space for um our sites to discuss it among themselves at quarterly CQI calls.

Um, high school credits, uh we learned from one of our um sites, approach their school district and ask that their team clients get credit toward high school graduation for participating in Nurse-Family Partnership. This took some time, but the – the school district finally approved it and so this helps our families graduate from high school. But that's all local work, and so we just used our state level infrastructure and contacts to disseminate the information about a best practice. Many of our sites are now moving in this direction as well. So, the next slide.

So some of – we've learned a lot as others have said. And, just three things. Um, number one is that some of these barriers – these family barriers but also systems level barriers – are really entrenched and they're very hard to address. Um, at first they seem impassible. Housing and mental health services are the two most important uh long standing complicated problems that we've encountered. But, we can still sort of nibble around the edges at these issues.

And second, that systems work takes time and dedication by both local and state staff. One of the things – the first things I heard in my systems interviews with our staff was that local home visitors had time to make these connections with local service providers. But, then a year later once their caseloads were full, they really were losing that time to not only create new relationships, but to maintain those relationships. And, I like this quote um where one MCH director said to me, how do we create time for this systems work to happen, because it's really

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not – it wasn't just her but her nurse manager, and also her nurses all working to make this happen and create those relationships.

Um, and finally the process of systems work is constantly evolving and I think you heard that in both Barbara and Francesca's presentations as well. That you learn something and – and you then tweak it. You learn something else and tweak it. You find out what's working and what's not. So we have our own – what we could call our own internal CQI process in that we ask ourselves what is our role at the state, what can we do to improve these linkages, what can we do better. Um, how – what has before – what have we done? Is it working?

Um, ultimately we see our role as to listening and to help connect our sites, because they are the experts. And the last slide.

So finally our next steps include adjusting our process and that will be probably never ending, and also adjusting staff roles. Again at – at first it was just me and we've brought people in and as staff come and go, this will need – we need to be flexible about what staff roles um who does what, what topic areas they're in charge of. Currently we have three staff members who um had their own topic areas that they are working on. So, one works on warm transitions, one works on mental health services, um etcetera.

And, too we also are going to be tracking change across topic areas. We have three years of data now on sites linkages with local service providers. Um, in 2012 we did an annual survey asking what their connections and relationships were with their local service providers by name. And, um we – so now we can go back. We have three years of data, and we can see do they have a housing um connection. Do – do they have an agreement with the housing authority? Do they have a housing authority member on their staff? Do they have, um has that relationship changed over time?

Is our systems work both at the local level and the state level making an impact? Um, and finally we're – we're going to continue our foundational work on the topic areas I presented. And, this is all really foundational work, because there's so much more we could and will be doing. And, also to identify next steps in each of these areas.

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We also have other topic areas that are sort of on the backburner for now, but that we need to get to such as domestic violence. Um, and we're left with this bigger question – how do we institutionalize linkages? How do we ensure that linkages continue, even after state and local staff leave, for example? Can we create a state level agreement that provides mental health support services for home visiting families, with moving beyond depression for example, um a program back east.

Um, what are other linkages that we can work on with our state partners, to ensure that local level refers and linkages are institutionalized? Thank you so much for your time.

Katrina Coburn: Thank you, Robin. That um was fantastic. I – I think you've formed some very important relationships and partnerships and I just love that when you write down what your role is, listening and connecting is a part of that list. I think that's really powerful.

Um, we do have some questions. And, um I'd like to get to at least a couple of those um before we log off the webinar today if you don't mind.

Robin Flo: Sounds good.

Katrina Coburn: Um, okay, we have a question from Stephanie. She's wondering how do you evaluate whether systems are becoming more integrated.

Robin Flo: I think that's a really good question and I probably should have um uh anticipated that. And, that actually is a question that we struggle with. So, we started with the MIECHV funded um, with the MIECHV benchmark area VI um – um measures, because really it's hard to quantify and to really show change um in a system. And, so uh we can – HRSA really had good foresight to say well we can quantify them this way. We can quantify through referrals. And really the two that I collect data on are on our written agreements, or MOUs, and also that point of contact um or that warm referral relationship.

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And if you ask a site three years ago at baseline if they have a relationship with a certain um service provider that they've already identified, um for example they might have fifty service providers that they have listed. And, then we ask them, "Do you have a warm relationship with them where you can share information?" And you can actually do this warm handoff as Francesca had mentioned.

Can you provide a warm hand off for families with this service provider and pick up the phone and talk with them and say I have this family and I'm going to send them your way, and then follow up. Um so we can see, by what our sites are telling us, if there has been a change over time. We can also then track back and see – well what were the actions that led up to that.

And in my – I interview our sites uh once every other year and ask them very specific questions around their system – what's happening within their local system, what are the collaborations, what are they doing. So these are all qualitative data that then can help um flush out and help us understand if – if that's a more integrated system.

And, but I want to qualify that really what we're only looking at is the home visiting program and how they're linked with their early childhood um uh providers, right. So there's a much larger system that we're not getting at. We're just asking about our home visiting um program's linkages to who I would think would be um very key players in that local system. I hope that helped.

Katrina Coburn: Okay, well we'll hear from Stephanie if that didn't answer her question. I think that was pretty thorough.

Robin Flo: Yes, Stephanie I'm happy to have an offline conversation with you. Please give me a call. Um, my number hopefully is up there and if not, um you can email me and we'll arrange a time to talk, because I'd love to talk about it. This is my area. So.

Katrina Coburn: So, we have a couple more questions. I think we really only have time for one, um but I promise we will uh get to these – send these to Robin so that she can answer those in the post

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webinar packet. Um, but we did have uh just a quick clarification question from Whitney. Um, did you say that high school students that participate in NFP will receive credits?

Robin Flo: Yes, if they – yes. Isn't that exciting? And, that's only if they have worked with their school district and created that agreement between the school district and the NFP that their uh that their NFP clients will get this. And the NFP clients have to meet certain criteria, um but yes and so that helps them get these credits then that could help them graduate. Yes, that is what I said.

Katrina Coburn: That is exciting – very.

Robin Flo: It's very exciting.

Katrina Coburn: Yeah. So um I'm sorry that's all the time that we have today even though we do have questions coming in. Um, I – I want to thank you Robin um and all of our presenters for this great information today. Um, you've really given us a lot of different ideas and approaches – approaches to think about uh today.

Um as we finish out, I do want to remind you um to watch your email for that follow-up packet that I keep mentioning. Um, and also let you know that we will be having our next webinar on June 23rd. That webinar um is going to allow us to continue our discussions that we've been having around sustainability, so please watch your email for more information on that.

Uh, and finally just a quick reminder to please let us know what you thought about today's webinar by taking the time to complete the webinar evaluation, and you will be receiving that via email very soon from WRMA.

I want to thank you again for joining us today, and for all that you do every day to support children and families. Have a great afternoon everyone.

Operator: Thank you and that does conclude today's conference. Thank you for your participation.

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END