



Program Overview and Next Steps

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Goal

Purpose of this webinar is to:

- Review MIHI RFA directives,
- Share with you the Organizational Assessment Survey and Post-survey interview findings, and
- Discuss next steps



Maternal and Infant Health Initiative

Maternal and Infant Health Initiative

Goal: Improve maternal and infant health outcomes for high-need women and families in targeted communities and reduce racial, ethnic and economic disparities in those outcomes.

- Preterm birth
- Low birth weight
- Infant Mortality
- Maternal Mortality
- <http://www.health.ny.gov/statistics/chac/indicators/mih.htm>



High-need women include:

- Low income or uninsured
- Racial, ethnic and linguistic minorities
- Underserved immigrants (inc. undocumented)
- Women with multiple social or economic stressors
- Victims of domestic abuse
- Women with unintended or unwanted pregnancies
- Women with disabilities



Maternal & Infant Health Components

- Maternal and Infant Community Health Collaboratives (MICHC) – 23 projects in 32 high-need counties
- Maternal, Infant and Early Childhood Home Visiting Initiative (MIECHV) – 17 projects in 8 high-need counties
- Maternal and Infant Health Center of Excellence (MIH-COE)



Maternal & Infant Community Health Collaboratives

- Performance Management
- Collaborative Approach
- Systems-based Approach
- Life Course Model
- Social/Ecological Model



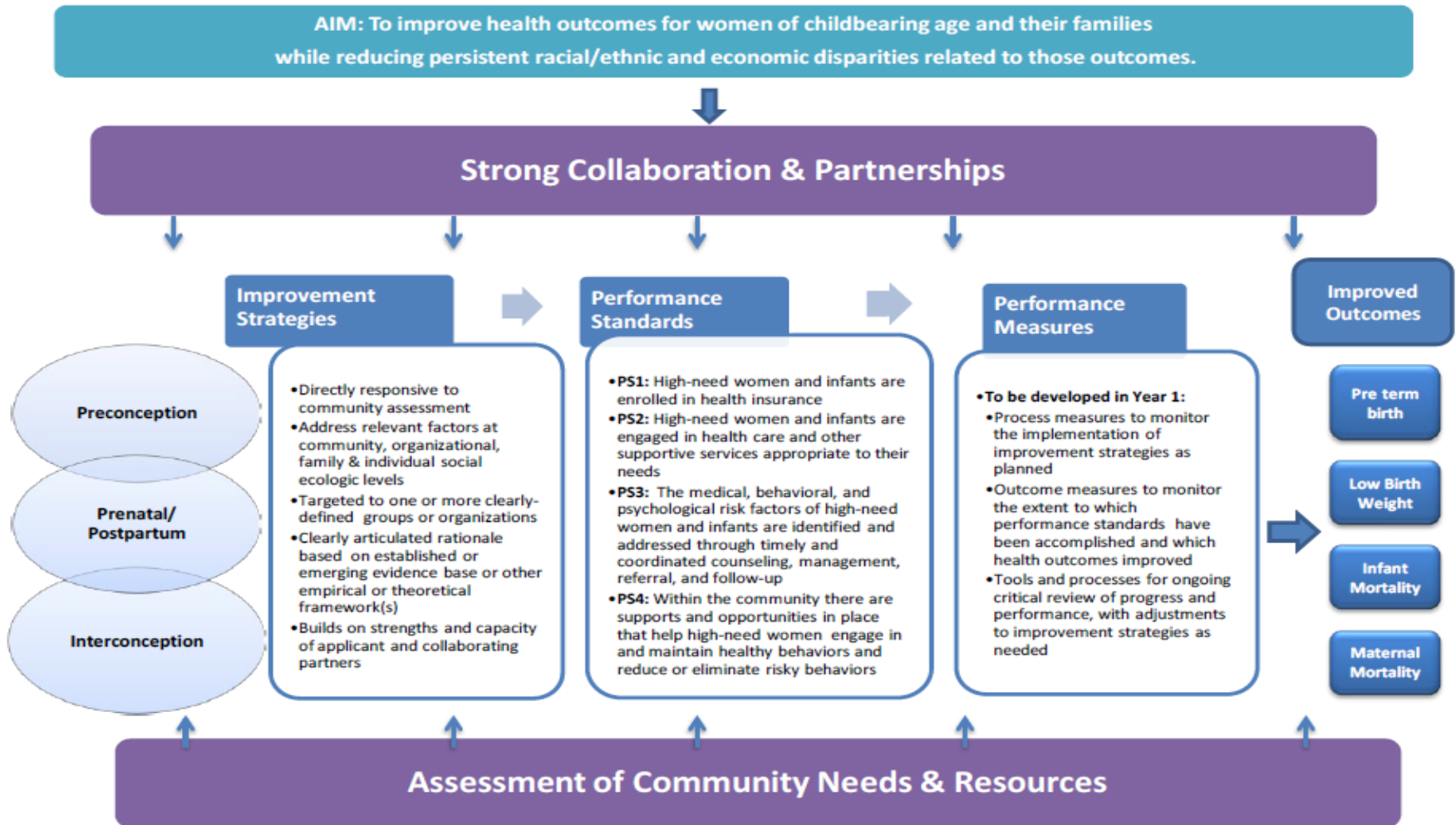
Performance Management

Performance management is the practice of actively using performance data to improve the public's health.

- Aim
- Performance Standards
- Improvement Strategies
- Monitor progress



Figure 1: Component A: Maternal and Infant Community Health Collaboratives (MICHC)



Performance Standards

1. High-need women and infants are enrolled in health insurance
2. High-need women and infants are engaged in health care and other supportive services appropriate to their needs
3. The medical, behavioral and psychosocial risk factors of high-need women and infants are identified and addressed through timely and coordinated counseling, management, referral and follow-up
4. Within the community there are supports and opportunities in place that help high-need women to be engaged in and maintain healthy behaviors and reduce or eliminate risky behaviors



Collaborative Approach

- Assessment of Needs and Strengths
- Development of Improvement Plan
- Implementation of Improvement Plan



Systems-based Approach

- Focus on Systems: systems that are accessible, effective, and functionally coordinated or integrated can enable service providers to deliver quality services and promote health behaviors and utilize services
- MICHCs develop coordinated outreach, intake, and referral processes across community health and social service programs to ensure improved communication, collaboration and coordination



Life Course Model

- Promotes optimal women's health throughout the reproductive life span:
 - Preconception
 - Perinatal / Postpartum
 - Interconception



Social Ecological Model

- Health is influenced by a multitude of factors at different ecological levels.
 - Individual
 - Community
 - Organizational
 - Policy



MICHC Improvement Strategies

- Targeted to Medicaid-eligible populations
- Responsive to community needs and strengths
- Collaborative
- Community Health Worker
- Offering and Arranging (25% of budget)
- Organizational and/or Community level and Individual / Family level strategies



MICHHC, MIECHV and Home Visiting

- Outreach and engagement
- Assessment of risks
- Referral to needed services



What questions do you
have about the RFA?

Survey & Interview Findings

Organizational Assessment Survey

- All MICHC agencies completed survey and interviews
- Survey sections included:
 - Agency Description
 - Agency CHW
 - Agency Data Management & Access
 - Agency Data Handling
 - Agency Stakeholders
 - Agency Training & Technical Assistance Needs



What programs viewed as their strengths:

- Knowledge of community & number of partnerships/collaborators.
- Culturally and racial diverse staff.
- Staff expertise.
- Highly dedicated CHW team helping effect real change in their client's lives.
- Long history of focusing and providing leadership on perinatal health issues.
- Wrap around services
- Staff are indigenous to and respected within the communities served.



What programs viewed as areas to enhance or expand:

Preconception Activities:

- What preconception health activities and other services to provide.
- How to best engage the preconception population.
- Group education on topics related to preconception; prenatal and interconception health.
- What methods to use (e.g. group, individual).



What programs viewed as areas to enhance or expand:

Building Collaboration/Partnerships:

- Increase community partner buy in.
- Implement true joint action/activity with the MICHC partners.
- Support the coordination of home visiting services in our collaborative to shared clients.
- Improve communication with community partners and ability to tie in all the different strategies.
- Be more effective in organizing our Collective Impact strategy/Theory of Change.



CHW Screening & Assessments

Agencies reported utilizing the following:

Mental Health

- Edingburgh
- PHQ 9
- GADS 7 (anxiety disorder)

Intimate Partner Violence

- HITS

Infant

- Ages & Stages

Internal tool

Alcohol & Substance Use

- CAGE
- DAST
- AUDIT
- CRAFF (under 21)
- 4Ps
- SBIRT

CDC risk assessment (revised)

Risk Assessment & Asset Assessment (tools under 21)



CHW Caseload & Length

Agencies reported the following:

Number of Cases/CHW:

- 15
- 15-25
- 25-30
- 30-35
- 30-37
- 30-60 (experienced CHWs higher-end)

Short-Term:

- 1-3 visits over 3 months
- 4-5 visits
- Less than 3 contacts
- Every other month

Long Term:

- Up to 12-18 months
- Clients with extensive needs
- More than 4 contacts
- Not beyond 6 months



Type of Data System

- Peer Place Network
- Excel
- Client Track
- Epic
- Enginuity
- EPI 6
- Paper forms/manual data collection



MICHC Survey Responses to: ‘Rate your agency’s need for training/support in the following areas’

Training Area:	Percent of agencies reporting the item as either ‘High Need’ or ‘Very High Need’
Implementing systems/community-level strategies	65%
Planning how to implement an evidence based strategy or a program	61%
Implementing an evidence based strategy or program	61%
Evaluating an evidence based strategy or a program	61%
Engagement of clients	57%
Use of evaluation data	57%
Mindfulness in practice	57%
Adapting an evidence based strategy or a program	52%
How to analyze data	52%



MICHC Survey Responses to: 'Rate your agency's need in the following knowledge areas'

Training Area:	Percent of agencies reporting the item as either 'High Need' or 'Very High Need'
Toxic stress/trauma informed care	83%
Opioid abuse	83%
Changing landscape of substance abuse	78%
Human development	74%
Maternal mental health	70%
Infections and womens health	70%
Infant health	57%
Unintentional injury	52%
Maternal nutrition	52%
Infant Nutrition	52%
Preconception	52%



MICHC Survey Responses to: ‘Rate your agency’s needs in the following skill areas’

Training Area:	Percent of agencies reporting the item as either ‘High Need’ or ‘Very High Need’
Client-centered counseling techniques	91%
Using ACES (adverse childhood experiences)	87%
Father engagement	74%
Touchpoints/Brazelton	74%
Use motivational interviewing	70%
Client activation	65%
Marketing/social marketing	61%
Screening for mental health needs	61%
Family engagement	57%
Screening for substance abuse	57%
Screening for domestic violence/IPV	52%



MICHC Interview

Agencies identified training needs for the upcoming year:

Training Areas

Mental Health

“Maternal Mental health over – beyond postpartum depression”

Domestic Violence

“how to identify, how to ask sensitive information, and gain trust”

Substance Use

“more information about identifying substance use and working with families”

Preconception

“engaging preconception women and outreach techniques”

Client Engagement

Engaging “a client with multiple high need areas”... “a client that is consistently non-compliant”

CHW Role & Skills:

“Boundaries - professional line, promoting independence for client”

Reproductive Health:

*“Family planning and best practices in counseling”
“LARC recommendations/ guidelines”*

Collaboration:

*“Collaborative building”
“Collective impact”*



How do we use these findings?

Addressing CHW activities

- Caseload: appropriate number of clients per CHW
- Definitions of Short- v. Long-term
- Balance of caseload between the life course stages
- Role in preconception/interconception activities
- Definitions of Screening v. Assessment
- Screening or assessment instruments
 - Which topics warrant use of a common tool
 - Which tools to use



A note about caseload

In the **MICHC RFA - Attachment 13** description of CHW duties and responsibilities states the following responsibility:

“provide home visiting services to approximately 25 clients at any given time (40 annually) and an additional 10-15 intermittent clients (clients who do not need intensive case management, but referrals to a community resource or service)”



Training Schedule

- Webinar
- In-person
 - Delivered in the following regions:
 - Buffalo
 - Syracuse
 - Albany
 - NYC
- Training Topics
 - Informed by your responses from your survey and interviews, regional and national trends.
- Tentative Dates



Summary: Next Steps

- Data entry systems and reports
- Literature Reviews to provide guidance on CHW:
 - Appropriate balance between the life course stages,
 - Preconception/Interconception activities, and
 - Screeners v. Assessments
- Introduce the Performance Measures & Evaluation Plan



Summary: Next Steps

- Developing a Webinar & Face-Face Training Schedule based on agency identified topics
- Measuring Collaboration - PARTNER Tool
- CHW Introductory Training
- Annual conference
 - May 4-5, 2016 in Albany



What questions do you
have about the next
steps?

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We appreciate your
participation!