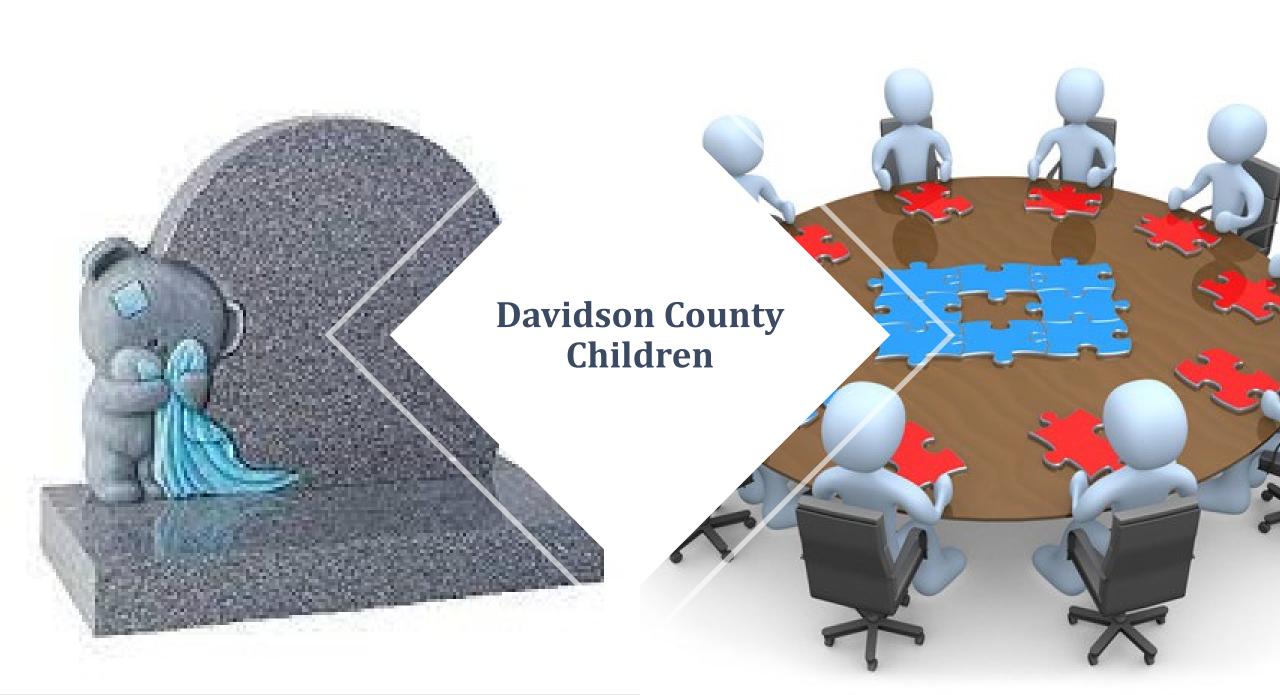
Universal Referral for Home-Visiting and Care Coordination Services

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> Prepared for Board of Health May 12, 2022



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Protect. Improve. Sustain. All. People

Universal Referral Coordinated Approach: (July 2022-Sept. 2022)

- 1. Appropriate MPHD staff complete Universal Referral Process Training in LMS
- 2. Staff offer an opt-out referral during client encounter
 - Pregnant women/birthing people
 - Recently delivered families
 - Families with a child up to 21 years old
- 3. Staff complete the Central Referral System form
- 4. Central Referral System team assigns families to appropriate services
- 5. Assigned home-visiting service contact family for follow up
- 6. Central referral shares outcome of referral with MPHD staff

Coordinated Approach Expansion: (Oct-Dec 2022)

*Dr. Wright shared high level approach with Department Heads, September 2021

- 1. Expand pilot process to Juvenile Court- Safe baby court
- 2. Expand to all appropriate Metro agencies

CFR Universal Referral Workgroup

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Universal Referral for Home-Visiting & Care Coordination Services Infant Mortality Rate Infant Deaths Infant Mortality Disparity Ratio 5.5 ■ Caucasian ■ African American Other, 4% 2.1 2015 IMR 11.8 Cong. Anom., 33% Sleep, 27% 2019 IMR Preventable **2015 2019** deaths2 7.6 per 1,000 live births, 2019³ Difference in African American and Premature, 36% Caucasian infant mortality rates, 20193



INFANT DEATHS REVIEWED

- □ ~ 3 out 4 deaths (71%) lack evidence of home-visiting services¹.
- ☐ Child Fatality Review expertise indicates that homevisiting would have been an appropriate intervention that could have prevented death in most ageappropriate cases reviewed¹.



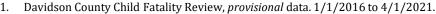
COORDINATED APPROACH

- ☐ Offer **all** families a home-visiting referral (opt-out)
- ☐ Universal referrals ensure that all Davidson County residents are **aware** of the covered benefit available to them and have an **opportunity to engage** in services that meet their **family needs**.



EXECUTIVE LEADERSHIP REQUEST: ACT

- **Adopt** opt-out referral for all appropriate services
 - ☐ Family Planning, Sexual Health
 - Dental, School Health
 - Presumptive Eligibility, Health Access
 - WIC, Immunizations
 - Community Health Workers
- □ Charge managers with integrating process into services by July 1, 2022
 - LMS training
 - Documented integration
- ☐ **Track** performance (dashboard)



- 2. Evidence-based home-visiting improve maternal and child health outcomes. Https://homvee.acf.hhs.gov/last accessed 4/19/2022.
- 3. Davidson County Child Death Review Data Report, 2019. Nashville, TN; Metro Public Health Department of Nashville/Davidson County





Universal Referral for Home-Visiting & Care Coordination Services: Coordinated Approach



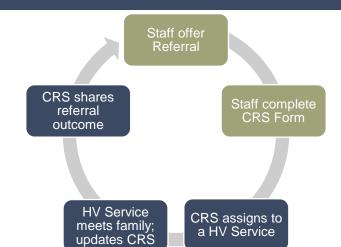
COORDINATED APPROACH: MPHD PILOT (JULY 2022 - SEPT. 2022)

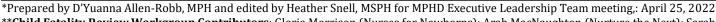
- 1. Appropriate MPHD staff complete Universal Referral Process Training in the Learning Management System (LMS)
- 2. Staff who offer an opt-out referral during client encounter
 - ✓ Pregnant women/birthing people
 - ✓ Recently delivered families
 - ✓ Families with a child up to age 21 years of age
- 3. Staff complete the Central Referral System form
 - ✓ Client accepted referral
 - ✓ Client did not accept referral
- 4. Central Referral System team process in-coming forms and assign families to appropriate service when applicable
- 5. Assigned home-visiting service contacts family for follow up
- 6. Central Referral shares outcome of referral with MPHD staff



COORDINATED APPROACH: METRO EXPANSION (OCT. - DEC. 2022)

- 1. Expand pilot process to Juvenile Court Safe Baby Court
- 2. Expand to all appropriate Metro agencies





**Child Fatality Review Workgroup Contributors: Gloria Morrison (Nurses for Newborns); Arah MacNaughton (Nurture the Next); Sarah Loch (Firefly); Mira Hanna (Nurture the Next); Yolonda Radford (MPHD); Heather Snell (MPHD Facilitator), Dr. Fonda Harris (MPHD), Angela Williams (MPHD); D'Yuanna Allen-Robb (MPHD Facilitator); Larry Sutton (MPHD)

