

Oregon Project LAUNCH- Deschutes County

Health Child Family Support Team (HCFST)



Background

Project LAUNCH initiated a Healthy Child Family Support Team (HCFST) at three School-Based Health Centers (SBHC) in April 2010, a strategy that integrated behavioral health and primary care. Each of the teams consisted of a Nurse Practitioner (NP), an Early Childhood Family Access Network (FAN) Advocate, and a Behavioral Health (BH) Therapist. The team was supported by a medical office assistant. Prior to this approach, families in the tri-county area did not receive wrap around services for basic needs, mental health and physical health in one location. The HCFST was created in order to fill that gap. Locating the team in the SBHCs was intended to help increase access allowing families to come to only one location with which they may already be familiar.

FAN is an existing program in the tri-county region that helps connect the families of school aged children to basic needs services. The hiring of three Early Childhood FAN Advocates funded by Project LAUNCH was an expansion to the minimal capacity that FAN had for serving families with children under age five. Five to eight year-old children were (and continue to be) served by the school FAN advocate in each school; the Early Childhood FAN Advocates coordinated family care with them.

The HCFST served as a hub for client intake/assessment/case planning, and integrated behavioral, physical, social, and emotional needs using a family-based approach. Through the HCFST, children and families received integrated health and wellness services including:

- basic needs screenings
- family advocacy services
- developmental screenings, well-child exams
- developmental screenings, child/family wellness plans developed by interdisciplinary care team
- mental health screening and assessment
- assistance in accessing basic living needs (e.g., food, clothing, transportation, shelter, employment)
- mental health treatment
- LAUNCH-supported family strengthening and parenting classes, and home visiting programs

Quantitative Findings

HCFST Reach

314 children were served by the HCFST from 2010-2014.

Of a subset of children’s data that were analyzed, 90% received at least 1 service, and 57% received 3 or more services.

Families received services for an average of 8-12 months.



Among the most common services were referrals to services outside of HCFST and mental health assessment. Screening for basic needs is provided by the FAN Advocate as part of the intake process, so 100% of families received this service. While every client in HCFST utilized FAN Advocate services, they did not necessarily receive direct services from the BH Therapist or NP beyond an initial intake meeting, chart/records review, and client service plan, which was the case for 10% of the kids.

Qualitative Findings

Six of the nine members of the HCFST were interviewed by phone in the summer of 2014 (Three Early Childhood FAN Advocates, two BH Therapists, and one NP), a response rate of 66%. Interviews lasted between 10 and 25 minutes.

During interviews, members of the Healthy Child Family Support Team reported many benefits for the families that they served, and a few challenges. Some themes surfaced repeatedly:

Benefits of the Healthy Child Family Support Team

- Families could access integrated services immediately in one location.
- Lack of bureaucracy. Families did not need to qualify to get services. They could also access services whether or not they had insurance and could easily meet with a Behavioral Health Therapist, without the process of going through the county, which could be a barrier.
- The HCFST had enough time to devote to these families to make a difference (average 8-12 months).
- Families were given the space to feel safe and open up.

Challenges for the Healthy Child Family Support Team

- HCFST members reported that the struggles families faced (lack of basic needs, homelessness, and poverty) presented challenges to engaging families sufficiently to initiate and complete services.
- Inability of the HCFST to support children over age 8 because they were not covered under LAUNCH.
- Limitations of a school setting. Children and families were required to go through the schools to access LAUNCH services, although some families with children under 5 may have been unfamiliar or uncomfortable with the school setting. Holiday and summer closures presented an additional access barrier.

Implications for Policy and Practice

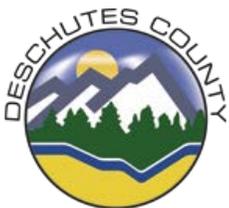
Advice for others considering a HCFST and/or Early Childhood FAN Advocate in their community

- Choose an Early Childhood FAN Advocate who works well with different kinds of people, thinks outside the box, and can remain compassionate. S/he should be familiar with community resources and be able to establish boundaries. Respondents were asked specifically about the Early Childhood FAN Advocate; however, these qualities would presumably be valuable in the other HCFST team members.
- Ensure that behavioral health, basic needs, and physical health are tied together for children and their families.
- Be patient, build relationships with each family, and look at the person or family holistically.
- Create a simple referral system with community health centers, preschools, and other community organizations.
- Program staff felt strongly that an integrated electronic health record system and common confidentiality requirements across disciplines would significantly improve efficiency.
- Partner with an entity that aligns with your target population for referrals into HCFST. A warm hand-off helps get families services. Several HCFST members reported that WIC was an outstanding referring partner.
- Match the setting with the target population. If the population focuses on children aged 0-5, consider locating the HCFST outside of the school setting. HCFST members and the LAUNCH Project Coordinator suggested WIC as a potentially beneficial location to place the FAN Advocate and Behavioral Health Therapist.
- HCFST should work closely as a team and address workplace culture, language and billing differences early on.

Nationwide, Project LAUNCH demonstration sites are pioneering new ways to promote young child wellness (prenatal - age 8). In 2009, Deschutes County was selected as the LAUNCH demonstration site for Oregon.

For information visit: Deschutes.org/ecwellness

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