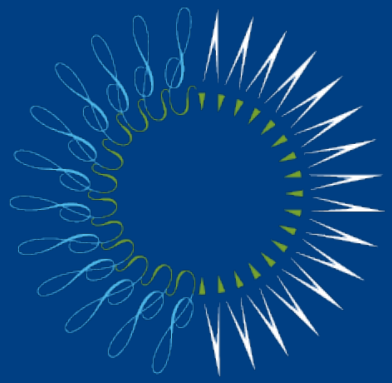

THE PEW CHARITABLE TRUSTS

Getting from Good to Great in Home Visiting: Systems Coordination

THE PEW HOME VISITING CAMPAIGN

partners with policy makers and advocates in promoting smart state and federal investments in quality, home-based programs for new and expectant families

Our research agenda is made possible by the Doris Duke Charitable Foundation and the Children's Services Council of Palm Beach County.

Learn more at pewcenteronthestates.org/homevisiting

THE PEW CENTER ON THE STATES

The Pew Center on the States is a division of The Pew Charitable Trusts that identifies and advances effective solutions to critical issues facing states. Pew is a nonprofit organization that applies a rigorous, analytical approach to improve public policy, inform the public and stimulate civic life.

www.pewcenteronthestates.org

PEW HOME VISITING CAMPAIGN WEBINAR SERIES

A series of five webinars highlighting promising practices in administering state home visiting systems:

1. **Using Evidence to Guide and Direct State Home Visiting Investments:**
2. **Implementation, implementation, implementation**
3. **Evaluating for Impact**
4. **Systems Coordination**: Successful state efforts to centralize intake, standardize policies and procedures, identify core indicators and performance measures, and train home visiting professionals.
5. **Scaling up**: Examples of states' strategic thinking around creating a statewide system of home visiting and expanding services to reach all eligible families.

Panelists

Sunday Gustin

Home Visiting Program Manager
New Jersey Department of Children and Families
Division of Prevention and Community Partnerships

Velva Dawson

Deputy Director, Central NJ Maternal and Child Health Consortium

Catherine Bodkin

Chair, Virginia Home Visiting Consortium

Barbara Newlin

Early Childhood Development Manager, City of Richmond, Virginia

New Jersey

New Jersey Home Visitation Initiative

Sunday Gustin, RN, MPH
Office of Early Childhood
NJ Department of Children & Families
Division of Prevention & Community Partnerships
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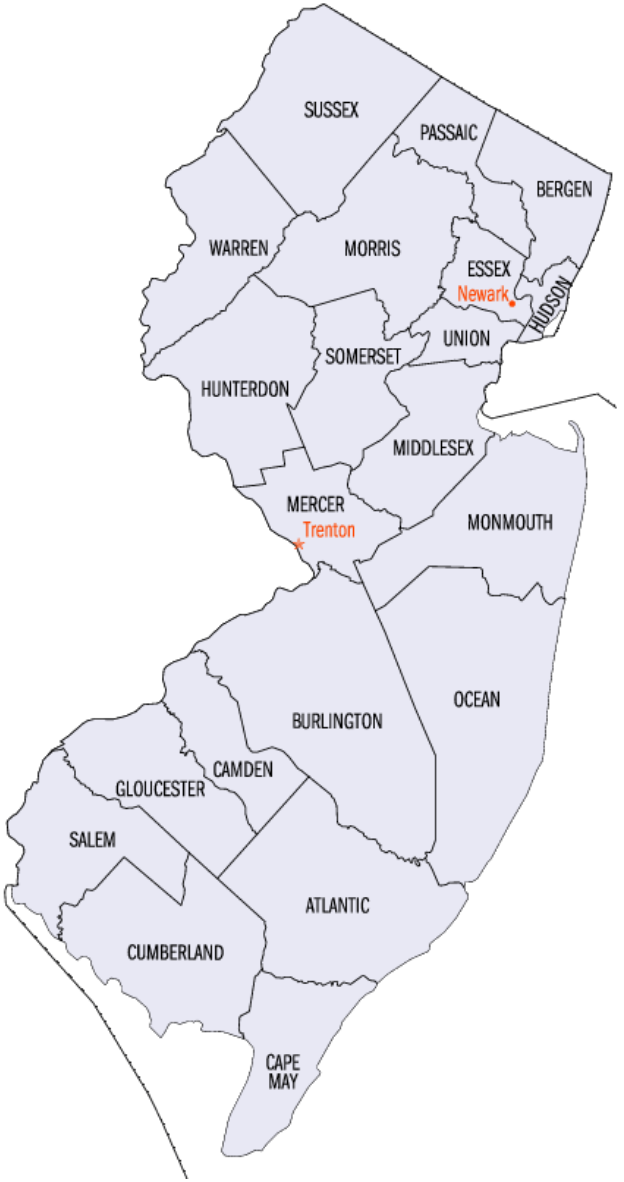


New Jersey – *The Need for Home Visiting Services*

In NJ, Total Annual Births = 113,652 *(2005 MCH data)*

- 37% are first-time births 42,000
- 30% are births to single women 34,000
- 24% are births to women on Medicaid 27,000
- 6% are births to teens age 10 to 19* 7,000

NJ Total Annual CPS Referrals (all ages) = 50,000 *(based on 2009 data) (approximate)*

- 34% of substantiations are age 5 or younger 16,623
- 18% of substantiations are age 2 or younger 9,000

Evidence-Based Home Visitation (EBHV) in NJ

DCF supports 34 EBHV sites - Capacity of 3,000 families

- 23 Healthy Families (HF) – 1,950 families over all 21 counties
- 9 Nurse-Family Partnership (NFP) – 900 families in 12 counties
- 3 Parents As Teachers (PAT) – 150 families in 3 counties

Ensure Collaboration & Coordination with ALL HV programs

- Federal Early Head Start (EHS) program – expansion in progress

Other Local Programs

- Family Connections (1 site) – targeting a special needs population
- Parent-Child Home (1 site) – targeting preschool families
- HIPPY--Home Instruction for Parents of Preschool Youth (1 site)
- Local Preschool PAT programs (several sites)

New Jersey DCF-Funded EBHV Models

Common Model Elements:

- **Research-driven models**
- **Visits begin early – prenatal/birth**
- **Voluntary participation of families**
- **Frequent, long-term home visits**
  (begin weekly, then decrease over time)

Core design includes a focus on:

- **Prenatal & Parent Health**
- **Infant Child Health & Development**
- **Parent Education / Parent-Child Interaction**
- **Parent / Family Social Support**
- **Early Literacy / School Readiness**

healthy families america®

Nurse-Family Partnership
Helping First-Time Parents Succeed

PARENTS AS TEACHERS®

New Jersey DCF-Funded EBHV Models

	NFP	HF	PAT
Target Population	Low income, 1st time mother-to-be	Any at-risk pregnant woman/mother/family	Any at-risk pregnant woman/mother/family
Enrollment Criteria	Early in pregnancy; no later than 28 weeks of gestation	During pregnancy or at birth; TANF families may enroll later in infancy	During pregnancy, at birth, or anytime up to age 3
Duration	Pregnancy to age 2	Pregnancy/birth to age 3	Enrollment to age 3
Staffing	Registered Nurses	Family Support Workers	Parent Educators
Caseloads	25 families (maximum)	15 to 25 families (maximum)	25 families (maximum)

NJ Quality Improvement Performance Targets

PROCESS
Reach Capacity / Prenatal Entry
Completed vs. Expected Visits
Participant Retention

IMPACT
Prenatal & Postpartum Appts / WIC
Interconceptional / Primary Care
CHIP / Well-Child Care / WIC

OUTCOMES
Improve Breastfeeding Rates
Reduce Subsequent Pregnancy / Rapid Repeat Pregnancy
Parent-Child Interaction / Reduce Abuse & Neglect
Quality of Home Environment for Learning / Promote Early Literacy
Path to Self-Sustainability thru Education and/or Employment

Integrating EBHV into a System of Care

NJ Statewide Home Visitation Workgroup

- Child Abuse & Neglect Task Force

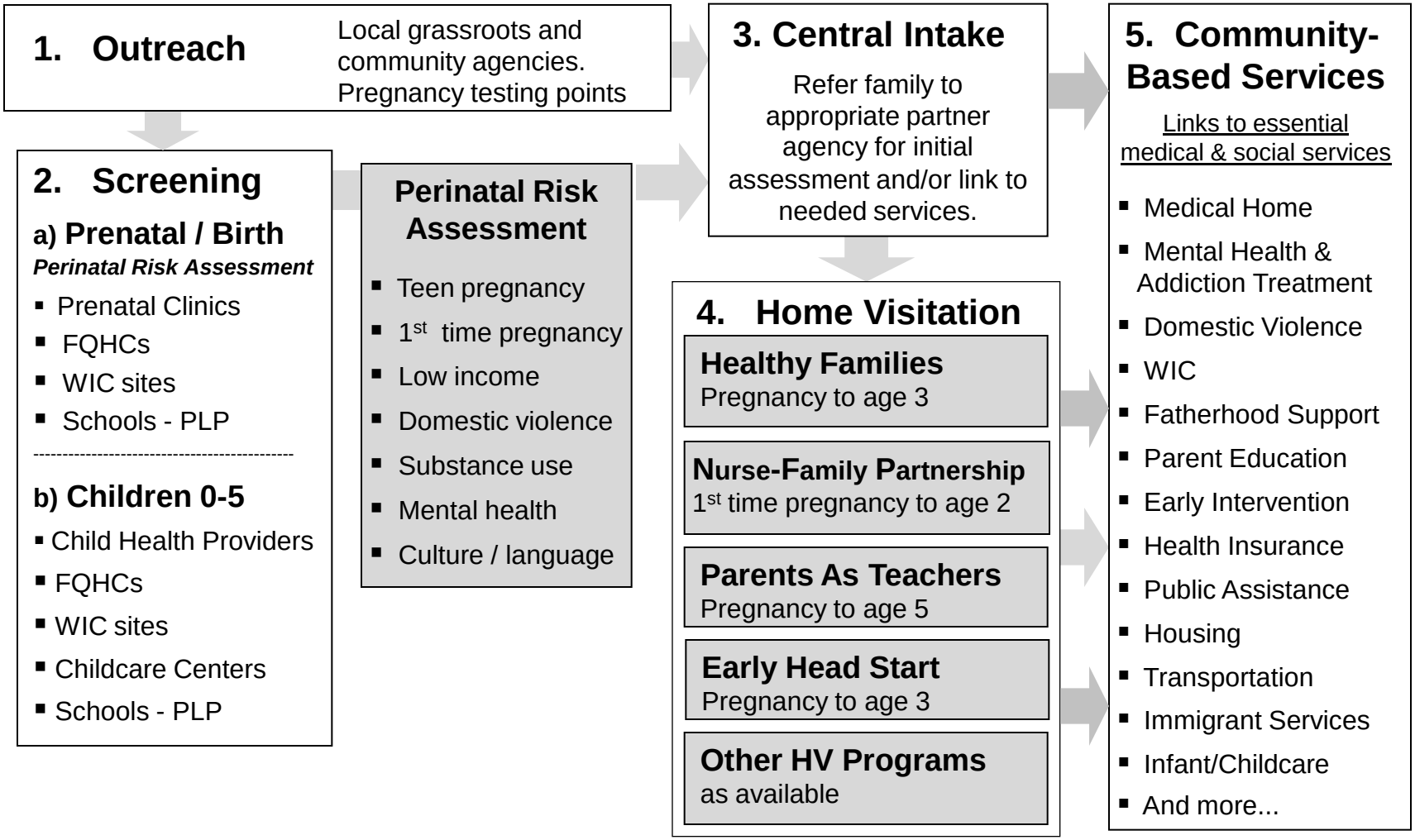
State Level Partners

- Children & Families – Prevention, CPS, CBHS
- Human Services –TANF, Medicaid, Addiction/MH
- Health – Maternal and Child Health (Title V)
- Juvenile Justice – Prevention
- Education – Early Childhood / Early Head Start
- Model Developers – HF, PAT and NFP
- Others – Funders, Early Childhood Advocates

2010—Maternal, Infant & Early Childhood (MIEC) Home Visiting

- Lead Administrative Agency – Dept. of Health & Senior Services
- Implementing Agency – Dept. of Children & Families / Prevention

NJ Comprehensive Prevention System



EBHV Systems-Building in New Jersey

Key Features:

- Locally planned and implemented – Lead coordinating agency
- State level support and technical assistance
- Core local partners include prenatal/behavioral/health providers, EBHV, social services, early childhood (interagency agreements)
- Includes a central intake function to simplify/streamline the referral process for providers
- Reduces duplication of services
- Enables EBHV programs to focus on home visiting
- Supports NJ's goal of universal prenatal risk assessment (PRA)
- Tracking system for incoming and outgoing referrals

EBHV Systems-Building in New Jersey

Systems-Building Objectives

- Increase prenatal referrals to EBHV programs
- Local EBHV programs reach capacity
- Improve coordination between EBHV models
- Improve links to other community programs

Current NJ Systems Sites

- 4 Existing Sites – Trenton and Camden *(federal Healthy Start funds)*
  Passaic and Tri-County *(small DCF-funded sites)*
- 2 New ACF Sites – Essex County *(includes city of Newark)*
  Middlesex/Somerset Counties

Local Overview - *Velva Dawson, Central NJ MCH Consortium*

Middlesex/Somerset County Central Home Visitation System

Ensuring a **Legacy of Health**
One *Family at a time*

Velva Dawson, MPA
Deputy Director

Central New Jersey
Maternal and Child
Health Consortium

PURPOSE

- Provides pregnant women and parents with early linkages to evidence-based home visitation (EBHV) services and other community-based programs
- Works to improve coordination among home visitation providers
- Develops uniform client data collection and analysis
- Provides linkages to other supportive services in the region

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Maternal and Child
Health Consortium

Benefits

- Provides single point of entry for referrals
- Utilizes a comprehensive, standardized form
- Referrals placed into appropriate program within 72 business hours
- Form easily administered by referral provider
- Provider can include notes regarding client's special needs
- Enhances communication and partnership opportunities
- Monitors duplication of services
- Universal Perinatal Risk Assessment

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Maternal and Child
Health Consortium

Home Visitation Program Partners

Evidence-Based Home Visitation programs that clients are currently referred to include:

- Somerset County Parents as Teachers Program
- Healthy Families/TIP-Middlesex/Somerset Counties
- Nurse Family Partnership
- Parent-Child Home Program
- Healthy Families-Perth Amboy

Central New Jersey
Maternal and Child
Health Consortium

Community Partners: Referral Providers

Essential piece: Partnerships with providers and community-based organizations to enhance advocacy for patients and clients

- Prenatal and pediatric providers
- Schools/Educational facilities
- County Service Providers
- Community Programs
- Mental Health Providers
- Insurance HMOs
- Home Visitation Programs

Central New Jersey Maternal and Child Health Consortium

Community-Based Referral Form

Used to refer Middlesex and Somerset County residents to:

- Somerset County PAT
- Healthy Families-TIP
- Nurse Family Partnership
- Parent-Child Home Program
- Healthy Families-Perth Amboy

Home Visitation Program Referral

Fax to (732) 937-5540

Date: _____

Guidelines & Instructions
The Middlesex/Somerset Central Home Visitation System places referred women and families into the appropriate home visitation program based on program eligibility factors. *The form is to be completed by the referring agency and parent/guardian must sign the consent statement.* Upon completion, please fax to the Central New Jersey Maternal and Child Health Consortium at (732) 937-5540 to the attention of **Caitlin Sulley**. Accurate completion of all information will expedite referral to the appropriate program.

Please Print Neatly
Parent/Guardian's Information

First Name: _____ **Last Name:** _____ **Middle Initial:** ___ **Date of Birth:** ___ /___ /___

Street Address: _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Home Phone: _____ **Cell Phone:** _____

Best time to reach by phone: ☐ Morning (8am-12pm) ☐ Afternoon (12pm-5pm) ☐ Evening (5pm-8pm)

Primary language spoken: ☐ English ☐ Spanish ☐ Other: _____

Client Type: (choose one)	**Race/Ethnicity:** (choose one)
☐ Pregnant-*estimated date of delivery*: ___ / ___ / ___	☐ White non-Hispanic
☐ Postpartum (up to 2 months after birth)	☐ Black non-Hispanic
☐ Infant-*child's date of birth*: ___ / ___ / ___	☐ Hispanic/Latinos-*ethnicity*: _____
☐ Female of childbearing age (pre/interconception-not pregnant now)	☐ Asian
☐ Father	☐ Native American
	☐ Other-*specify*: _____
Services Received or Eligible for: (select all that apply)	**Is client first-time mother/parent?** (choose one)
☐ TANF	☐ Yes
☐ WIC	☐ No
☐ MediCaid	
☐ Food stamps	
☐ Other-*specify*: _____	

Provider/Agency/Facility making referral: _____

Person Making Referral: _____ **Title:** _____

Phone Number: _____ **Fax:** _____

Client Consent Statement (*Autorización de Revelo del Cliente*):
I give my permission to share the information on this referral form with the providers listed on the back of this form.
(*Yo doy permiso/derecho a que se utilice la información del proveedor y referido que se menciona detrás de este formulario.)*

_____
Parent/Guardian's Signature (*Padres/Firma de Guardián*) Date (*Fecha*)

Comments: _____

Please fax to the Middlesex/Somerset Central Home Visitation system at **(732) 937-5540**
at the Central NJ Maternal & Child Health Consortium to the attention of **Caitlin Sulley**.

Front page

Central New Jersey Maternal and Child Health Consortium

Community-Based Referral Form

Lists program information, supervisor contacts

Free and Voluntary Home Visitation Programs for Maternal and Child Health

Note to providers: Parent/guardian will be referred to one of the following home visitation programs and contacted by outreach staff. If parent/guardian is ineligible for a program, information will be provided regarding additional community resources.

Nurse-Family Partnership (NFP)
United Way of Central New Jersey, Visiting Nurse Association of Central Jersey

NFP is a national evidenced based nurse home visitation program that improves the health of low-income first time parents and their children residing in Middlesex County and Franklin Township. The program is voluntary and no cost to client. Enrollment to the program is early in the pregnancy (before the 28th week). NFP will work with the mother and family until the child's 2nd birthday. *Bilingual staff*

32 Ford Avenue Milltown, NJ 08850
Phone-(732) 247-3727 ext. 36 Contact Person: Colleen Nelson

Healthy Families (HF)-TANF Initiative for Parents (TIP) Middlesex and Somerset County
Central New Jersey Maternal and Child Health Consortium

HF is a free and voluntary home visitation program for pregnant moms or moms with infants under 3 months of age. The HF-TIP Program targets parents receiving TANF or GA benefits through the Department of Social Services. Participants may enroll during pregnancy until the child's 3rd month. *Bilingual staff*

2 King Arthur Court, Suite B, North Brunswick, NJ 08902
Phone-(732) 937-5437 Contact Person: Myrna Torres

Healthy Families (HF), Perth Amboy
Visiting Nurse Association of Central Jersey

HF Perth Amboy is a free and voluntary intensive home visitation program by specially trained family support workers that provide education, support and parenting skills to parents and their children who reside in Perth Amboy. Referrals will be taken during the mother's pregnancy through the child's third month of life. HF Perth Amboy will work the mother and family until the child's 3rd birthday. *Bilingual staff*

313 State Street Suite 416 Perth Amboy, NJ 08861
Phone-(732) 362-8040 Contact Person: Elba Pesquera

Somerset County Parents as Teachers (PAT) Program
Somerset County Office of Youth Services, Central New Jersey Maternal and Child Health Consortium

Somerset County PAT Program is a free and voluntary home visitation program serving pregnant women and families with children 0-3 years of age. The program believes that parents are their children's first and most important teachers and provides services including education, support, and referrals to community resources. Participants must reside in Somerset County and may enroll until the child is 2 years old. *Bilingual staff*

27 Warren Street Somerville, NJ 08876
Phone-(732) 704-6313 Contact: Linda Porcaro

Parent-Child Home Program (PHCP)
United Way of Central New Jersey

PHCP is a free and voluntary evidence-based home-based program serving families with children of 16-36 months who are at risk of educational disadvantage and reside in Middlesex County or Franklin Township. A trained Home Visitor visits a client's home for one-half hour two times per week. The Home Visitor brings a book or toy to the home and demonstrates its usage to promote early literacy skills, social emotional development, and stronger interaction between parent and child. *Bilingual staff*

32 Ford Avenue Milltown, NJ 08850
Phone-(732) 247-3727 Contact Person: Sara Spatz

For any questions on this form or the referral process, please contact Caitlin Sulley at (732) 937-5437.

Back page

Central New Jersey Maternal and Child Health Consortium

Is client pregnant?

- Yes
  - Was client referred by BOSS?
    - Yes → HF-TIP
    - No
      - Is client less than 28 weeks pregnant?
        - Yes → NFP
        - No
          - Does client live in Perth Amboy?
            - Yes → HF-PA
            - No → HF-TIP
- No
  - Was client referred by BOSS?
    - Yes → HF-TIP
    - No
      - Is child less than 3 months old?
        - Yes
          - Does client live in Perth Amboy?
            - Yes → HF-PA
            - No → HF-TIP
        - No
          - Is child between 16 and 36 months?
            - Yes → PCHP
            - No
              - Is child older than 36 months and ineligible for pre-k?
                - Yes → PCHP
                - No → Not eligible for services

Central New Jersey Maternal and Child Health Consortium

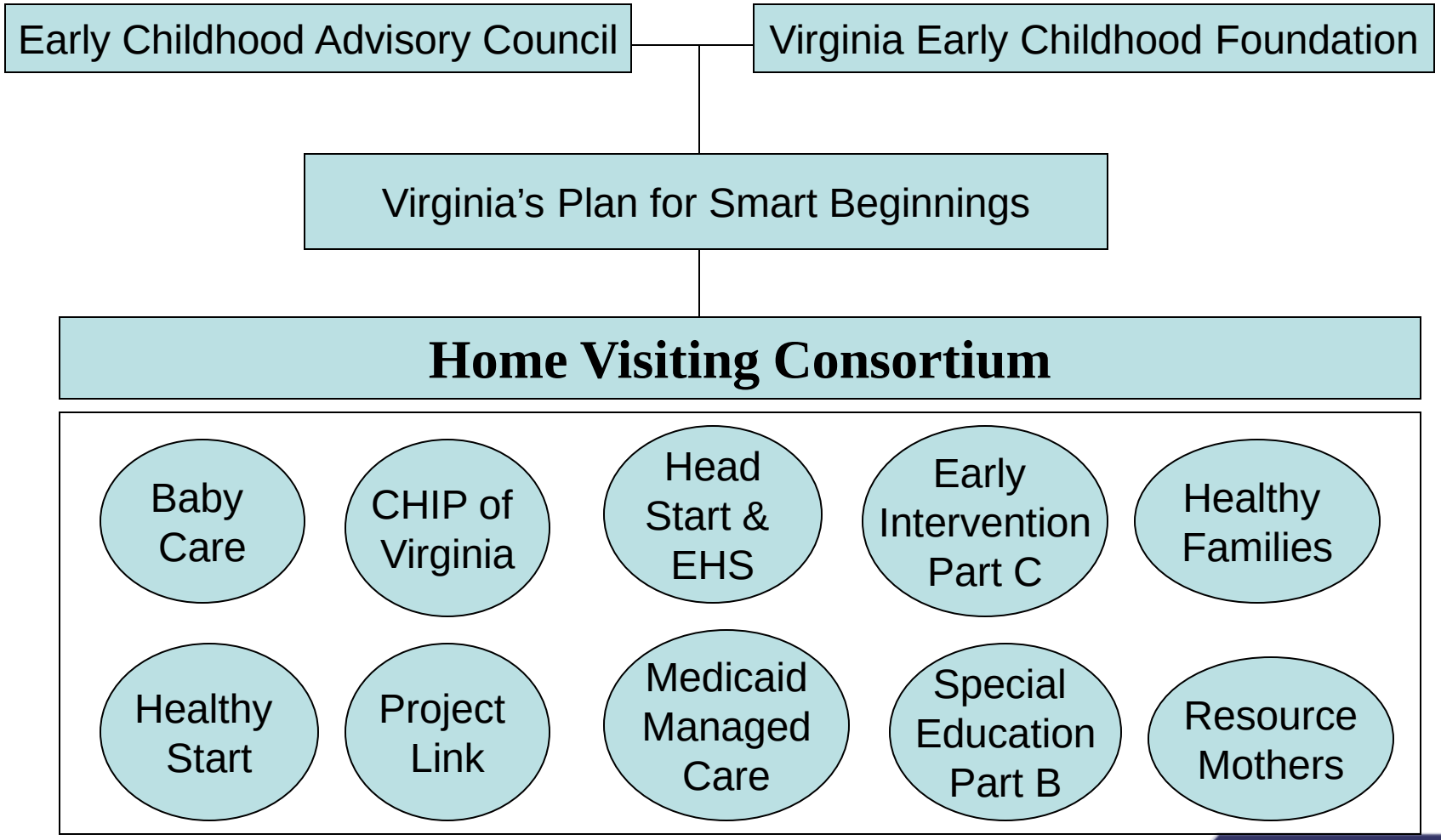
Implementation Stages

- Develop local advisory group
- Establish referral agreements
- Develop universal referral form and risk assessment
- Coordinate referrals to appropriate providers
- Ongoing network and resource development

Central New Jersey
Maternal and Child
Health Consortium

Virginia

Virginia Home Visiting Consortium



Collaboration
Building Quality and Efficiency

Infrastructure

- Interagency MOA committing Resources
- HVC Website
- HVC Logic Model

Workforce Development

- Supervisory Support
- Core Training

Data Collection

- ACA Home Visiting Needs Assessment
- Pilot Collection Design

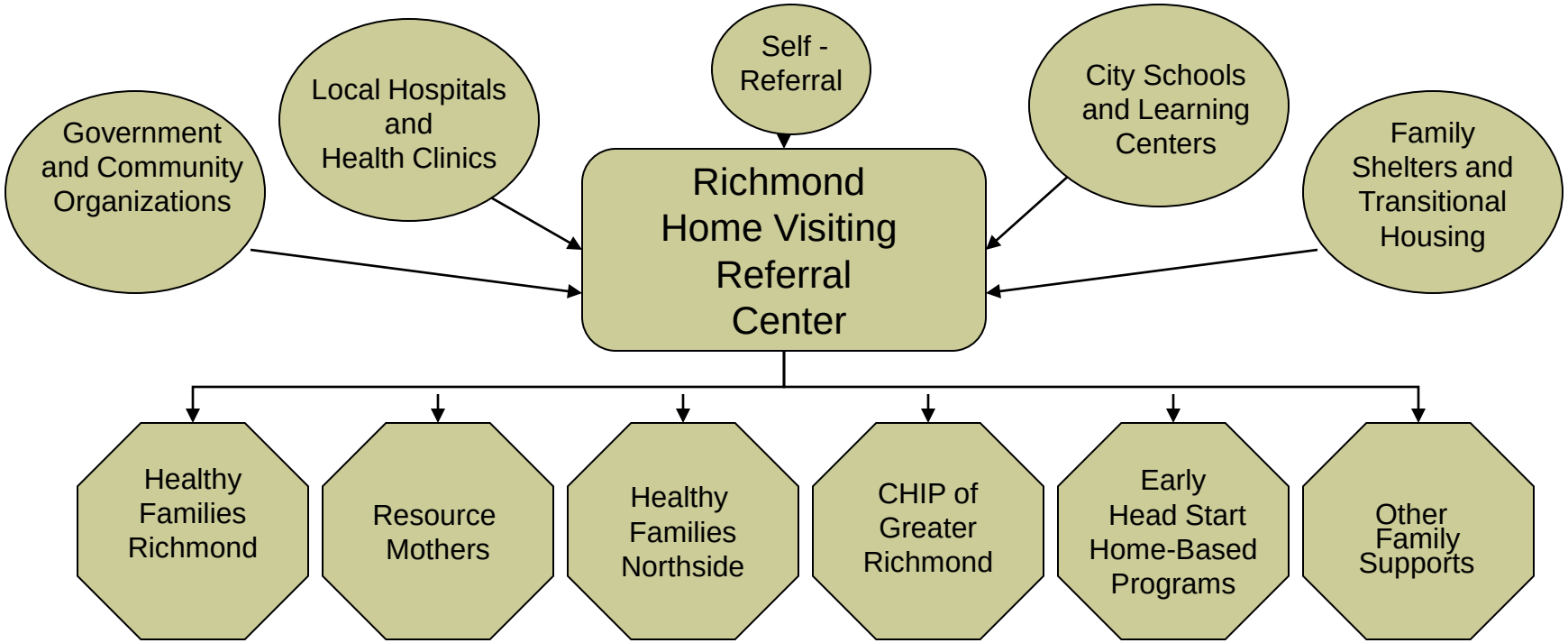
Screening and Referrals

- Behavior Risk Screen Implementation
- Ages and Stages Implementation

Partnership Projects

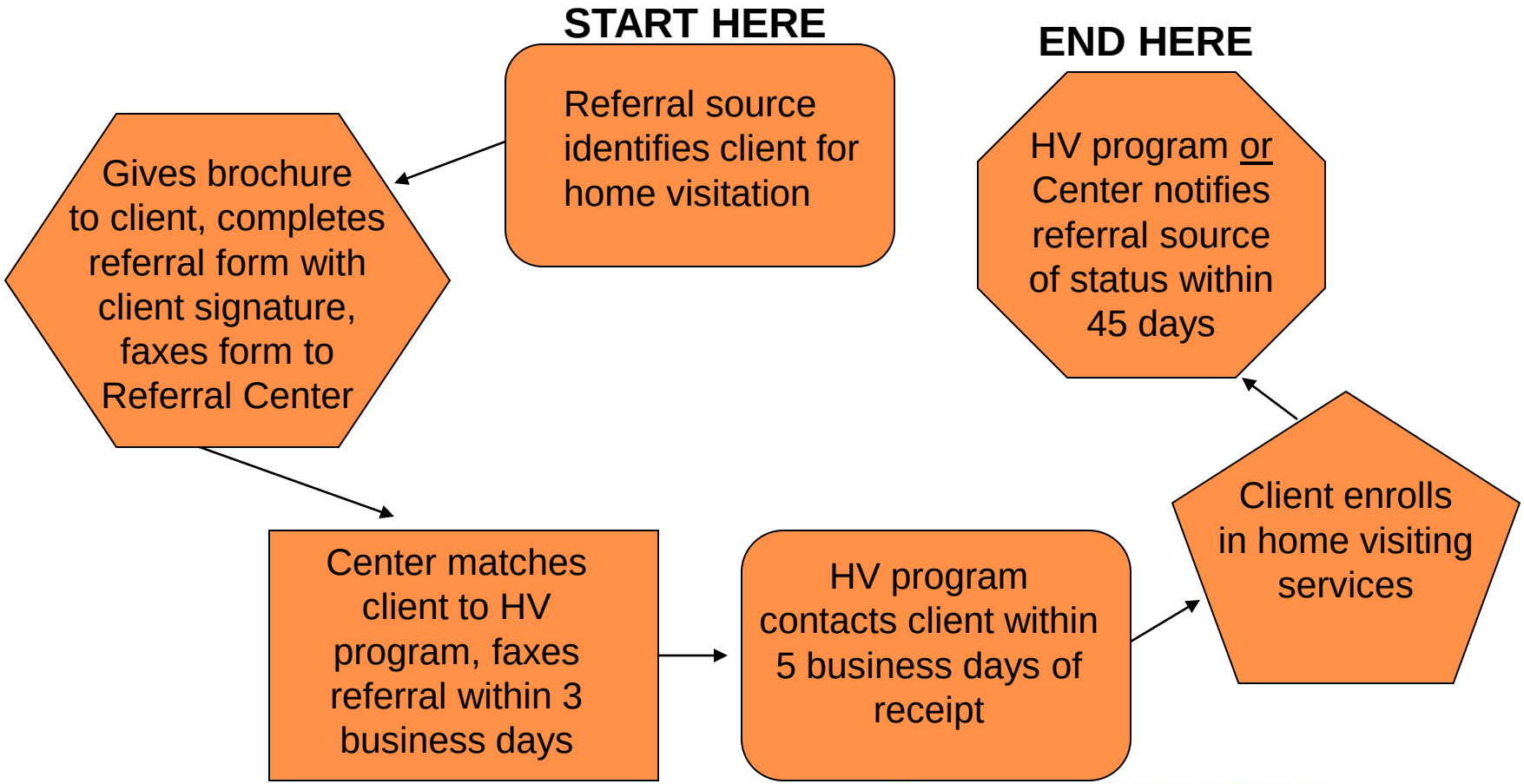
- Virginia System Improvement Project
  Connecting to a Medical Home
- Project Connect
  Lifelong Exposure to Violence
- “Healthy Homes” Environmental Health
- Oral Health Workforce Development
- Cross Cutting Professional Development
- Early Childhood Data System

Richmond Home Visiting Referral Center



City of Richmond
Early Childhood Development Initiative

The Referral Pathway



City of Richmond
Early Childhood Development Initiative

Home Visitor Training

- Trauma Response and the Impact of Childhood Trauma: An Overview of Mental Health Services for Young Children
- Establishing Paternity and What are my Parental Rights?
- From Homelessness to Home: Services and Supports for Families in Transition
- Medicaid, Temporary Assistance to Needy Families (TANF) and Social Security Disability Insurance (SSDI)
- Part B and IEP Advocacy: Navigating for the Special Needs of Young Children

City of Richmond
Early Childhood
Development Initiative

Results of Collaboration

- Enhanced awareness of home visiting services
- Streamlined referral that connects families with "best fit" program
- Enhanced working relationships
- Consistent communications
- Training that specifically addresses needs of local visitors
- Identification/resolution of critical issues
- Prototype for regional model
- Joint pursuit of funding
- Increased number of families served

Contact Information

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sunday.gustin@dcf.state.nj.us

Velva Dawson
vdawson@cnjmchc.org

Catherine Bodkin
catherine.bodkin@vdh.virginia.gov
www.homevisitingva.com

Barbara Newlin
barbara.newlin@richmondgov.com

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