HOME VISITING ROUNDTABLE, MARCY 17, 2017:
EXECUTIVE SUMMARY OF COMMUNITY AGENCY INPUT

Countywide Trends

- Need for perinatal mental health services, including for post-partum depression.
- Changes to existing HV that would help:
    - Allowing earlier/later entry into HFA/PAT
    - Allowing enrollment in HFA/PAT outside geographic restrictions
    - Allowing enrollment in HFA/PAT through self-referral, not just through WB.
- Interest in learning billing options; training/TA needed; IT/billing system may be needed; some concern over how difficult and time-consuming process is.
- Interest and willingness to work to improve referrals; technological support desired, such as online database to lookup info, app, and/or feedback mechanism; desire in many SPAs for feedback loops to know whether referrals to HV peers were successful and to trouble-shoot if not.
- Need more education and partnership with pediatricians, ob-gyn, hospitals, HMOs, managed care, etc.
- EHS in demand/full at current funding level; rise in minimum wage may prevent some families from accessing EHS. Additional non-federal funding would allow EHS to serve more low-income families above the 100% FPL federal eligibility restriction.
- Recent immigration related fears are causing clients to deny services; helping homeless families is a challenge in multiple SPAs.
- Interest in modernizing home visiting on multiple levels:
    - Advertising to younger parents
    - Electronic enrollment and referral processes, including non-traditional enrollment locations and client self-referral
    - Programs currently have varying levels of tech ability; interest in standardizing systems so that they can "talk" to each other
    - Apps for home visitors' and clients' use.
- HV staff, training, and program advertising should reflect the communities they serve and be presented in inclusive and non-stigmatizing ways; young and minority families are hard to reach because they don't see themselves in the programs.

Roundtable Evaluation Results

Evaluation Category	Participant Ratings	
	Mean	Median
Explanation of purpose of Roundtable	4.51	5
Background information on LA County home visiting need, availability & gaps	4.51	5
Opportunity to give strategic input into County planning	4.55	5
Overall meeting facilitation	4.61	5
Quality of the handouts/materials	4.25	4
The Roundtable as a whole	4.67	5
Location of meeting	4.2	4
Food Provided at meeting	4.47	5

There was an appropriate amount of time for briefing on current home visiting availability, need and gaps.	4.32	5
There was an appropriate amount of time for small group discussion.	4.42	5
Our group discussed/ recommended at least on strategy that I can commit to work on.	4.28	5
There was an appropriate amount of time for the whole group to reflect together.	4.17	4

Qualitative responses were generally positive without many trends or repeat comments. One comment that was repeated was the desire for clients to be able to have a voice at some point in our process.

SPA 1 Summary

- Changes to existing HV that would help:
  - * Allowing entry into hospital based programs (HFA/PAT) later *
  - Allowing enrollment for HFA/PAT outside of current geographic restrictions
  - Feedback loops to know whether HV referrals to peer programs are successful
  - Greater involvement of fathers
- Investments recommended by group:
  - Training for HV on preemie care due to increased NICU Referrals
  - Increased advertising/marketing for local programs
  - Training/TA RE: billing for non-health agencies
  - Improved mental health services, including for women with post-partum depression
  - Parenting classes for families who are not in HV program
- Local challenges: availability of Transportation, Housing, Mental health Svc, Food, Isolation
- Relationships to build: Need more health partners, HMOs, managed care, physician

SPA 2 Summary

- Changes to existing HV that would help:
  - Partnering HV programs with other providers (including home-based) for coordinated system of care: transportation, housing, parent education, mental health, post-partum health care, children with disabilities
  - “Audience analysis”: HV programs and community leaders must understand populations’ needs; outreach in untraditional locations where families are comfortable; marketing and outreach needs to evolve with the population (community ambassadors, social media, apps); staff should mirror the population so families are comfortable participating; qualitative data collection from families
  - Consider untraditional models: Telemedicine and Promotora services to address isolation, programs for fathers
  - Lift eligibility restrictions, including point of entry
- Investments recommended by group:
  - Funding for EHS so that all WB families can transition to EHS after WB completion
  - Staff: more positions, smaller caseloads, higher salaries, training for students and current home visitors
  - Black Infant Health or a BIH-type model
  - Fund existing agencies that have already shown outcomes and collaborate rather than creating new programs

  - Emergency housing resources (vouchers for hotels, etc.)
  - Creation of navigator/coordinator position for agencies to refer to HV; coordinated entry system
- Local challenges:
  - Gaps in HV services based on geographic restrictions and eligibility criteria
  - Reaching African American, homeless, and young families; children with disabilities; grandparents and foster parents
- Relationships to build: Health system-- hospitals (esp. baby friendly), doctors, clinics; LA County housing – "HUBs"
- Other:
  - Consortium should host SPA-level meetings for better regional collaboration
  - BIH program did a Medi-Cal time study

<u>SPA 3 Summary</u>

- Changes to existing HV that would help:
  - Expand Best Start geographical boundaries
  - Change recruitment approach and staff training: culturally congruent staff and advertising (generational, racial, etc.), social media, TV, radio, celebrity/public figure endorsements
  - Fatherhood engagement component
- Investments recommended by group:
  - Mental health services
  - Services for families with disabilities
  - Centralized referral system, useable by public for self-referral (website)
  - Funding for advertising/marketing
- Local challenges: Arabic-speaking, refugee, undocumented, and Asian populations difficult to reach; cultural and language barriers. Transient/housing insecure families; DV/IPV families
- Relationships to build: health care providers
- Other: NFP says Medi-Cal TCM is very difficult

<u>SPA 4 Summary</u>

- Changes to existing HV that would help:
  - Opening up programs to more community referral
  - Training of home visitors in supporting clients with mental health needs, especially those who may not accept therapy due to stigma; layer on trauma-informed practice
  - Expansion of referral pathways and reflective practice
- Investments recommended by group:
  - More funding for at-risk populations
  - Expansion to other hospitals
  - Increased training and funding for mental health services for pregnant moms, maternal depression, mild/moderate clients; LGBTQ families; child care for mental health services; training of home visitors in mental health support (see above)
  - Dyadic experiences and social/peer support opportunities
- Local challenges: 90001, 90003, 90008, 90011, 90043, 90044 and 90047 (very high risk and not Best Start); homeless pregnant women and families; need for mental health professionals trained in maternal mental health; undocumented mothers; families with special needs; LGBTQ families; families speaking indigenous dialects; DCFS collaboration
- Relationships to build: expansion to other hospitals in SPA 4; medical providers

- Other:
    - MAA being piloted with MCH Access; time consuming and requires additional support and recognition that time studies take time away from services; some agencies did MediCal studies and found them time consuming.
    - Technology needed to help with referrals and for improved access to information, resources, appointments; willingness to refer to peers

<u>SPA 5 Summary (Note: Table included SPA 4 representatives also)</u>

- Changes to existing HV that would help:
    - Allowing enrollment outside best start geographies
- Investments recommended by group:
    - Expand non-best-start linked funding
    - Centralized/electronic system to support improved triage; incentivize referral
- Local challenges: moms with developmental delays; prisoners; parents with complex disabilities; clients referred to NFP but not enrolled
- Other: increase in minimum wage affecting eligibility of families for EHS

<u>SPA 6 Summary</u>

- Changes to existing HV that would help:
    - Improve linkage to mental health services; improve availability and reduce stigmatizing language (shift to language of emotional well-being)
    - Less restrictive enrollment criteria (especially HFA/PAT)
    - Increase targeted outreach and earlier/prenatal outreach
    - Improve coordination of referrals; co-location and relationship-building
    - Include former clients on messaging/recruitment
- Investments recommended by group:
    - Referral technology to help access info about other programs, with tracking of response/follow-up/satisfaction; potentially make for clients to use themselves
    - Mental health supports
    - Resources for the homeless, undocumented & DCFS clients
    - “Medium touch” option
- Local challenges: families with multiple intensive needs, including homeless families, parents of special needs children, DCFS clients; fear related to immigration/documentation
- Relationships to build: DCFS; relationships among referral resources; team case review
- Other: Mixed feedback about MAA and billing-- some interested but some have tried and frustrated; desire to streamline billing/data collection and make as easy as possible

<u>SPA 7 Summary</u>

- Changes to existing HV that would help:
    - Allowing community and self-referral into HFA/PAT, not just from WB
    - Interested in learning billing options; training would be needed
- Investments recommended by group:
    - Online database of programs to help facilitate referrals
    - Additional EHS funding
- Local challenges:

    - Reaching and serving pregnant teens; need for better coordination with school system and customization of curriculum/services for this population
    - Need for more mental health services, including for moms with depression
    - Huntington Park (needs more resources; outside of many program geographies)
    - Transient populations, immigrant populations fearing deportation, API community, families with domestic violence/mental illness
    - Reaching women earlier in pregnancy
    - Follow through when referrals are made
- Relationships to build:
    - school system;
    - referral among different program models;
    - SPA 7 Collaborative, Regional Center, 211

SPA 8 Summary

- Changes to existing HV that would help:
    - Improving cultural competence and reducing stigmatizing messaging
    - Interested in working to improve referrals, recruitment, social networking/advertising, bridges with specific partners
- Investments recommended by group:
    - Building referral networks/coordination; integrating onsite specialists; funding service/referral coordinator
    - Targeted outreach that is culturally sensitive
- Local challenges:
    - More mental health services, including for pregnant moms with depression
    - Culturally informed practices and messaging (esp. Cambodian, Vietnamese, Philippino); improving messaging to reduce stigma
- Relationships to build: DMH; physicians, hospitals