Local Leadership Group Notes
1.6.2016 12:30pm-2:30pm
Harley Franks Educational Center

Members Present: Effie Alofoje-Carr, Kellie Jones, Jodi Spicer, Christina Redmond, Lisa Chambers, Nola Schramm, Kristen Donnelly, Emily Brewer, Michelle Nicholson, MC Rothhorn, Krystal Davis, Fran Jozefowicz, Jessica Baker, Jaimie Kishkorn, Jamie Yeomans

Healthy Families America (Jodi Spicer)

Jodi shared information about the HFA program. The plan is to increase enrollment. People have been asking questions about what kind of families should be referred to the program. A lot of programs have income restrictions etc. Income can be a factor, but it's primarily family "fit" with the HFA program therefore, the target population is very broad and targets pregnant moms and newborns that live in the IISD service area. The referral form can be done by a family or a provider. There are two flyers (one for pregnant moms and one for new moms) the referral form is on the back flyer. Jodi shared eligibility requirements and the referral process.

What happens after a referral? Jodi contacts the family and then sets up a meeting to find out more about family and what needs and supports are necessary. During the initial meeting after a referral, Jodi assesses the family's needs, parenting skills, and expectations and experiences by listening to the family's story at the initial screening visit. Jodi has a conversation with the family, generally for 1-2 hours. It's not scripted and there are no forms to fill. Experiences as a parent, coping skills, life style behaviors, current stressors, how they were parented, housing, relationships, finances, how they handle anger and frustration, expectations for the kids, discipline plans, how they feel about pregnancy and what they think about bonding with the baby are all taken into consideration. Eligibility is based on fit based on needs of the parent and services they need based on what the program provides. The home visit commitment (requirements) with moms with newborns are weekly for 6 months with pregnant moms and once per month but families

can adjust commitment once they meet the minimum required home visits. Families can stay within the program for up to 5 years (prenatal-5 years) and family is considered any caregiver of the baby (so either a birth or foster family.) There is a flyer available that details this information.

There a few times when a family has a lot of support systems, secure housing, safe expectations OR not sharing enough information and therefore deemed not fit for the program. Also, there are times when there is a conflict with funding and therefore makes the family program ineligible (already enrolled in MIECHV program.)

The HFA model has a few thresholds. 90% of initial intakes happen within the first 2 weeks of birth. The first home visit has to happen in the first 3 months. Newborn means under 3 months. The program is also for fathers (it is family focused.)

CPS will send referrals to who they are contracted by so usually Families First and if there are allegations they are mandated to refer to Early On. Jodi has received a few referrals from CPS.

Families First workers have also done referrals when recognized there is some intense support necessary. Category 1 and 2 from CPS go to Families First. Category 3 is more optional. CPS referrals to the HFA program are appropriate for "low risk" families. CPS referrals to Families First is mandated for "high risk" families.

Alternatives to the time schedule include creative outreach (where the family is on hold for 3 months) and either the program will close out or go back to regularly scheduled visits.

Conversations about HFA will continue since for CQI purposes we are focusing on outreach to fill this particular program.

Ingham LLG CQI Project

The focus is on outreach for Healthy Families America. PDSA cycle 1: to increase HFA's active referral sources from 3 to 6 (active means that the sources actually makes a referral within 3 months) from January through March.

Krystal mentioned getting connected to places where people are not seeking help but are commonly frequenting, such as CATA bus station, gas stations, or restaurants, etc. and to have flyers that have tear pads or tear offs for HFA. In addition, flyers should reach multiple cultures (a Spanish flyer is an example.)

It was mentioned to be mindful that the quality of paper may denote quality of program. There will be a separate marketing piece for after March 7th and for now the tear off will be current flyer to avoid time constraints with creating and getting a new flyer approved.

Program Alignment for CQI with LLG

HFA CQI- Locally, programs are not filled to capacity. As a whole, increase the number of slots filled from 65 to 85 is the problem statement.

The first PDSA cycle is by April 1st, to increase active referral sources from 5f to 10, which is different than the LLG for HFA of 3 to 6. This discrepancy is perhaps a data issue or from assessing different months.

Here are the current active referral sources:

CAREHUB

DHHS

Self-referral

LLG

Play and Learn Groups

The goal is to send a personal letter or email and referrals will increase.

NFP CQI/COIIN- Most of the sites in MI are doing COIIN. Ingham NFP is working on maternal depression. There are not enough spots for PIP and sometimes moms can't get out to get treatment. Mothers and Babies is a program that can be implemented in the home. The nurse will do PHQ-9 and if the mom rates 10 or higher, the nurse will present a stress management idea to work on. If the client is open, it is 12 in home sessions for Mothers and Babies.

PDSA for NFP is pick 2 clients to do Mothers and Babies program.

PDSA How do you present/introduce the program for Mothers and Babies to get moms interested and engaged (show a video or not show a video is the example Nola used.)

The large goal is to get the evidence based treatment to the moms to increase from 80% to 85% to do treatment.