



ADVANCING INTEGRATED HEALTHCARE

Healthy Tomorrows Quarterly Meeting

November 27, 2023

Care Transformation Collaborative of RI

| Topic | Presenter | Time |
|---|---|-------------------|
| Welcome and Review of Agenda | Susanne Campbell, Senior Program Administrator, CTC-RI | 12:00pm - 12:05pm |
| Getting to Know Parent Consultant Tiffaine Cataldo | Tiffaine Cataldo | 12:05pm - 12:10pm |
| Team Updates | Thundermist and CCAP Westerly Medical and Westerly PAT CNE FCC and Childrens Friend | 12:10pm - 12:45pm |
| RI FV Data | Sara Remington, RIDOH | 12:45pm - 12:55pm |
| Meeting Close and Next Steps | Susanne Campbell, Senior Program Administrator, CTC-RI | 12:55pm - 1:00pm |



Getting to know Tiffaine

How did you get involved with Family Visiting?

I got involved with family visiting when my family had fallen on hard times. We were visiting a food pantry when a worker at the food pantry came up to me and my youngest at the time who was in diapers and told me that they offered a program that helps supply families with diapers monthly and we signed up.

Tell us about your family:

I have 3 daughters. Jada who's 15. She's very shy but extremely smart. She enjoys going to church and participating in the dance program at her church. Ava who is 9 loves all animals and enjoys arts and crafts and helping others. A'Kirah who is 6 also loves all animals and enjoys playing outside every chance she gets. We have 3 dogs who we all love, Nova, Cookie and our newest addition, Venom.

How did your family benefit from Family Visiting?

Family visiting really helped me gain so many connections in my community, gave me confidence to have a voice and help other families in similar situations as my family's. They helped me learn so many things and helped me connect with other families like ours. It really gave me the confidence to help advocate for others like myself.

What I'd love to see come out of this project?

I would love to see more families get connected with family visiting. So many families are not aware of the services and could benefit in all the resources they can gain.



Team Updates Thundermist and CCAP

Practice and Family Visiting Progress Updates

- Describe your process for referral?
 - Including the process for identifying families for referral to Family Visiting
 - Focus on high-risk newborns; teen parents or families who may be at high risk.
 - Dr Clarke will co-ordinate with OB providers to facilitate referrals
 - How many referrals have been made?
 - 7 in total as of 10/31/23 ; 4 opened, 1 declined, 2 in process of meeting with HFA
 - Are you using the new KIDSNET reports?
 - Yes, looking at KIDSNET FV report; look at characteristics report; consider looking at prenatal patients
- Describe your process for joint care coordination
 - Formal case conferences have started in October and November with Wendy and Dr Clarke
 - May use secure email for care coordination in between case conference meetings

Practice and Family Visiting Updated PDSA

Describe updates to your PDSA / quality improvement plan

- As of mid November, we will have conducted 2 formal case conferences; patients progress is discussed with follow up action items identified; 1 new referral in October
- Looking at improved workflows for Thundermist to identify referrals to family visiting
- Planning to add FV referral template into eCW
- Follow up training for OB/GYNs is needed as one step towards an increased focus on prenatal patients

Best Practices and Opportunities for Improvement

List 1-2 successes and opportunities for improvement

- Resident training on FV occurred in October with Thundermist, CNMEG and Kent residents
- Case conferences helpful to improve follow up with FV
- Goal to improve identification of families that could benefit from FV

Success Story

(provide an example of how the practice and FV team have been able to work together to provide support to a shared family).

After case conference, HFA supervisor shared resource for Heimlich and choking education for all home visitors to share with families. One family was given additional feeding support in October to address concerns related to starting solids. FSW was able to assist mom in feeding purees with a spoon and gave in home guidance and recommendations.

Team Updates

Westerly Parents as Teachers and Westerly Medical Center/Dr. Susan Stuart

Practice and Family Visiting Progress Updates

Describe your process for referral?

- Including the process for identifying families for referral to Family Visiting
- Dr Stuart may identify a family eligible for services based on missed appointments, child with health issues, child with behavioral issues, a child who is referred to Early Intervention, a family that would benefit from socialization.
- Children 0 – 36 mos (referrals to early intervention, but may also be appropriate for FV; FV can do co-visits with early intervention/ and support initial enrollment into EI)

How many referrals have been made?

One newborn referral was accepted at the end of October.

Are you using the new KIDSNET reports?

- Monthly checking Characteristics/high risk report – kids up to age 3 and FV KIDSENT reports

Describe your process for joint care coordination

- Identification of individuals at PAT, the related services and KIDSNET reports has been helpful
- Beneficial to have open communication between Dr. Stuart and Westerly PAT, monthly case conferences

Practice and Family Visiting Updated PDSA

Improving care coordination between Westerly Medical Center/Dr. Stuart & Family Visiting

Aim Statement: By November 2023, we will have identified point people and conducted our first case conference, as well as developed a plan for documenting family visiting and case conference information for 4 to 5 shared families with Westerly Parents as Teachers (PAT)

First formal case conference: October 31, 2023

PAT team met with Dr Stuart today. We discussed our shared participants. We currently share 4 families 6 children total. Maria asked if Dr Stuart would take on a newborn that she just received as a referral. Dr Stuart agreed to taking on the family. Maria to attend the well visit next week with the family.

Best Practices and Opportunities for Improvement

List 1-2 successes and opportunities for improvement

- We met for care coordination and will meet monthly moving forward.
- Dr Stuart took a PAT newborn referral and will work with Maria to help support this family.
- PAT team suggested Dr Stuart to review any possible referrals for the home visiting programs.

Success Story

Maria's participant was 32 weeks pregnant when she asked Maria for support on getting a local pediatrician due to transportation barriers. Maria called Dr Stuart to see if she was able to make an exception and take on a new family not already in the practice. Dr. Stuart kindly took on this family knowing that this family is a part of the Parents as Teachers program.

During our monthly care coordination meeting, Maria shared information and concerns she had about the family, and they made plans to have Maria join the next well check visit. Maria joined the November 3rd appointment with the family. Maria was able to help with translation and they were all able to coordinate to support the family effectively and with the information they needed. Mom shared with Maria that she feels confident that her son will receive great support knowing that the PAT program and Dr Stuart are a team.

Team Updates

CNE FCC and Childrens Friend

Practice and Family Visiting Progress Updates

- Describe your process for referral?
 - KIDSNET report run every 6 weeks
 - Epic Sticky Note and Patient list to track
 - Dulce graduates
 - Have made several referrals back and forth
 - Referrals with state form or direct conversation
- Describe your process for joint care coordination
 - Monthly meetings with interval check ins
 - Children's friend attending visit with parent/baby
 - Resident doctors attending home visits with Children's friend

Practice and Family Visiting Updated PDSA Children's Friend and CNE Family Care Center

- Continuing to meet monthly for case conferences in conjunction with practice's DULCE meetings—some in person and some virtually.
- Updates on cases in common and coordinating referrals for other services such as Early Intervention
- Children's Friend worker, most often Maggy, and Jalyn communicating about client needs outside of case conferences as needed
- FCC intern shadowing a family visitor one morning a month. Family visitor sharing information on family visiting in general and how to make referrals and giving them written materials to keep on that process

Best Practices and Opportunities for Improvement

- Intern shadowing family visitors once a month going well
- Helpful to have a point person for care coordination between case conferences
- Have been able to refer family visiting families to the practice
- Working to improve identifying families at the practice to refer to family visiting
- Tracking family participants through standardized system in Epic

Success Story 1

Children's Friend had a mom who gave birth and was randomly assigned to a pediatrician by the health insurance as she did not have an established pediatric relationship prior to baby's birth. Mom was struggling to get in contact with the assigned practice. We were able to switch her over to the Family Care Center with Jalyn's help and got her a quick appointment, as well as appt for mom. Jalyn was also able to set up transportation for her as well. Language barrier and access to phone major barriers- multiple practices had stopped trying to contact her

Success Story 2

Helping a refugee family of 5 that was working with Maggie. All three children and the mother have established care at FCC practice after receiving poor care at another facility.

All three children have successfully attended Well child check's and are up to date on all vaccines. Mother has established care at FCC and has now received post-partum care. Mother has been gifted clothing for all three children and is able to use uber transportation to and from all appointment for her care and her children.

RI Data

Timeframe: March 1, 2023 – September 30, 2023

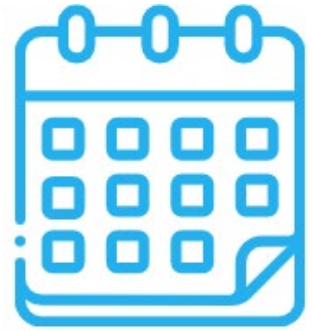
| Family Visiting | % of enrolled children who had their most recent well child visit |
|-----------------------|---|
| Children’s Friend HFA | 93% |
| CCAP HFA | 91% |
| Westerly PAT | 90% |



Long wait times for CNDC and Early Intervention

How can we use Family Visiting as a bridge to support the family and the developmental needs of the child?





Next Steps

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|---|--|---|--|
| Practice/FV team will agree on and commit to sustainable expectations and processes | December 2023: Virtual Meeting with PF | Test accompanied visit, if applicable. Establish collaborative agreements between new teams | Provide teams with Collaborative Practice Agreement Template |
| Post-program survey results will demonstrate improvement in understanding FV, and teams will have a sustainable process for care coordination | January 2024: Case conferences | Complete post-program survey | Post survey |
| Improvement in understanding FV programs and sustainable process for care coordination | February 2024 Joint meeting (Cohort 3 and 4) | <p>Cohort 4 joins meeting to see how Cohort 3 integrated care coordination, improved well-child care, and increased referrals to family visiting program and will learn about their experiences with accompanied visit if applicable;</p> <p>RIDOH shares improvement in referrals and well-child visits in cohort 3.</p> <p>Dyads share successes and challenges; If Cohort 4 attends: Pediatric practices share efforts to assess and increase staff FV knowledge RIDOH will demonstrate how to generate KIDSNET FV reports.</p> | |

February 26, 2024 – Cohort 3 & 4 Quarterly Learning Collaborative Meeting

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