

Home Visiting: It Takes a Village

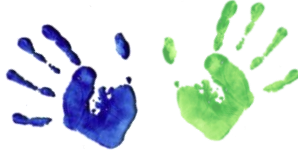
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It takes a village to raise a child.

-African proverb



Presentation Objectives

- **Objective 1:** Understanding of home visiting model in Montana and programs offered at Flathead City-County Health Department
- **Objective 2:** Understanding of referral structure at FCCHD
- **Objective 3:** Understanding of accreditation process and effects on home visiting program
- **Objective 4:** Understanding of sustainability efforts at FCCHD
- **Objective 5:** Understand why healthcare providers and non-medical organizations should take an interest in their local home visiting programs



Montana Maternal & Early Childhood Home Visiting



• What is MT MECHV?

- It is a network of programs around the state that provide voluntary, family-centered services in the home to expectant families and families with new infants and young children.

• Goals of MT MECHV

- Support evidence-based home visiting services in Montana.
- Improve coordination of services for communities.
- Identify and provide comprehensive services to improve outcomes for families.
- Improve maternal and child health outcomes which include:
 - Child development and school readiness; child health; family economic self-sufficiency; maternal health; positive parenting practices; reductions in child maltreatment; and reductions in juvenile delinquency, family violence, and crime



(MT DPHHS, 2015)

Montana Maternal & Early Childhood Home Visiting



(MT DPHHS, 2015)



What we offer in Flathead County

• Parents as Teachers

- SD
- HMFP
- Expansion
- MCH

• SafeCare

• Healthy Montana Teen Parent Program

• Montana Asthma Program (MAP)



What do you need to make Home Visiting successful?



FAMILIES!!!

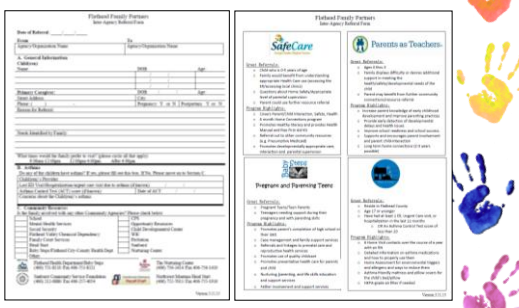



FCCHD Referral System

- Outreach Committee
 - Presentations
 - Provide reading materials describing each home visiting program
 - Distribute one standard referral form
- One Point of Contact for all referrals
 - Coordinator at FCCHD
 - Joan Paulson, RN



Flathead County Referral Form

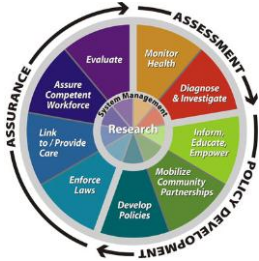
FCCHD's "Villagers"

- Flathead Family Planning
- WIC
- FCHC
 - Medical & OB
 - Dental
 - Mental Health Support
- Health Promotion
 - Car seat program
- Immunization Clinic



Accreditation

- Being accredited ensures that the health department is continually improving the delivery of the *Ten Essential Public Health Functions*.



Programmatic Effects of FCCHD's Accreditation Journey

- *Continual Quality Improvement (CQI) and Performance Metrics*
 - Implementation of Evidence Based Curricula
 - Parents as Teachers, SafeCare
 - Increase operations efficiency by transitioning to electronic documentation
 - Inclusion of measurable goals with clients to track program outcomes
 - Increase number of providers making referrals to home visiting program
 - Improve success of home visitors which in turn improves client outcomes



Sustaining Home Visiting

- **Billing Protocols**
 - Bill TCM, up to 12 units per client, per day
 - 1 unit = 15 minutes
 - Billable time includes:
 - Assessment
 - Case plan development
 - Care coordination and referral for other services
 - Monitoring



(Targeted Case Management Provider Manual, 1996)

- **Medicaid Reimbursement – Fee Schedule**

(as of 7/1/15)

- T1016 with HD modifier: “Mom” = \$6.50/unit
- T1016 no modifier: “Baby” = \$10.82/unit

(MT DPHHS, 2015)



Additional Potential Sustainability Supports

- **PPS Rate (Prospective Payment System)**
 - Federally Qualified Health Centers (FQHC) currently receive fair payment for Medicaid & HMK patients, known as a PPS rate
 - Reimbursement to FQHCs at approximately **81%**
 - Currently “Baby Steps” is managed by FCCHD not Flathead Community Health Center (FCHC)
 - FCHC would need to apply to HRSA to change their scope of practice in order to bill home visiting services and be reimbursed at PPS rate.



Additional Potential Sustainability Supports

- **Flathead Best Beginnings Community Council**
 - Supports Expansion Grant for connecting community home visiting services
- **Other grantee sources**
 - Local & national foundations
- **General Health Funds**



Village Support

Case Study:

- Martha is a 19 year old who is new to Kalispell. Martha dropped out of high school in 10th grade. She is 8 ½ months pregnant and has not received any prenatal care. Martha has a history of IVDU, but reports that she has not used in over 1 year. While living in North Dakota, she was robbed and lost all identification documents. Martha has family in Kalispell, and decided to relocate here to live in her grandmother's basement, but is only allowed to stay for 1 month. Martha has very limited work history and is currently jobless. Additionally, the father of Martha's baby is in prison.

Martha is at the health department today seeking Presumptive Medicaid for her pregnancy.

- After learning about her current situation and history, how would you help Martha?



Village Support

Case Study:

- Felicia is a 26 year old mother of 4, living in transitional housing. Child & Family Services (CFSD) placed two of Felicia's children with her mother in a neighboring town, and the two youngest currently reside with Felicia. Their ages are 4 years old and 1 month old. Felicia has a drug related felony and is sanctioned from utilizing TANF benefits. She also is ineligible for subsidized housing because of her felony. She is only allowed to stay in the transitional housing for 3 more days. Felicia's relationship with family locally is tumultuous. Felicia struggles with anxiety and bipolar depression, and is not currently receiving any mental health services.

Felicia is at the health department today seeking immunization records for her 4 year old daughter, who is enrolled at NWMT Head Start. Upon learning about Felicia's situation, the immunization nurse introduces her to you.

- How would you help Felicia?



Why does it matter?



Strengthens communities and promotes health!!

- Home visiting serves community members who are at a high risk for multiple negative outcomes
- Community cost savings through prevention support
 - Completing education (HS diploma, HiSet, etc.)
 - Support for job training & employment
 - Utilizing local resources appropriately
 - Utilizing health care services efficiently
- Decreasing fetal and infant mortality and child abuse



