

Children's Services Council  
**PROGRAM REVIEW COMMITTEE MEETING MINUTES**

Thursday, September 25, 2014 - 5:00 p.m.

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**1. Call to Order**

Chair Langowski called the meeting to order at 5:00 p.m.

Present: Thomas Weber, Thomas Lynch, Dennis Miles, Judge Alvarez, Thomas Bean, Shelley Vana and Greg Langowski.

**2. Minutes of August 7, 2014 PRC Meeting**

**A motion by Alvarez/Weber to approve the Minutes of the August 7, 2014 Program Review Committee Meeting was approved by unanimous vote.**

**3. A. Consent Agenda:**

- a) Additions, Deletions, Substitutions: None
- b) Items to be Pulled from Consent Agenda – There were no agenda items pulled for discussion purposes
- c) Adoption of Consent Agenda

**A motion by Weber/Alvarez to approve the Consent Agenda was approved by unanimous vote.**

- 1. Warrants List-Program Reimbursements – Approved by Consent
- 2. Warrants List – Program Advances – Approved by Consent
- 3. Resolution #14-031 Approving Circles Initiative Amended Agreement Update – Approved by Consent
- 4. Resolution #14-027 Authorizing Agreements for Early Childhood- Learning and Innovation Network for Communities (EC-LINC) – Approved by Consent
- 5. Transfer of Funds for The Registry – For informational purposes only; no action required.

**B. Business Agenda – N/A**

**C. Investing for Results Update – N/A**

**D. System of Care Update**

- 1. Healthy Beginnings Nurses- Prenatal Plus Year One Review – Debra Gotlib, Director of Program Performance.

Debra Gotlib stated that as part of the strategy review process it was decided it would be beneficial to start a new program called Prenatal Plus. This program is a part of the Healthy Beginnings Nurses Program.

In June of 2013 we started with the Prenatal Plus Program. This program is a home visiting model that is made of three components. It is for pregnant women who are 20 weeks gestation or less. The first of the three components is a nurse home visitor; it also has a mental health clinician and a dietician. Those three individuals work as a team to support the pregnant mother with the hopes of achieving the outcome of a healthy birth.

We started in June 2013 with one team of nurses, one mental health clinician and one dietician. Throughout 2013 and 2014 we have expanded so all of the Healthy Beginnings nurses, which is about 19 nurses, 2 mental health clinicians and 3 dieticians are working together in teams to offer this service to pregnant women in Palm Beach County that score in the prenatal screen as high risk.

Since we are in the year end in August of this year, all the members of the team, about 30-35 people, met at the Department of Health and we took a look back at how we thought the program was doing and where we want it to go moving forward. Overall we had positive feedback. All the members of the team enjoyed doing the work and when asked the question how do you feel this program is doing as compared to what you used to be doing a year or two earlier. They felt that this program was really offering a service that is beneficial to pregnant women and also that the teen portion of it was working. They also worked together very well despite the fact that we have three different agencies offering services. We have the nurses from the Department of Health, the mental health clinician from the Center for Family Services and the dieticians from an agency called Nutritious Lifestyles. The feedback was very positive and we are moving forward in 2014-2015 adding two new mental health clinicians, one of them will be Creole speaking because one of the goals we have is to serve Creole speaking women. Nutritious Lifestyle is also working on finding a Creole speaking dietician, since the Department of Health already has Creole speaking nurses providing services as part of this program.

A hand-out was distributed to Council members, including an end of year report with information on Singleton Birth Outcomes and clients who received model care. This report is preliminary, including information from June 1, 2013 to July 20, 2014, providing information on the percentages related to birth weight and weeks of gestation overall, indicating that we are doing very well. We will continue to follow this information on an ongoing basis through our data system to see how we are doing regarding birth outcomes.

Thomas Lynch asked the following questions: How did the women find us or how do we find them? Is it important to get to them earlier than the 20 weeks of gestation? Debra Gotlib stated that women come in through the entry agency. Pregnant women have a prenatal screen at their obstetrician's office. Our entry agency collects these prenatal screens from the obstetrician's office and contacts all the women that score high on the prenatal risk screen. They are contacted as soon as we get the prenatal screen. Hopefully they go to their obstetrician office earlier in their pregnancy. Thomas Lynch asked from the number of women that you contact what percentage sign up. Debra Gotlib stated that she does not have this information on hand now, but she will get this to him, since we do have this information available.

Thomas Weber asked if obstetricians are proactively offering women the risk screening. Debra Gotlib stated that our entry agency is extremely proactive. They are always trying to do education to obstetricians regarding the importance of prenatal screening. It is required by the state of Florida. Many of the obstetricians do the screening and some do them sporadically. Our entry agencies, Healthy Mothers Healthy Babies, educate obstetricians about the fact that this screening applies to every woman, not only to poor women, since every woman can be at risk. There is a lot of education to obstetricians to get them to see the benefit of having the risk screen and about the services that would be available if a pregnant woman needs service. Even if a woman does not score and the obstetrician notices something that might put her on risk, this woman can benefit from the services that are provided through the Healthy Beginnings system.

Tana Ebbole stated that we will be having more conversations on our ability and on how we can improve moving from the obstetrician's risk screen to women engaging and women receiving services.

Tom Weber asked if they are past 28 weeks of gestation, would they have to go to a different organization to receive services. Debra Gotlib stated that it would be the same organization, Healthy Beginnings Nurses. If they are under 28 weeks of gestation it would be Prenatal Plus, if they are beyond 28 weeks, they have a nurse that can see them, called Nurses Supporting.

Judge Alvarez stated that we currently have another program, Nurse Family Partnership, how is this program different from Prenatal Plus? Debra Gotlib stated that the Prenatal Plus is not an evidence based model, it is a promising practice from the state of Colorado. Prenatal Plus has a team approach. Nurse Family Partnership provides a nurse that follows the Nurse Family Partnership curriculum. In Prenatal Plus you have a nurse who does more care coordination. They have a specified curriculum and also a mental health clinician and a dietician as part of the care team. The pregnant woman is served by these three professionals.

Tana Ebbole stated that every evidence based program has a very narrow qualification and Nurse Family Partnership has qualifications such as high poverty, first time mom and you have to be in your first 28 weeks to qualify. If you do not meet those qualifications, you are not eligible for that program. Coming up, we have an array of programs so that we can meet the needs of every woman who score at risk.

## **E. Evaluations**

1. Client Engagement and Attrition Survey Results – Tania Lago, Program Officer, Erica Bjerke, Research Associate at Metis Associates and Michael Scuello, Sr Research Associates at Metis Associates and Laura Fleishman, Evaluation Officer.

Tania Lago stated that today they are sharing results from a Client Engagement and Attrition Study that was done around the Healthy Beginnings system.

Our Healthy Beginnings system is a voluntary set of services provided to prenatal and post natal women and families whose children are through age 5. Federal, state and local funding are combined together to support this system. The actual goal of this system is to support healthy births, reduce child

maltreatment and promote children's readiness to enter Kindergarten. In Palm Beach County we have a universal screening process, which helps to identify families who may be at potential risk of having early birth or develop mental outcomes. We have three universal screens that we use and implement within the county through different providers as well as in different locations and setting within the community. The first screen is our Healthy Start Prenatal screen. This is the actual screen that is done and offered by obstetricians in the office to all pregnant women in Palm Beach County and it identifies the potential risk of having poor birth outcomes. The second universal screen is our Healthy Start Infant Risk screen and that is conducted to all new mothers in the hospital by our hospital liaison, which are staff that are part of the Healthy Beginnings system entry agency. The last universal screen is the Ages and Stages questionnaire and that is conducted on an annual base to determine the child's progress developmentally. This screen is conducted by both providers within the Healthy Beginning system, as well as providers in the community in general, including our child care providers. We have a variety of screens helping to identify needs and provide them with the services needed. Depending on the risks that are identified on their screen, they are referred into the Healthy Beginnings entry agency. Then the entry agency contacts these women and families and conducts an in-depth assessment process and this helps identify and provide information to the family about those risks that were identified in the prenatal risk screening or the risk screen on ages and stages. We have a conversation with the family about their risks, as well as their support, their protective factors and that is a critical piece in our system because it allows us to see and identify if the family will benefit from further services. If they do, the entry agency provides information and makes a referral to a combination of services.

We regularly examine our system performance data to identify opportunities for improvement to make sure that our system flow is going well and that the families are able to access the services they need. In so doing, we identify that the families who potentially can benefit from services often do not engage or drop out or decline services. Engagement is a new issue for us. If you recall there was an issue that was discussed at the Planning Session. This is not an issue within the Healthy Beginnings system or this county alone. You can see from the presentation slide that even the most effective home visiting programs have an attrition rate between 40 and 50%. When we took a look at our data, we identified that there were some key areas or key places where we saw some drop out of services defined throughout our system and we want to understand why this is occurring so that we can address the issue. The CSC released a Request for Proposal to conduct a client engagement study and it was awarded to Metis Associates and we are really happy to have them here today to share the findings.

Erica Bjerke stated that this study had two purposes. First, to identify specific factors that hinder client engagement in the Healthy Beginnings System and second to propose recommendations for improving clients' access to and engagement in services. To do that Metis conducted telephone surveys with 534 mothers who have been discharged from the Healthy Beginning System between January and July of 2014. We were really pleased with this number because this is a very difficult to reach population and we were able to reach those 534 mothers. Metis made up to 5 attempts per mother over multiple days at different times of the day. These attempts were made within 2 weeks of discharge from the Healthy Beginning system. They also offered a WalMart \$10 gift card incentive to participants.

The factors and recommendations that were found as a result of this study are summarized in three key themes. The first one is that mothers do not always understand the Healthy Beginnings process and that creates the need for clear and effective communication about this process. The second key theme is that time is a major barrier for a lot of participants, which brings the need for flexibility and possible light touch options to get people engaged initially until they are more responsive later on. The third theme was that barriers and experiences differ by race and this tends to be between white respondents and Hispanic latino respondents especially. This brings the need for responsive services involving families in decision making and trust building among families.

Regarding the first theme that mothers did not always understand the Healthy Beginnings services, we spoke with members of each of the groups that Tania pointed out in the Healthy Beginnings flow chart. The largest group that we spoke with were those who did not have any contact with Healthy Beginnings providers whatsoever. When we asked them why they did not contact their case worker, the majority of them said what are you talking about, no one tried to contact me, 61% said that. The majority of that 61% said that they would in fact be willing to speak to someone about services for them or their children, so overall out of everyone who had been contact by Healthy Beginnings, 53% of those said that they would have been willing to talk to someone to learn more about how to enter the system.

Additional survey data shows us that it was not really a lack of will or desire to get involved in Healthy Beginnings. We asked at the very beginning what motivated you to consent to receive services from Healthy Beginnings. The vast majority of them, 79%, said that they had a specific need that they wanted to address, maybe they were first time moms, maybe teen mom, maybe their child had a developmental disability that they wanted to address right away. Others said they had a specific need or support they wanted particular services for their child or particular service for them, maybe they wanted to be healthier and others expressed a general openness to receive more information about what services are out there for them and an openness to receive help from someone. From all the respondents who dropped off, there were also respondents that did not recall consenting. These are mostly from the groups that had not spoken to anyone. It can be that these folks were probably reading through a stack of papers, signing lots of papers and not understanding what is happening.

Recommendations from Metis include the ability to provide clear and effective communication. Communication about the benefit of services to their children, the services not only for their children directly but also for the mom. They need to understand that services can be provided both for the child and for the mom. Also communication about the broad array of services offered, knowing that there are different options out there for them and that when they are consenting they are opening the door to the possibility of accessing an array of services. Also the importance of follow up communication so that if they know at the time of screening and consenting, making sure that someone is contacting them to offer services related to their needs.

The next major theme identified was time. 55% of respondents said that one of the reasons that they dropped out from the Healthy Beginning system was because they did not have the time. Out of all the reasons that were discussed in this survey this is by far the most common. The next most common reason was reported by only 33% of the respondents. This is definitively a major finding from this survey. It is especially true from teens, people who have received prenatal services and interestingly

enough people who were enrolled within 3-6 months. Over 75% of those three groups said that time was the major factor in their decision to drop off from the Healthy Beginning system.

Erica Bjerke stated that all of these recommendations were developed from multiple iterations with Tania Lago and Laura Fleischman. The first recommendation having to do with the time theme is that services should be customized based on families' unique needs, taking into account their schedules, their work schedules, their school schedules and other commitments the kids have. It also might be a good idea to offer light touch options. A lot of evidence based programs are very intensive and maybe some families are ready to commit to that, but then that means that they do not benefit at all, so maybe there is a way to engage them in a light touch way until they are ready to commit to something that is more intensive. Something that can help them with an immediate need until they are ready for something more intense.

Our final finding is that there are different barriers and experiences by race. White respondents and Hispanic Latino respondents had different types of barriers. For white respondents, their reasons for drop off had to do with not needing services. They were more likely than their counterparts to say that the Healthy Beginnings group was not helpful, that they received the services until their needs were met and thought they did not need the service any longer. Hispanic Latino respondents were more likely than their white counterparts to say that they were afraid or nervous to participate or to do the assessment or to speak to the case worker. They were more likely to not want someone from Healthy Beginnings to come into their homes and they were also more likely to say that they did not understand the assessment, did not understand the services and did not understand Healthy Beginnings. Black respondents fell in between those two groups, sometimes they looked more like the Hispanic Latino respondent specifically on the lack of understanding. If we look at the fear and nervousness, only 8% of black respondents said they were afraid to speak to someone or doing an assessment.

Recommendations include ensuring that there is family participation in decision making about the services for them and their children. Help them understand why visitors are coming to their homes, etc. Also confirm with the families that they understand the benefits of services to their children. Maybe if they understand why services are important they will be willing to stay involved. The last recommendation is to build relationships that support trust and understanding with families. With the Hispanic Latino population we saw that was related with the fear and not wanting staff coming in to their homes.

The following factors influence client enrollment and retention. Individual factors, like availability of time and perceptions. Provider factors, like responsiveness of the providers and the style of the service delivered. Program factors, like Healthy Beginnings system process and where services are located.

Tania Lago stated that the findings include rich information that we can go back to. We had a great conversation today at our Healthy Beginnings Leadership meeting, including the CEOs and Program Directors of the programs in the Healthy Beginnings system and Metis to share these findings in a deeper level. We had great group discussion and the next step is that the leadership group will be taking this back to the individual agencies to have discussions with the first line staff and we will be meeting back together as a larger group to develop an action plan to determine how we can address

these findings and recommendations. Once it is completed, we would like to share this action plan with the Council.

Tom Lynch asked if we could go to their homes in all cases. Tania Lago stated that there is variety in the programs. We can go to a home of a family that is in one of our home visiting programs. The services can be provided where the family feels more comfortable. It could be at a library or it could be at a park. The intent is to meet the family where they feel comfortable.

Tom Lynch asked if we are willing to make compromises in terms of the time to accommodate the needs and commitments of different families. Tania Lago stated that the case worker is able to address each family and schedule non-traditional hours with the family. We also have to take into consideration that there are a number of case workers and a number of families to serve within certain hours of a day, so the time is something that is worked on within the family and the case worker.

Tom Lynch addressed that one of the issues raised was communications. Do we have Spanish and Creole speaking staff? Tania Lago stated that we do have Spanish and Creole speaking staff. We hire staff with multi-lingual abilities to meet with the family's needs according to their language preference.

Tom Lynch stated that it seems strange that one of the reasons why people dropped out after being enrolled in a program for 3 to 6 months is because of time. It seems like if our services are good, we are working around their time and they have been in a program for 3-6 months and they drop out, there might be another reason and we are not providing what they need. Obviously, we are giving the services at the time that is convenient to them, why are they still dropping out? Tania Lago stated that there could be some unidentified needs that we can further investigate to see how we can address them.

Erica Bjerke stated that as a guess it could be that after experiencing really intensive services for three months, it can become too much. Maybe three months is the time when people start to drop out because they are tired and they realize that they cannot commit to a long term.

Tom Lynch stated that a new mom would want the services more compared to one that has one or two other children. He asked if participants in the survey were first time moms. Tania Lago stated that participants in the survey were mothers who are receiving services prenatally, mothers with infants and mothers with children.

Tana Ebbolle stated that this is a national issue on all the programs throughout the country, particularly home visiting. What we are doing trying to understand further is critically important and many people will want to have this information outside of Palm Beach County to have clues on how they can change this.

Judge Alvarez asked if we are going to share this information with other counties. Tana Ebbolle stated that yes. We are working with David Willis from the Maternal Child Health Agency who has a parent engagement piece of work that Tanya Palmer and Tana worked on and include others from across the country.

**F. Presentations – N/A**

**4. Adjournment**

The meeting was adjourned at 5:29 p.m.