A Snapshot of the Role of General Healthcare and Behavioral Healthcare Provider Outreach in Coordinated Intake and Referral Systems

Background

The Association of Maternal & Child Health Programs (AMCHP) conducted a survey to understand the involvement of state-level early childhood programs in the development, implementation, and maintenance of coordinated intake and referral systems (CIRS). Simply put, **CIRS is a single entry point for families for any services they need**. AMCHP surveyed staff representing Early Childhood Comprehensive Systems (ECCS) projects, Title V Maternal & Child Health (MCH) programs, Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs, and Child Care Development Fund (CCDF) programs across 20 states and received 51 individual program responses.

This infographic presents the results of a qualitative analysis of data from the survey, which was supplemented by a subject matter expert interview and key informant interviews with seven survey respondents. The analysis looked at 17 responses from programs that indicated they were in the maintenance or implementation stage with their CIRS.

Primary research question: What specific programmatic factors are associated with early childhood CIRS outreach to both general healthcare and behavioral healthcare providers (n=11), only general healthcare providers (n=3), or neither (n=3)?

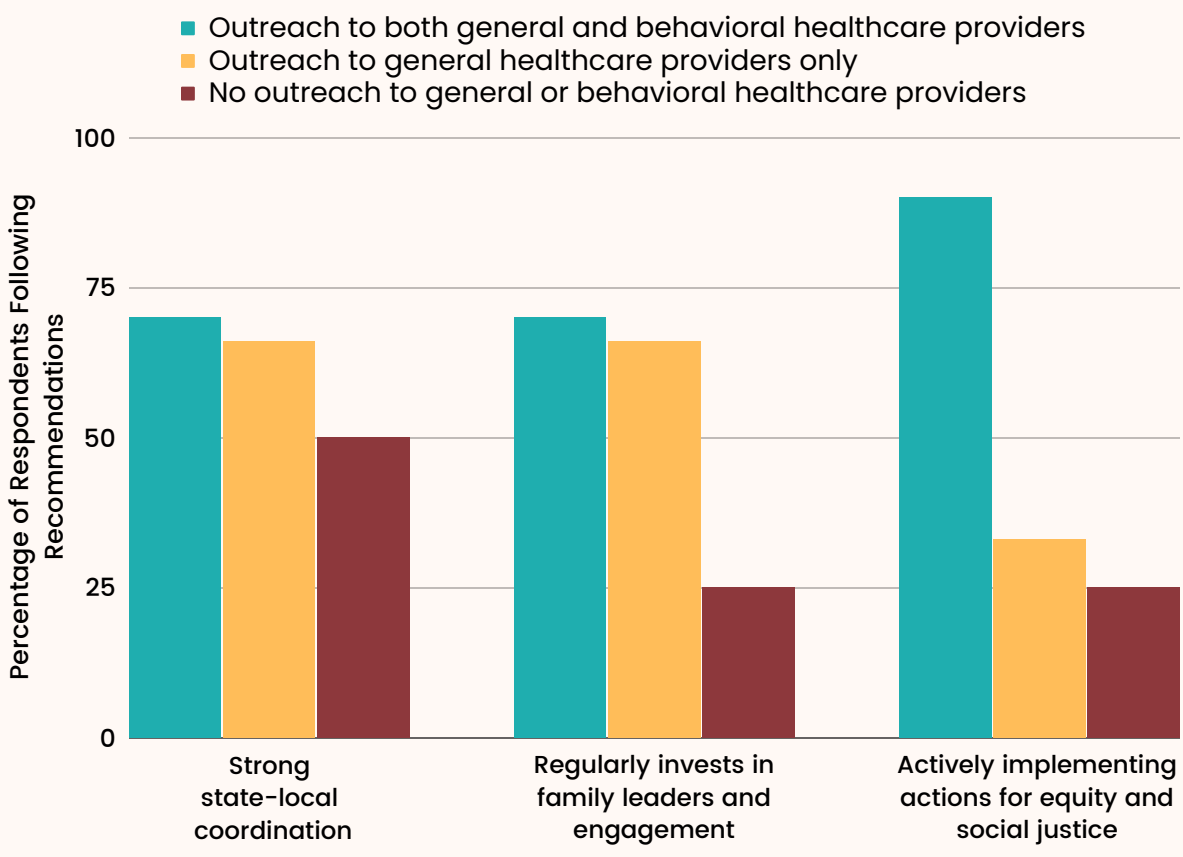
Why is this important?^

- The ongoing COVID-19 pandemic has caused a crisis for overall child development and the mental health of children and their caregivers, making the presence of a well-coordinated, easily accessible system of early childhood services more critical than ever.
- Access to and awareness of existing early childhood services are not always equitable. A CIRS should strive for equity in all programmatic factors of its services.
- A child's general health, cognitive development, and socio-emotional development cannot be separated from one another. CIRS help to connect children to essential general and behavioral healthcare providers.

> "Little children are not just one single element"
> -Early Childhood Expert

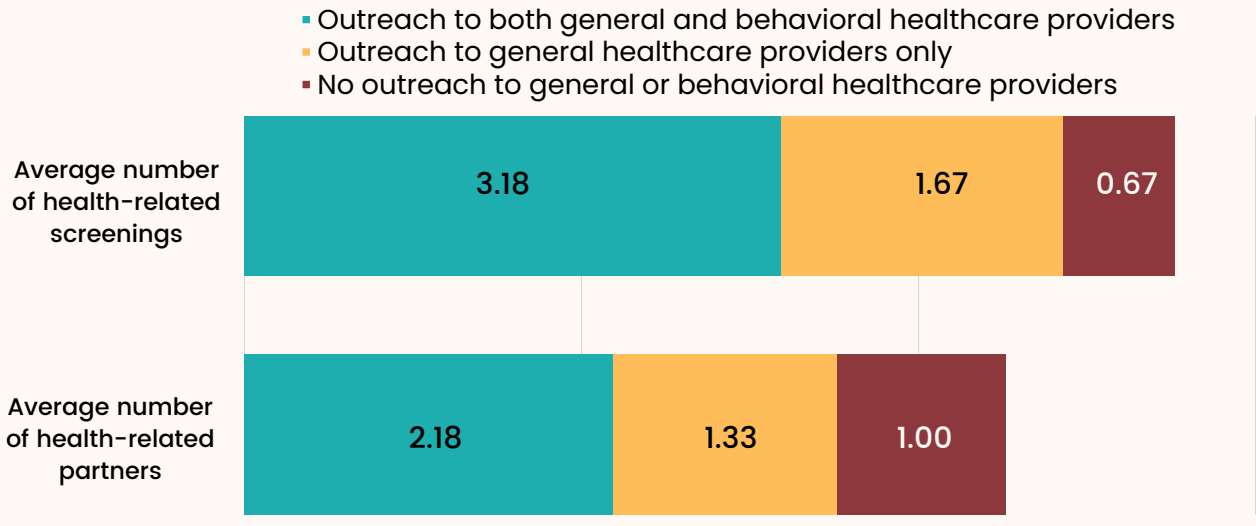
^The ideas in this section were obtained from a subject matter interview with an expert with several decades of experience in the early childhood field. Refer to page 2 for more information about interview methods.

CIRS that have outreach to both general and behavioral healthcare providers are more likely to follow select Roadmap Recommendations for early childhood collaboration*



*These recommendations were selected based on relevance and nature of analysis. They include three of ten recommendations from AMCHP's Roadmap for Collaboration among Title V, Home Visiting, and Early Childhood Systems Programs

CIRS with more health-related screenings and partners are more likely to include outreach to both general and behavioral healthcare providers**



**Health-related screenings included in analysis: developmental milestones, behavioral health/social-emotional development, maternal/caregiver depression, social determinants of health.
Health-related partners included in analysis: Medicaid, Federally Qualified Health Centers, Private Healthcare Systems, State Behavioral Health Agency

Methods for Subject Matter Expert (SME)/Key Informant Interviews (KII)

One SME interview was conducted to get background knowledge of the early childhood field. Seven KIIs were conducted with program representatives from three states (Rhode Island, New Jersey, Florida) to fill in gaps and provide additional context for survey responses. These programs were selected because they were in the maintenance (n=5) or implementation (n=2) phase of CIRS development and would have lessons learned that states who are not as far along in their CIRS journey can learn from and apply to their work. Transcripts for each interview were generated. Key takeaways from the interviews are included below and in the "Why is this important" section.

The Power of Partnerships

> We need to work together and **collaborate** together as a system .

> [My recommendation is] finding out who in your state are those **key partners** with a **common agenda** and connecting with your hospital associations or your primary care associations, and American Academy of Pediatrics.

> [Our] **healthcare outreach** is... completely different than our community outreach... Having those conversations and letting **physicians** know of not only the importance of being able to do these things, but how [the CIRS] can help them do these things.

> We've been working on health integration with **pediatric providers**... because that's a near **universal reach**. Creating better awareness and education with pediatric providers is something that is key to **maximizing reach**.

> We try to ensure that all the **right partners** are there and if there are new resources, making sure that those **local teams** have all of those and if there are system barriers, we would take that back to our colleagues at the **state government** too.

One Integrated System

> [We are] trying to do more **integrated healthcare** so [we have] **behavioral health embedded within primary care**. It's easier to get somebody into our primary care doctor than it is to get them into specialized behavioral health services, so we are trying to do more of an **integrated system**.

> Our biggest selling factor for the services is the **closing of that referral loop**. The referral system, when it works, will be **loaded statewide** essentially with everything.

> Everyone goes to the same place ... We screen the family with a **holistic look**. It's not just about prenatal care or the child development, but also everything else that's going on in the family... Our data system is detailed on the **coordinated referral** piece... We are able to **track all way to the end**.

Community Engagement & Flexibility

> [CIRS] are supposed to be set up to meet families where they are to give them what they need. There is not a one size fits all... [We] build **community trust** by including community health workers and community advisory boards.

> It's about getting into the community as well and looking at what the **community needs** and **adjusting** and **flexing.**

> **Plan** beyond the five years for funding. Look at who your current partners are and who your **potential** ones might be... When you get to a certain point, you are going to have to **expand beyond** where you are and you have to **plan** for that in order to stay sustainable.

Call to Action

Shared mission

All early childhood programs (e.g., ECCS, Title V, MIECHV, CCDF) should work closely together towards a shared mission and collective vision.

Multi-sector approach

CIRS work should be carried out in a multi-sector approach. General health, behavioral health, and child development are three of the sectors that must be included.

Increased awareness among general public

Awareness of and access to CIRS services should be increased through cost-effective ways that are centered in equity.

Not sure where to begin?

Consult AMCHP's Roadmap for Collaboration among Title V, Home Visiting, and Early Childhood Systems Programs and contact AMCHP's Child & Adolescent Health Team at GrowingUp@amchp.org for questions or technical assistance.

> Unless you have buy-in, communication, and involvement from all of the sectors, the work is going to be one-sided and may not work.
>
> -Early Childhood Expert

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