

Healthy Beginnings Overview

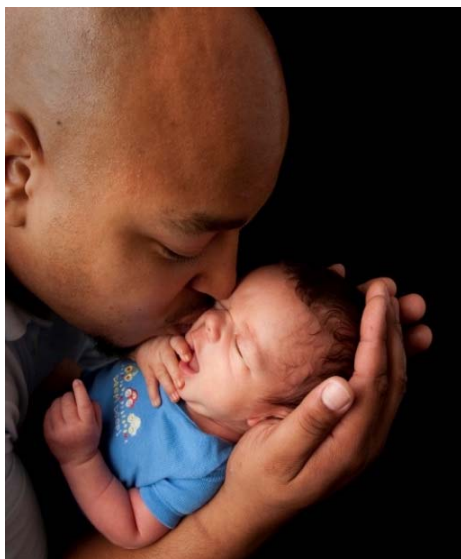
April 10, 2019

Children's Services Council: Who We Are



Children's Services Council, a special district created by Palm Beach County voters in 1986, provides leadership, funding, evaluation, program and system development on behalf of the county's children so they grow up healthy, safe, and strong.

Goals



Born healthy



Safe from abuse & neglect



Ready for kindergarten



**Have access to quality
afterschool & summer programs**

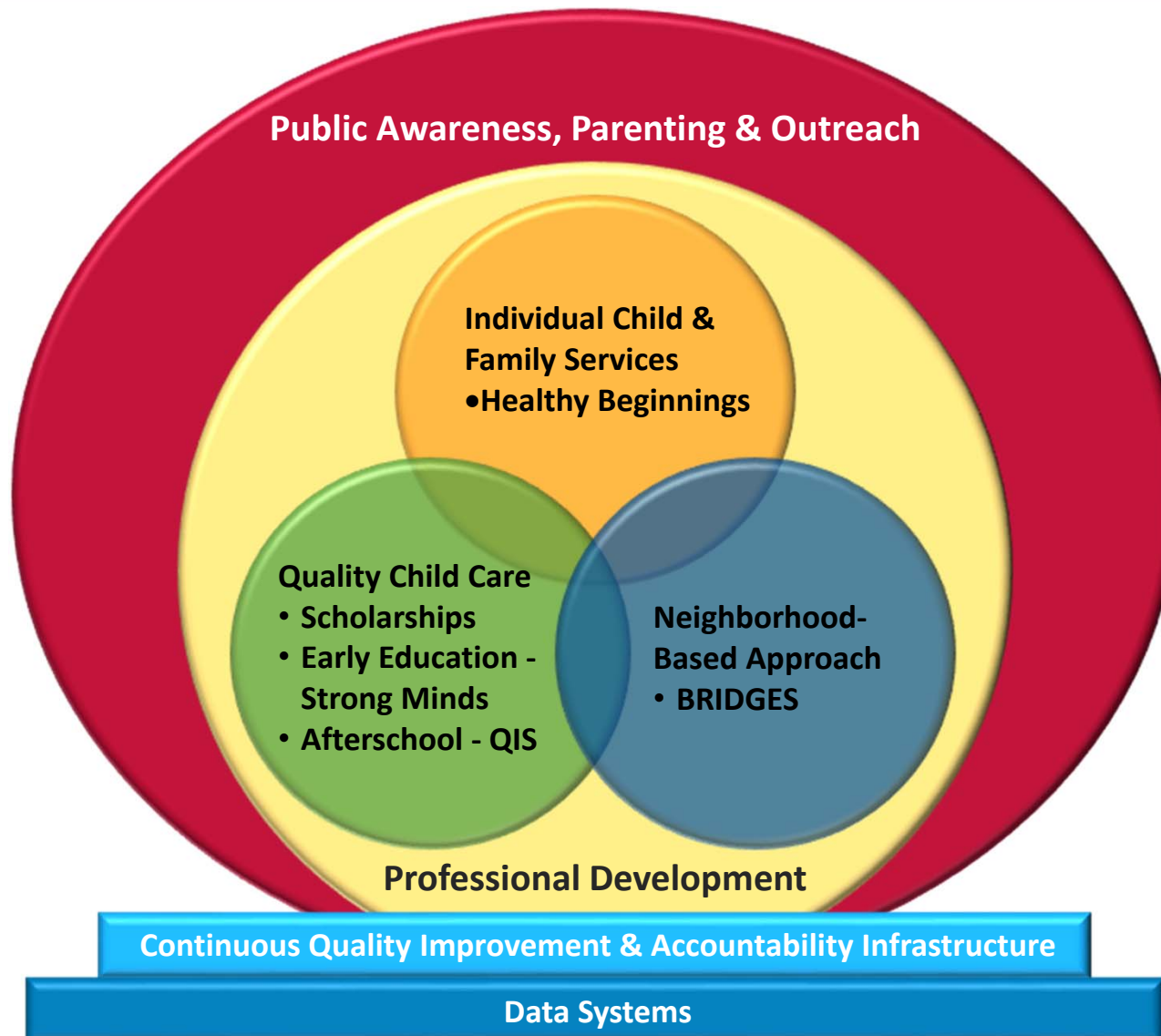
Guiding Principles



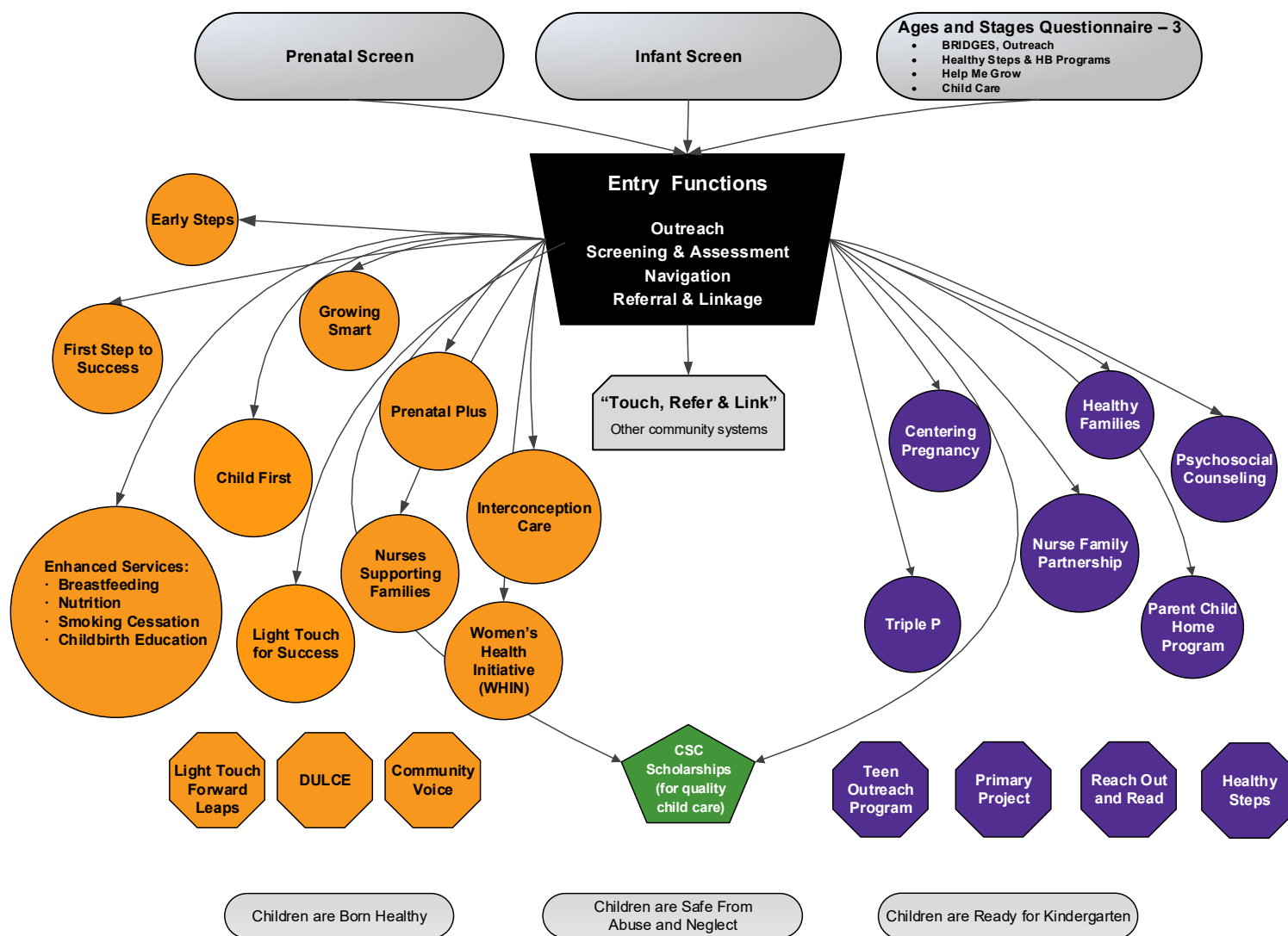
Children's Services Council is:

- Prevention-focused
- Data-driven and accountable
- Innovative
- Participant-driven
- Committed to advancing equity

Early Childhood System of Care



Healthy Beginnings: Individual Child & Family Services



What is the Value of Centralized Intake?



- Streamlined referral occurs through a single point of entry
- Duplication of services is avoided
- All families are touched and are offered “best fit” services
- Program and system capacity is monitored
- Marketing a single point facilitates community referrals
- Services are coordinated
- Diminished competition among programs

HB System Program Enrollment*

- Nurse Home Visiting: 1,377
 - HB Nurses (Nurses Supporting Families, Prenatal Plus), Nurse Family Partnership, WHIN
- Group Prenatal Care: 379
 - Centering
- Behavioral Health: 2,252
 - Counseling
 - Triple P
 - Child First
- Family Support Home Visiting: 446
 - Healthy Families
- Child Development: 3,133
 - First Steps to Success, Parent Child Home Program, Healthy Steps, Growing Smart, Project DULCE, Light Touch
- Navigation: 1900

*Enrollment defined as active for at least one day in FY 17/18

Healthy Beginnings System Metrics

Number of Screenings	FY 17/18
Prenatal Risk Screen	12,277
Infant Risk Screen	13,423
ASQ (Children not part of the HB System)	8,985

Identification of Risk	FY 17/18
# of Prenatal Women with Identified Risk (≥ 6 and/or BOOF)	4,636
# of Infants with Identified Risk (≥ 4 and/or BOOF)	2,703
# of Children with an ASQ-3 Concern	1,920

# of New Clients Enrolled* in an HB Program	FY 17/18
Prenatal	1,827
Infant	835
Child	1,354

*Enrollment defined as active for at least one day in FY 17/18

Role of Entry

Entry Functions

**Outreach
Screening & Assessment
Navigation
Referral & Linkage**



“Touch, Refer & Link”
Other community systems



healthy mothers, healthy babies
Coalition of Palm Beach County, Inc.



HomeSafe
Preventing | Protecting | Preparing

Outreach



healthy mothers, healthy babies
Coalition of Palm Beach County, Inc.



HomeSafe

Preventing | Protecting | Preparing

Prenatal Entry Agency
Healthy Mothers Healthy Babies

Birth to Five Entry Agency
Home Safe

Self-Referral
Obstetrician's/Pediatrician's offices/Hospitals
Help Me Grow/211
BRIDGES
Child Care Centers
Early Head Start/Head Start
Department of Children & Families
Community Voice
ELC's Child Care Resource & Referral
Community Events

Healthy Start Prenatal Risk Screen



Help your baby have a healthy start in life!

Please answer the following questions to find out if anything in your life could affect your health or your baby's health. Your answers are confidential. You may qualify for free services from the Healthy Start Program or the Healthy Families Program, no matter what your income level is! (Please complete in ink.)*



Today's Date: _____

- | | YES | NO |
|--|---------------------------------------|---------------------------------------|
| 1. Have you graduated from high school or received a GED? | <input type="checkbox"/> | <input type="checkbox"/> ₁ |
| 2. Are you married now? | <input type="checkbox"/> | <input type="checkbox"/> ₁ |
| 3. Are there any children at home younger than 5 years old? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there any children at home with medical or special needs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is this a good time for you to be pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. In the last month, have you felt down, depressed or hopeless? | <input type="checkbox"/> ₁ | <input type="checkbox"/> |
| 7. In the last month, have you felt alone when facing problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you ever received mental health services or counseling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. In the last year, has someone you know tried to hurt you or threaten you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have trouble paying your bills? | <input type="checkbox"/> | <input type="checkbox"/> |

11. What race are you? Check one or more.

☐ White ☐ Black ☐ Other _____

12. In the last month, how many alcoholic drinks did you have per week?

_____ drinks ₁ ☐ did not drink

13. In the last month, how many cigarettes did you smoke a day? (a pack has 20 cigarettes)

_____ cigarettes ₁ ☐ did not smoke

14. Thinking back to just before you got pregnant, did you want to be.....?

☐ pregnant now ☐ pregnant later ☐ ₁ not pregnant

15. Is this your first pregnancy?

☐ ₂ Yes ☐ No If no, give date your last pregnancy ended:
Date: (month/year) _____

16. Please mark any of the following that have happened.

- ☐ ₃ Had a baby that was not born alive
☐ ₃ Had a baby born 3 weeks or more before due date
☐ ₃ Had a baby that weighed less than 5 pounds, 8 ounces
☐ None of the above

18. Pre-Pregnancy: Wt: _____lbs. Height: _____ft. _____in. BMI: _____	<input type="checkbox"/> ₁ < 19.8 <input type="checkbox"/> ₂ > 35.0
19. Pregnancy Interval Less Than 18 Months? <input type="checkbox"/> II/A <input type="checkbox"/> II/o	<input type="checkbox"/> ₁ Yes
20. Trimester at 1st Prenatal Visit? _____	<input type="checkbox"/> ₁ 2nd
21. Does patient have an illness that requires ongoing medical care? Specify illness: _____ <input type="checkbox"/> II/o	<input type="checkbox"/> ₂ Yes

Risk Factors such as:

- Teen mother
- Race
- Substance use
- Late entry into prenatal care
- BMI greater than 35
- Maternal depression

Healthy Start Infant Risk Screen



INFANT RISK SCREEN

Use ink. Be certain to check the appropriate boxes at the top of the birth certificate.

Pursuant to § 383.14(1)(b) and 383.011(1)(e), F.S., this form must be completed for each infant and submitted to the local County Health Department, Office of Vital Statistics.

Item numbers correspond to the numbers on the Birth Certificate. Write the point(s) on the appropriate lines, and add for the total score.

Item 54	④	_____	Abnormal conditions include one or more of the following: Assisted Ventilation (30 min. or more), Assisted Ventilation (6 hrs. or more), NICU admission, newborn given Surfactant Replacement Therapy, Hyaline Membrane Disease/RDS, or seizure or serious neurological dysfunction.
Item 4	④	_____	Birthweight less than 2000 grams or less than 4 pounds, 7 ounces
Item 28b	④	_____	Infant transferred within 24 hours of delivery
Item 15	①	_____	Mother unmarried
Item 26	①	_____	Principal source of payment Medicaid
Item 30	①	_____	Maternal race black
Item 19	①	_____	Father's name not present or unknown
Item 40	①	_____	Mother used tobacco in one or more trimesters
Item 36d	①	_____	Prenatal visits less than 2 or unknown
Item 16	①	_____	Maternal age less than 18 or unknown

Risk Factors such as:

- Teen mother
- Race
- Substance use
- Low birthweight
- Abnormal conditions of newborn
- Maternal depression

ASQ-3

For Infant & Child Development



ASQ-3 Information Summary

1. **SCORE AND TRANSFER TOTALS TO CHART BELOW:** See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total. In the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	33.19		●	●	●	●	●	●	●	○	○	○	○	○	○
Gross Motor	31.28		●	●	●	●	●	●	●	○	○	○	○	○	○
Fine Motor	26.54		●	●	●	●	●	●	○	○	○	○	○	○	○
Problem Solving	29.99		●	●	●	●	●	●	○	○	○	○	○	○	○
Personal-Social	39.07		●	●	●	●	●	●	●	○	○	○	○	○	○

"Concern"

"Monitor"

"Typical"

Screening & Assessment

Factors including:

- Depression
- Cognitive Development
- Social Skills
- Autism
- Stress
- Trauma
- Life Experiences



Other Factors for Consideration

- Parental Concern
- Family Choice
- Clinical Judgment

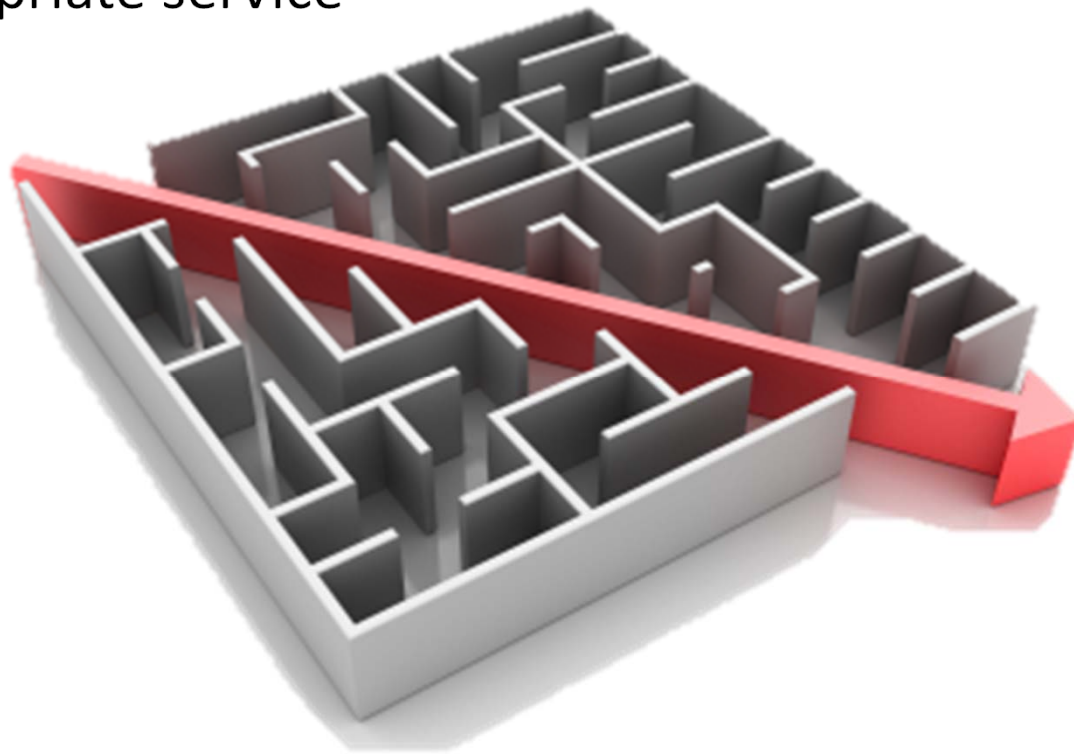


Partnership



Easter Seals Early Intervention Assessment Team (EIAT)

- Why this new process?
 - Desire to align eligibility process with best practices
 - Need to ensure timely referral to the most appropriate service



Case Example

- Families assessed by HomeSafe and referred to First Step to Success (FSTS) based upon results of the Battelle Developmental Inventory (BDI-2) Screener
- FSTS would conduct a full Battelle Developmental Inventory (BDI-2) and determine that the family would have been best served by Early Steps
- In those cases, a child would need to wait 3 months for the full BDI-2 to be re-administered by Early Steps
- Recognized the need for a better experience for children and their families

Exploration of EIAT

- Assessed the challenges/barriers to accessing services during the screening, assessment & referral process
- Examined if children should continue to receive a BDI-2 Screener from HomeSafe following a concern on the Ages & Stages Questionnaire-3
- Explored the benefits of administering the full BDI-2 for children ages birth to 35 months old
- Identified Continuous Quality Improvement (CQI) measures
- Encouraged joint collaboration of providers to identify potential solutions and benefits/expected outcomes associated with process refinement



- Two teams consisting of a total of 7 staff:
 - 1 Data Support/Intake Coordinator
 - 2 Infant Toddler Developmental Specialists
 - 2 Service Coordinators
 - 2 Licensed Therapist: Speech/Language Therapist or Occupational Therapist or Physical Therapist
 - One licensed therapist will serve as a team lead
- Serve Healthy Beginnings children ages birth to 35 months throughout Palm Beach County
- Conduct evaluations in the home or preferred location of the family
- Evaluations to be conducted in less than 30 days

EIAT for Children Ages 0 to 3

- EIAT conducts the evaluation, completing the Full Battelle Developmental Inventory (BDI-2)
- Based on the results EIAT will:
 - Use evaluation results, if eligible for Early Steps (ES)
 - Refer child to FSTS, if not eligible for ES
 - Refer child to Light Touch programs, if not eligible for FSTS



Highlights of EIAT

- One evaluation
- Location
- Timeliness
- Convenience
- One team, multiple options
- Shared data base



EIAT: What We've Learned

- Experiences the EIAT
- Benefits of EIAT
- Challenges of EIAT



EIAT Case Example



- During exploration phase, proposed number of annual referrals: 620
- Stats (3/5/18 - 9/30/18):
 - Total # of referrals received = 489
 - Total scheduled = 445
 - Total # of evaluations completed = 339 (76%)
 - Total # Part C eligible = 205 (60%)
 - Total # FSTS eligible = 48 (14%)
- Strategic priorities include:
 - Managing number of referrals
 - Refining procedures for quality and performance



Questions?



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