



HOME VISITING
Supporting Parents and Child Development

Powered by
Generate Health

FLOURISH

Intake & Referral
Discussion Group
June 3, 2020

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Welcome & Introductions

Generate Health Team Members

Provider Collaborative Team Members

Consumer Advisory Board Team Members

Discussion Group Outcomes

- ❖ Update partners' data collection, measurement analysis and reporting about the HV Collaborative's mission, focus and current progress;
- ❖ Discuss data related findings gained from Promise 1000 Home Visitation trip;
- ❖ Understand possible organizational and programmatic changes related to COVID-19;
- ❖ Review data related priorities and outcomes gained at HV Convening #2
- ❖ Amend and expand, if necessary data priorities and outcomes based on any COVID-19 impacts;
- ❖ Begin to discuss critical actions needed to address priorities and achieve outcomes.



Home Visitation Collaborative

WHY THE COLLABORATIVE WAS STARTED...

- ❖ Commitment to the FLOURISH North Star
Zero racial disparities in infant mortality by 2033
- ❖ Home visiting recognized as one of the best investments in improving outcomes for kids
- ❖ By strengthening home visitation services, we better support families
- ❖ 2018 Home Visiting Assessment
- ❖ Funded by Children's Trust Fund, Missouri Foundation for Health and YouthBridge Community Foundation

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State of Home Visitation in St. Louis

Strengths

- ❖ Robust network of HV providers using diverse curricula and approaches
- ❖ Providers can refer to other organizations
- ❖ Relationship-building between consumers and providers is key to successful engagement

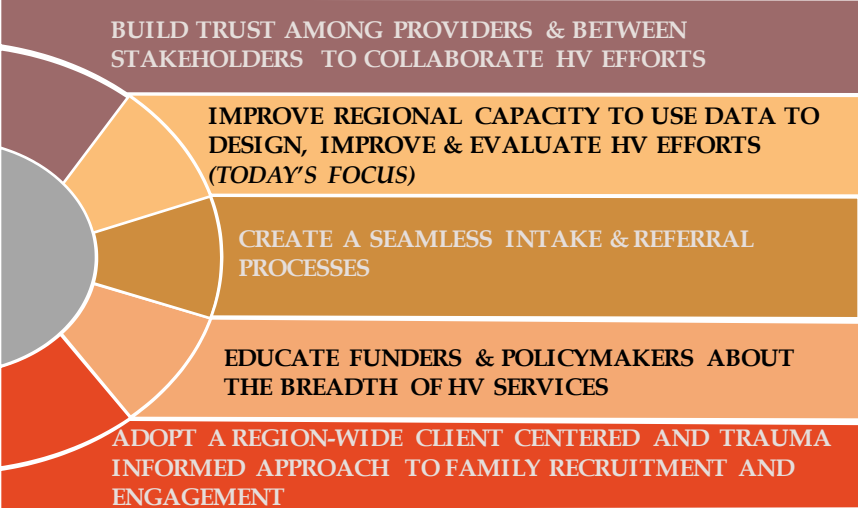
Challenges

- ❖ Family retention is difficult
- ❖ Consumer distrust limits ability to develop authentic relationships
- ❖ Service coordination and referrals can be irregular and disjointed
- ❖ Funders and policymakers, not providers or consumers, influence service offerings

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State of Home Visitation in St. Louis

Recommendations from Assessment



- BUILD TRUST AMONG PROVIDERS & BETWEEN STAKEHOLDERS TO COLLABORATE HV EFFORTS
- IMPROVE REGIONAL CAPACITY TO USE DATA TO DESIGN, IMPROVE & EVALUATE HV EFFORTS (*TODAY'S FOCUS*)
- CREATE A SEAMLESS INTAKE & REFERRAL PROCESSES
- EDUCATE FUNDERS & POLICYMAKERS ABOUT THE BREADTH OF HV SERVICES
- ADOPT A REGION-WIDE CLIENT CENTERED AND TRAUMA INFORMED APPROACH TO FAMILY RECRUITMENT AND ENGAGEMENT

Provider Engagement and Planning Process

ENGAGEMENT FOR HV PARTNERS, PROVIDERS, CONSUMERS & TECHNICAL EXPERTS				
<i>Convening 1 Nov/Dec 2019</i>	<i>Convening 2 Jan 2020</i>	<i>Unique Audience Discussions Feb/Mar 2020</i>	<i>Convening 3 Mar 2020</i>	<i>Convening 4 Apr/May 2020</i>
Collective Kickoff <ul style="list-style-type: none"> ❖ Understand current state of HV ❖ Establish vision of success ❖ Generate community agreements and shared values ❖ Orientation to racial equity 	Strategic Priorities <ul style="list-style-type: none"> ❖ Generate strategic priorities for training, intake, data sharing, membership and culture ❖ Identify initial actions (early wins) ❖ Apply racial equity lens 	Reinforcing Activity Focus <ul style="list-style-type: none"> ❖ Share best practice ideas for training, intake and data sharing ❖ Understand operational support requirements ❖ Review initial actions and generate additional actions by area 	Actions and Chartering the Way Forward <ul style="list-style-type: none"> ❖ Prioritize final actions ❖ Create charter for moving forward ❖ Validate racial equity lens in actions 	Action Plan Approval <ul style="list-style-type: none"> ❖ Review and ratify collective's call to action and final plan
<ul style="list-style-type: none"> ❖ Planning Consultants ❖ HV Providers and Partners 	<ul style="list-style-type: none"> ❖ Planning Consultants ❖ HV Providers and Partners 	<ul style="list-style-type: none"> ❖ Planning Consultants ❖ HV Providers and Partners ❖ Intake, Training and Data Experts 	<ul style="list-style-type: none"> ❖ Planning Consultants ❖ HV Providers and Partners 	<ul style="list-style-type: none"> ❖ Planning Consultants ❖ HV Providers and Partners

 **We are here!**

INTAKE & REFERRAL INFRASTRUCTURE & NEEDS

Sarah Kennedy. Generate Health

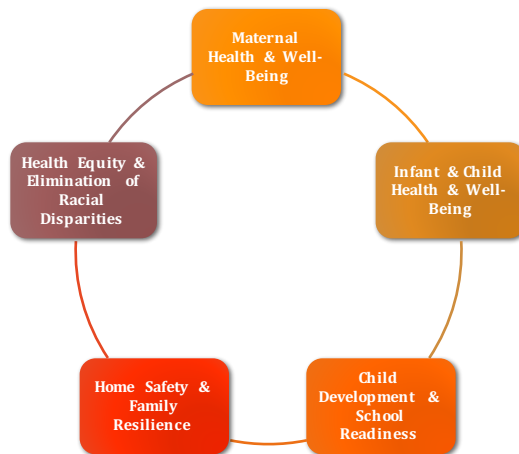
Note: See separate slide deck

COORDINATED INTAKE & REFERRAL

Priorities and Outcomes

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Potential Areas of Focus



Priorities and Outcomes

COORDINATED INTAKE & REFERRAL

Principal Goal: Establish a coordinated intake and referral platform that maximizes consumer choice and ensures that families are served by the most appropriate home visiting program to meet their needs.

Initial Priorities

- Develop and maintain a recruitment system that standardizes intake and referral processes across participating HV provider organizations
- Adopt more empowering intake and referral practices that retain consumer participation over time
- Identify eligible families and provide an equitable distribution of referrals to HV partners that centers consumer choice
- Prototype the platform through a pilot initiative with select HV partners that tests and refines overall system functionality

Priorities and Outcomes

COORDINATED INTAKE & REFERRAL

Principal Goal: Establish a coordinated intake and referral platform that maximizes consumer choice and ensures that families are served by the most appropriate home visiting program to meet their needs.

Desired Outcomes

Consumer Outcomes

- Increased utilization of home visitation services
- Better alignment between consumers' needs and providers' services i.e. improved program matching
- Easier consumer experience, including quicker connections to needed services and resources
- Implementation of a system that tracks consumer progress from referral through enrollment so that consumers are not lost. This places the locus of responsibility for follow-up and follow-through on providers, where there are greater resources, instead of on consumers

Provider Outcomes

- Clarity on the minimal necessary information required
- Development of a user-friendly, HV provider platform that strengthens data collection, analysis and utilization for providers and the collaborative
- An intake and referral platform that minimizes agency bias, maintains a "no wrong door" approach; screens for eligibility and is mobile responsive
- Reduced duplication of services
- Increased collaboration across providers to braid and customize services for families
- Establishment of shared referral agreements
- Launch of a pilot

Discussion Questions

1. In what ways has COVID-19 impacted your programs and service delivery? How could these changes possibly impact your intake and referral process?
2. Based on today's discussion about COVID-19 impacts on your organization, what priority changes, if any, are necessary?
3. What critical actions are necessary to advance each priority and achieve the outcomes?