

The background of the slide is a light gray gradient with several realistic water droplets of various sizes scattered across it. The droplets have highlights and shadows, giving them a three-dimensional appearance.

FAMILY CARE...

IN-HOME

MULTI-DISCIPLINARY

CLIENT-DRIVEN

PUBLIC HEALTH CASE MANAGEMENT

MONTANA'S LARGE LOCAL HEALTH DEPARTMENTS



“

Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today

Dr. Robert Block, the former President of the American Academy of Pediatrics

”

“The short answer is there is general expert consensus that it is somewhere between economically worthwhile and imperative to invest more heavily, as a proportion of both local and national spend, in the very earliest months and years of life.”

(Flourish Project 2018, flourishproject.net), Wave Trust 2013, Conception to age two, the age of opportunity , Appendix 4

**THERE IS AN ECONOMIC BURDEN AND LIFELONG IMPACT
OF ADVERSE CHILDHOOD EXPERIENCES**

(FLOURISH PROJECT 2018,
FLOURISHPROJECT.NET)





MATERNAL CHILD HEALTH HOME VISITING

AND MISSING LINKS...

TCM FOR PREGNANT WOMEN

LIMITED CAPACITY DUE TO SOLE SOURCE OF BILLABLE/NON-GRANT REVENUE

NURSE FAMILY PARTNERSHIP (LIMITED BY CASELOADS/DOLLARS)

LOW INCOME, FIRST TIME MOTHERS, GESTATIONAL LESS THAN OR EQUAL TO 28 WEEKS

UNIVERSAL HOME VISITING

NEW MOTHERS, (DURHAM CONNECTS MODEL)

EARLY CHILDHOOD INTERVENTION (886 SERVED ANNUALLY)

MILESTONE SUPPORT

TCM FOR CHILDREN WITH SPECIAL HEALTH CARE SERVICES

TYPICALLY CONNECTED TO PART C AND/OR PCP AND SPECIALIST

FIRST YEARS INITIATIVE

CHILD AND FAMILY SERVICES ENGAGED PARENT OR CHILD

PARENTS AS TEACHERS (LIMITED BY CASELOADS/DOLLARS)

LOW INCOME WITH OTHER RISK FACTORS

SAFE CARE

FOSTER ADOPTIVE OR KINSHIP PLACEMENTS

FAMILY CARE

WITH QUALIFYING FACTORS BASED ON PREVIOUS TCM, DEPENDENT UPON INTERVENTION

QUALIFIERS

PREGNANCY THRU 8 WEEKS POST-PARTUM

2 YEARS

1-4 VISITS

UP TO 36 MONTHS

LIMITED ELIGIBILITY

2 YEARS

2 YEARS

8-20 WEEKS

0-5

Current Evidence Based Models...



Parents as Teachers®

SafeCare®

EVIDENCE BASED HOME VISITING, FY 2017

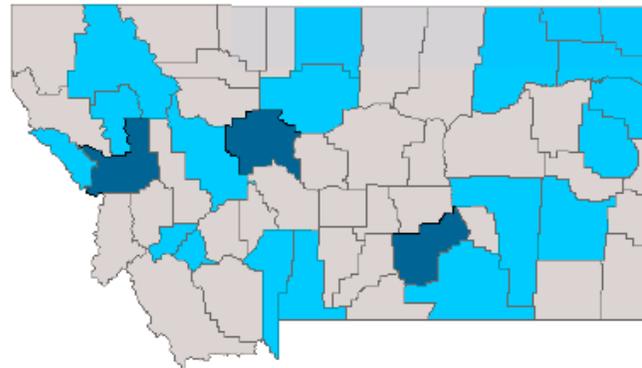
Montana MIECHV Program At-a-Glance

■ Rural counties:

Big Horn, Chouteau, Custer, Daniels, Dawson, Deer Lodge, Flathead, Gallatin, Hill, Lake, Lewis and Clark, Mineral, Northern Cheyenne Tribe/Rosebud, Park, Richland, Roosevelt, Sheridan, Silver Bow, Valley

■ Non-rural counties:

Cascade, Missoula, Yellowstone



Participants
2,002

Households
1,017

Home Visits
9,756

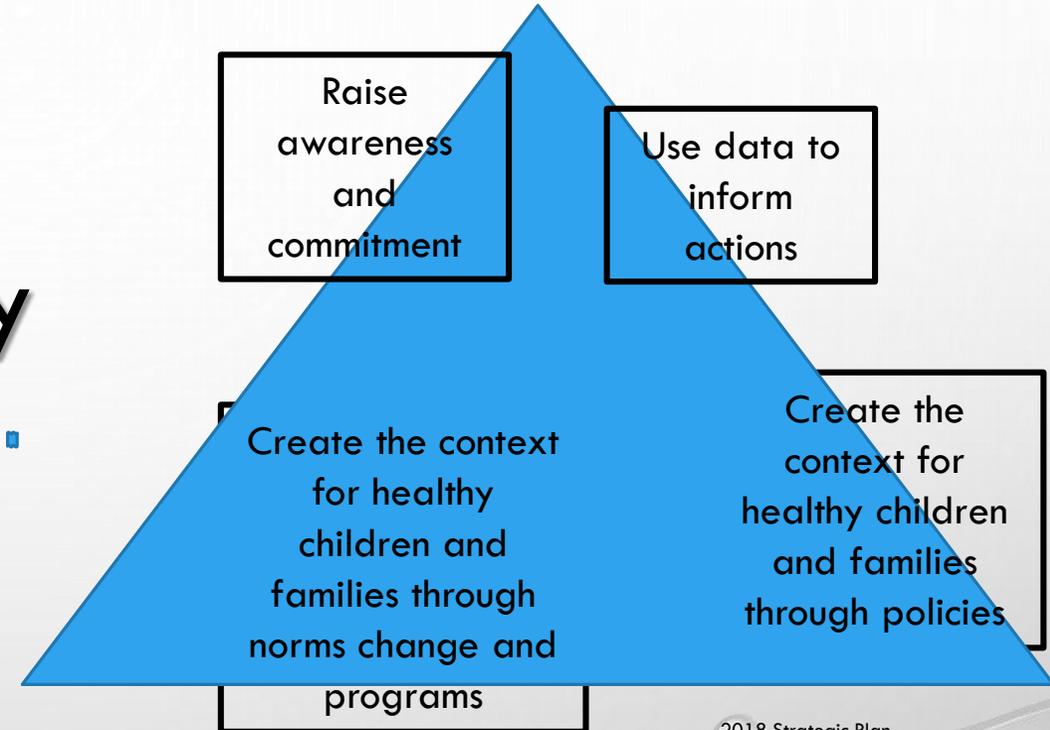
Costs:

NFP \$6000 per
PAT \$6000 per
SafeCare \$2275 per

This is Public Health

Targeted Case Management, Historically

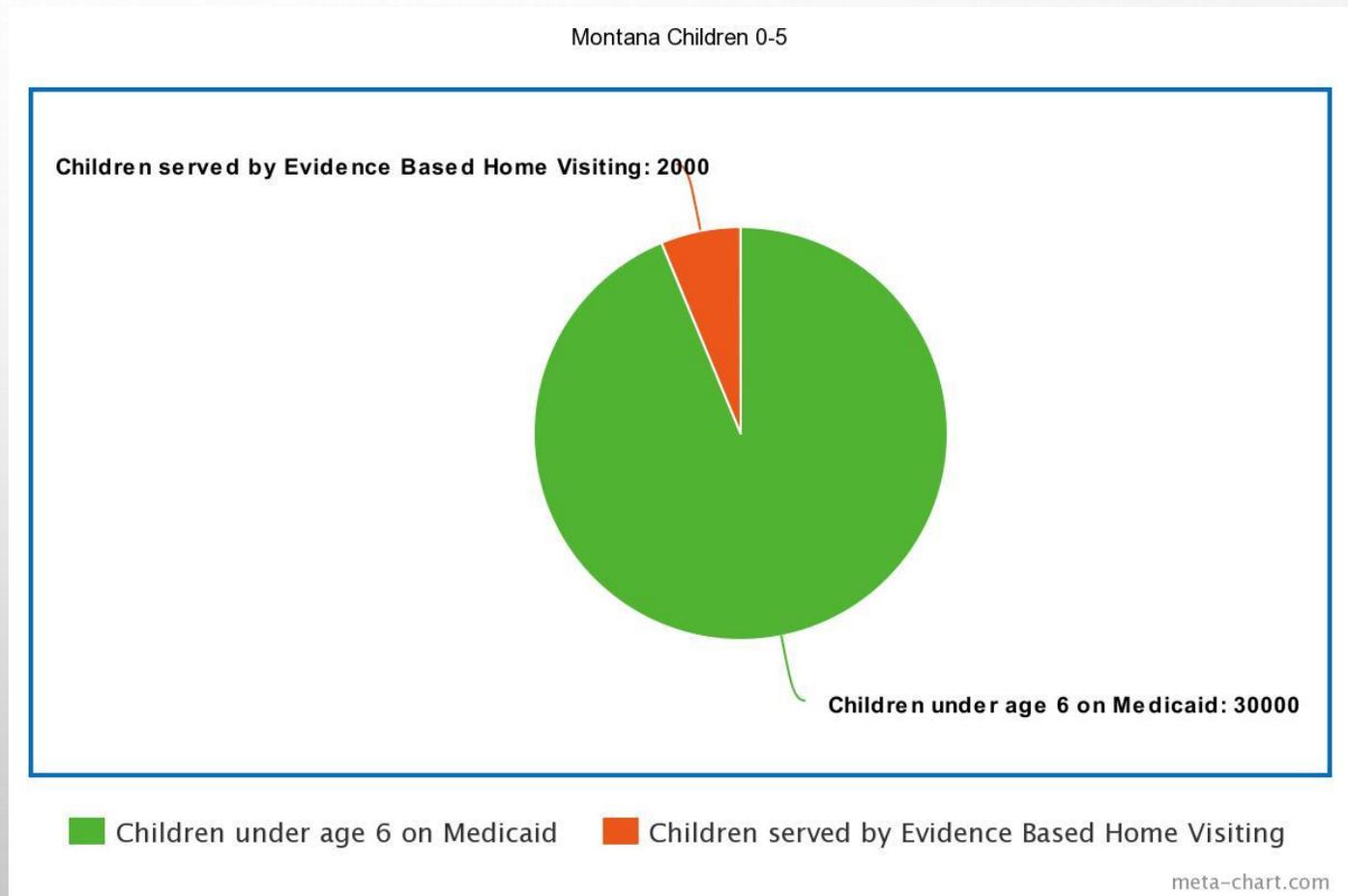
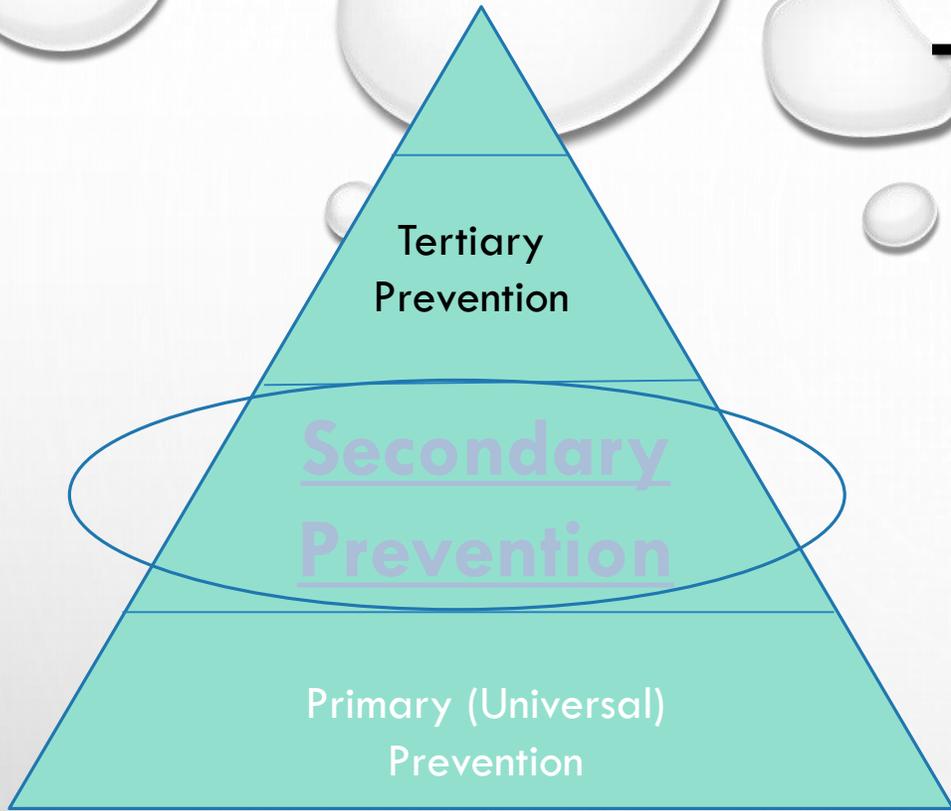
Prevention Goals



2018 Strategic Plan
Preventing Child Abuse and Neglect
In Montana

This is Public Health

THE GAP



THE FOCUS

FAMILY CARE:

AGES 0-5 AND PREGNANT WOMEN

FLEXIBLE TIMELINE/INTERVENTION

CLIENT CENTERED AND DRIVEN

DELIVERED BY VARIOUS TEAM MEMBERS PER NEED (INTERDISCIPLINARY)

BROAD QUALIFICATIONS FOR CLIENTS

CONNECTIVITY TO WRAP-AROUND SERVICES AVAILABLE VIA PUBLIC HEALTH DEPARTMENTS



WHY FAMILY CARE?



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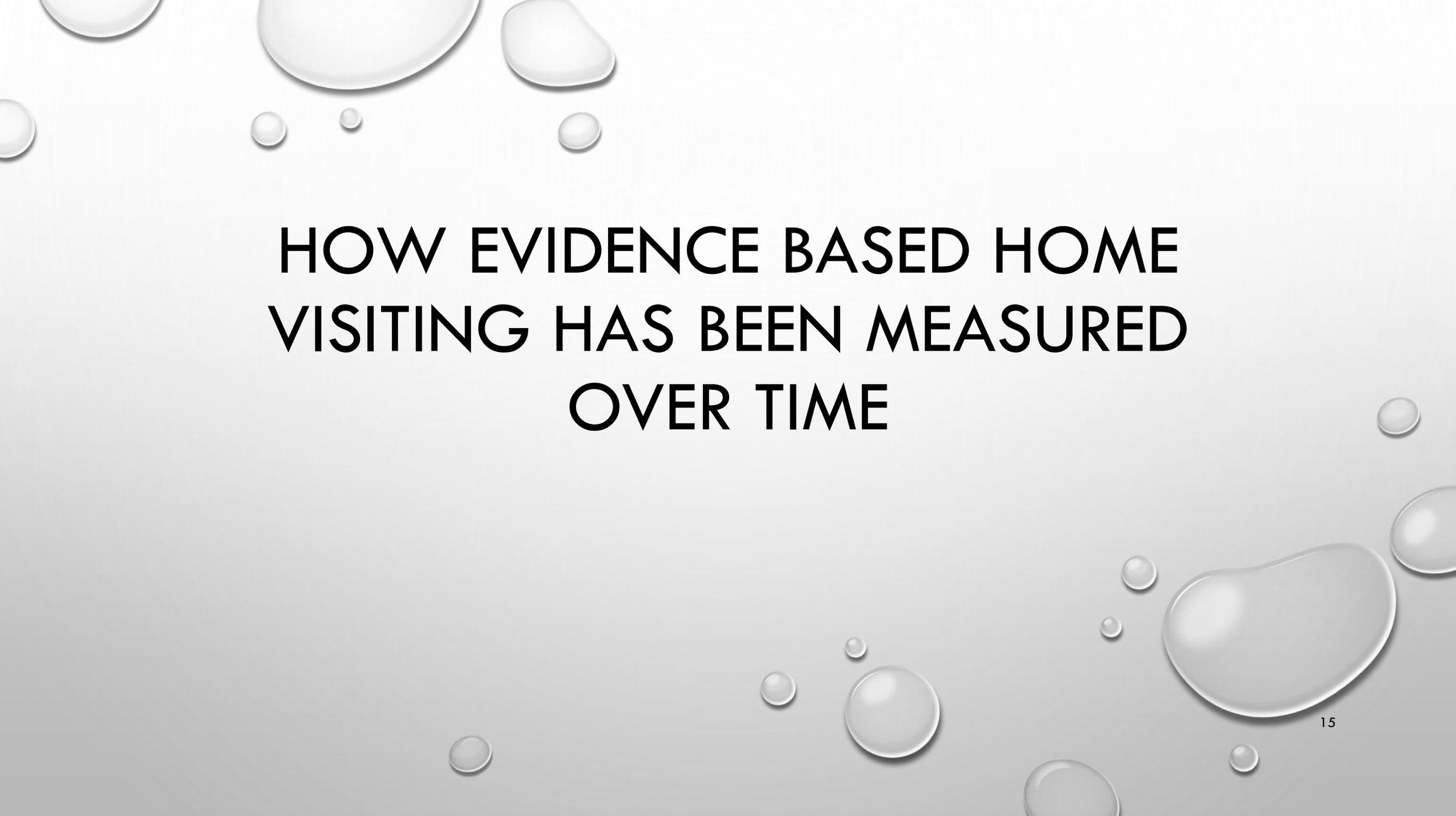
OUR LESSON #1:
TCM HAS TAUGHT US TO PAY
ATTENTION TO
PROTECTIVE FACTORS

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**CULTIVATING PROTECTIVE
FACTORS
CAN OCCUR IN SHORT TERM
INTERVENTION**



How to measure
SUCCESS?



HOW EVIDENCE BASED HOME VISITING HAS BEEN MEASURED OVER TIME

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OUR LESSON #2:
WE NEED TO IMPLEMENT METRICS
FOR FAMILY CARE THAT CAN BE
TRACKED OVER TIME BASED ON
PROTECTIVE FACTORS

PROPOSED MEASURES

Common Data Elements comparing the **Core Set of Children's Health Care Quality Measures for Medicaid and CHIP** with the **Montana State Health Improvement Plan** and the **Montana Children's Health Data Partnership Agreed Upon Measures**

1. Increase the proportion of pregnant women who report they entered prenatal care in the first trimester
2. Decrease proportion of babies born at a Low Birth Weight
3. Increase proportion of women reporting Post-Partum Visit Within 60 days
4. Increase Access to quality care/early education/Access to PCP for youth/adolescent
5. Increase compliance with Immunizations by age 2
6. Increase Quality well-child check exams delivered

Approach

Case management depends on
linking clients to adequate
services

Public Health makes the
linkage and has the
resources to report on the
performance

Advocates for Family Care: *Local Best Beginnings Councils*





CONCLUSION

PUBLIC HEALTH PROPOSES: *IN-HOME, MULTI-DISCIPLINARY, CLIENT-DRIVEN, PUBLIC HEALTH CASE MANAGEMENT* FOR HIGH RISK PREGNANT WOMEN AND CHILDREN INFANT THROUGH 5 YEARS OF AGE WITH RISK FACTORS. PUBLIC HEALTH RECOGNIZES THAT ADVERSE CHILDHOOD EXPERIENCES IMPACT LIFELONG HEALTH AND ACCOUNT FOR THE INCREASING RATE OF CHILD ABUSE AND NEGLECT *CULTIVATING PROTECTIVE FACTORS THROUGH COORDINATED SHORT TERM INTERVENTION.*

The image features a light gray gradient background with several realistic water droplets of various sizes scattered in the corners. The droplets have highlights and shadows, giving them a three-dimensional appearance. In the center, the words "THANK YOU" are written in a clean, black, sans-serif font.

THANK YOU