

PROJECT IDENTIFICATION

Project Title: Family Center for Healthy Futures

Project Number: H17MCO4353

Project Director: Marie Simpson, LCSW and Sarah Hendrix, PhD

Grantee Organization: Lexington-Fayette Urban County Government – Family Care
Center

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Project Period: 03/01/2005 to 02/28/2010

Total Amount of Grant Awarded: \$247,378

ABSTRACT OF FINAL REPORT

PURPOSE OF THE PROJECT: The traditional pediatric practice style of trying to meet all the family support needs within the preventive care visits is insufficient to meet with needs for all, particularly low-income families. The absence of family health and resources has a direct effect on the health of children. The Family Care Center is a multi-service program for low-income children. It offers a comprehensive primary child and adolescent health services which include speech and language services, dental and social services. The project established a Family Center for Healthy Futures model that provided pediatric support for families including education, housing, education and bilingual services.

GOALS AND OBJECTIVES: The project aimed at incorporating a family resource center into an existing pediatric practice to offer family/community focused health care. Goals included providing bilingual services in a culturally competent manner, assisting families with referrals for basic needs, development of a local resource manual, working as a liaison with Medicaid/KCHIP to ensure eligibility, and providing families with transportation services to attend to medical needs.

METHODOLOGY: The Family Center for Healthy Families as located within the Family Care Center Clinic and had a full-time bilingual worker. The clinic social worker, mental health specialist and medical provider collaborated on the project. A Family

Advisory Committee composed of clinic grandparents, teen parents and foster care parents was formed to provide guidance.

EVALUATION: A monthly reporting system tracked referrals to community resources and barriers identified. Family Advisory Board minutes were gathered and distributed to the clinic director and social worker. Health care providers completed a Social Service Internal Referral Form and these were logged to track areas of concerns and services provided.

RESULTS/OUTCOMES (POSITIVES AND NEGATIVES): Significant impact on services for non-English speaking families resulted from the project. Additional usage of a language line, hiring of interpreters, Spanish classes for front-line clinic personnel and health related information in Spanish highlighted work of the project. A Family Advisory Board representing the diversity of clientele served by the clinic guided several features of the project. Workshops on Financial Literacy, Parenting and Healthy Relationships strengthened the intention of the project to operate a pediatric clinic serving the needs of the entire family.

PUBLICATIONS/PRODUCTS: A Lexington Resource Guide and Parent Satisfaction Survey were developed as part of the program.

DISSEMINATION/UTILIZATION OF RESULTS: Results were shared with the University of Kentucky who assumed full ownership of the clinic in July of 2009.

FUTURE PLANS/FOLLOWUP: The University of Kentucky Colleges of Medicine, Dentistry and Nursing now operates the clinic. Remaining on staff is the clinic social worker and full-time interpreter resulting from this project.

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FINAL REPORT

Narrative:

PROJECT PURPOSE: The Family Care Center Health Clinic is a licensed Primary Health Clinic that provides comprehensive primary child and adolescent medical services, oral health care/dental services, mental health services, speech/language evaluation and therapy. The special supplemental nutritional program for women, infants and children (WIC) is also available on-site. The clinic operates within a single structure operated by the Lexington-Fayette Urban County Government. Additional services within the Center are home-based parenting services for first time parents, childcare for children six weeks to age five and GED/High School educational and case management services aimed at adolescent parents. The health clinic serves a much broader population in addition to the adolescent families. Around 4000 children from low income families utilize the clinic as their primary care provider. This is one-third of all Medicaid/KCHIP children who live in the Fayette County area. For several years the clinic was the only pediatric practice in the county that accepted new Medicaid patients. This resulted in a rapid growth of the practice including a sharp increase in Hispanic families that were attracted to the area for migrant and horse farm industry work.

In addition, over 70% of families who use the Family Care Center's health clinic are single parent families. The clinic is the largest health care provider for foster children in the county, serving over 200 foster care families.

The American Academy of Pediatrics (AAP) has promoted several strategic approaches to assist pediatric practices in promoting optimal child health and development. These include the “medical home” model, guidelines outlined as part of Bright Futures and the concept of Family Pediatrics. The Family Pediatrics model shifts the traditional focus from the child to the family systems and community in which they live. The presence or absence of family health and resources has a direct effect on the health of the children. The first three years to five years of life are critical and research now shows the possible irreversibility of brain function if a nurturing environment is not provided.

The purpose of the funded project was to integrate a resource center for families within the children’s health clinic. This model grew out of a need assessment conducted with families that use the clinic along with staff that work in the facility. The purpose of the survey was to validate concerns about the support needed by families and the guide the implementation of the project entitled “Family Center for Healthy Futures”. Families identified areas such as transportation, employment, financial services and food and clothing as needs impacting their family’s health. Staff identified childcare, bilingual services, transportation and education as needs of families they serve. Project planners saw a need for more intensive family resource development for health clinic families if it was truly going to practice “Family Pediatrics” and therefore strengthen families as an effective way to improving child health.

GOALS AND OBJECTIVES: The center provides health care to a diverse population of low-income families in need of extensive resource development and intervention. The

project aimed at incorporating a family resource center into an existing pediatric practice to offer family/community focused health care. The following goals guided the project:

Goal 1: To provide bilingual services in a culturally competent manner

Objective 1.1: Hire a bilingual coordinator

Objective 1.2: Identify, develop and distribute literature written in the Spanish language relative to the needs identified during the needs assessment

Objective 1.3: Provide training to staff and clinic providers regarding the process for utilizing translation/interpretation services

Goal 2: To help families strengthen and meet their basic needs

Objective 2.1: The resource center will initiate outside referrals for food and clothing

Objective 2.2: The center will work with local organizations to promote, advertise and ensure access for clinic families to local drives for food and clothing needs

Goal 3: To work with families to locate financial resources essential to family success

Objective 3.1: Local and regional resources are identified, contacted and the information provided in a Resource Manual

Objective 3.2: Families will be referred to resources to address identified financial need

Goal 4: To assist families in identifying health care resources to meet needs

Objective 4.1: Project Coordinator will establish liaison role with center's on-site Department for Community Based Services (Medicaid eligibility) worker and regional and state contacts

Objective 4.2: On-site Health providers receive training regarding the referral process to the center's resource program

Goal 5: To provide families with information and resources to meet transportation needs

Objective 5.1: Community resources will be identified to assist with transportation needs

Objective 5.2: Identify specific transportation barriers and develop interventions to address specific transportation barriers

METHODOLOGY: Core principles including partnership with families', family empowerment, cultural competence and building on family strengths guided the implementation of the Family Center for Healthy Futures (FCHF) project within the Family Care Center. Individuals collaborating on the project included the Health Clinic Medical Director, Health Clinic Director, a bi-lingual Project Coordinator, Mental Health Manager, and clinic Social Worker. Preventive care visits at the clinic were based on the Bright Futures and included surveys regarding family resource needs. Families utilizing the clinic were encouraged to participate in a Family Advisory Committee. The ethnically diverse committee met six times a year and its membership represented foster care

parents, grandparents, and teen parents. A Community Advisory Board was also developed to foster relationships with community partners able to address the families need for additional resources and navigation issues. Partners were identified based on the areas of concerns related to employment, transportation, food, housing and education. Throughout the project period the number of non-English speaking families utilizing the clinic increased dramatically. Additional interpreting services and the use of a language line was made available. Material in Spanish was translated along with identified community resources.

EVALUATION: Work of program components was monitored for utilization of services. A monthly reporting system was developed to track referrals to community resource and barriers identified. Family Advisory Board minutes were gathered and distributed to members and the clinic medical director and social worker. Health Care providers utilized a Social Services Internal Referral Form which was logged for areas of concerns and services provided.

RESULTS/OUTCOMES (POSITIVES AND NEGATIVES): Work on the project began in March of 2005. A bilingual coordinator was hired in June of 2005. Implementation began using an assessment tool to capture identified needs in order to strengthen our services and the referral component of the clinic. There were 28 internal meetings in the first year to establish a referral process and educate nurse practitioners, pediatric and triple board residents on indentifying resource needs in their patients. There were 16 external meetings to establish community collaboration on the formation of the Family

Center for Health Futures Model. The clinic initiated the use of a Social Services Team Referral Form. Providers were able to identify needs in patients such as lack of resources, mental health or related social services referrals that could benefit the family. The project coordinator and clinic social worker would collaborate and intervene on behalf of these requests. The provider request varied from safety glasses for a parent's new job to obtaining early intervention services for a child's developmental delays. Over half of the requests were for non-English speaking families.

The need for bilingual services began to emerge as critical for providers and families. In the first six months of the project over 50% of the coordinator's time was devoted to personal interpretation (bilingual services). Training was then conducted for all health care providers on the use of the Language Line and specific days were identified for scheduling of interpreting services. This resulted in a drop of interpreting services to a manageable 30% of the coordinator's time. The coordinator also began scheduling appointments requiring interpreting services which led to increased utilization of community resources and education. The center continued to dedicate efforts to increase culturally competency. On-site Spanish language classes were provided to a selection of staff within the Family Care Center. The three month course emphasized working with Spanish speaking individuals in a health care setting. The Lexington area Bluegrass Literacy Program provided three Spanish speaking volunteers to observe staff interaction with patients and develop key phrases and communication needs that were incorporated into the Spanish language class. On-going consultation on developing community resources occurred with the Multi-Cultural Affairs Coordinator for Lexington-Fayette

Urban County Government. Referrals to English as a second language class and legal assistance for undocumented individuals increased as part of this collaboration.

Another strong component of the project included the formation of a Family Advisory Board. Families were approached and posters were displayed in exam rooms encouraging patient participation. The group, representing the demographic composition of the clinic, began meeting on a quarterly basis. Transportation, childcare and a light meal were provided so members could actively participate in the evening meetings. The clinic medical director, attending physicians, and nurse practitioners attended meetings to discuss improving clinic services related to patient flow, appointment waiting times and triage methods. Community speakers were featured at several meetings to educate members on quality childcare, mental health services and local resources for non-English speaking families. Input from this group was critical in guiding several implementation/outcome features of the project. An additional part-time interpreter was added to the staff in September 2006 based on feedback from the Family Advisory Board meetings. The health clinic initiated an Electronic Health Record system in December of 2007. Feedback from the group resulted in additional software that provided health care information and pharmacy instruction in languages other than English. A quarterly bilingual newsletter for clinic patients was published in January of 2008 to assist with communication needs identified by the advisory board. Topics highlighted in the newsletter included accessing services after-hours, recommended ages for well-child visits and immunization, availability of related services on-site including WIC, mental health and dental care. Program initiatives resulting from the project resulted in the

Family Advisory Board reporting high levels of satisfaction with clinic services and programs at all meetings held throughout 2009

As a result of the project, patients were also provided the opportunity to participate in several educational workshops for families. A Financial Literacy Workshop was offered by the local Fifth/Third Bank. Free credit score checks were available in addition to booths containing information on home ownership, Habitat for Humanity, the local library, and energy conservation. These were all displayed at the Family Care Center's main entrance to the health clinic.

A series of workshops were available to families on forming and maintaining healthy relationships. These were offered over a six week period in conjunction with the Bluegrass Healthy Marriage Initiative. The initiative is collaboration between the University Of Kentucky College Of Family Studies and the Bluegrass Healthy Marriage Partnership. The Initiative looks to improve children's well-being and family stability through the strengthening of family relationships.

In the summer of 2009 a Parenting Group was held for parents with young children. This was conducted by the Project Coordinator. Topics included child development, fostering growth and development and limit setting and discipline. This free group included dinner and childcare. Seventeen families participated in one or more of the sessions.

Throughout the project period, the project coordinator and interpreter served on several committees to assist with the acquisition of community resources and information to assist clinic families. These included the Bluegrass Migrant Health Coalition, the Fair Housing Committee, The Operations Committee for Welfare to Work, Lex-Care Transportation Committee and the HANDS Home Visitation Advisory Council.

Cumulative reports for the funding period indicate an average of 207 monthly interpretation services. These encounters assisted Spanish speaking families as they scheduled appointments by phone and in person, and received services through the on-site WIC, dental and health care clinics. Referrals to community partners averaged 30 encounters a month. Families were likely to be connected to health related services, employment, transportation and for basic needs such as food and clothing banks. The project experienced an unexpected high rate of staff turnover as discussions by the local government began on relinquishing ownership of the clinic due to budgetary reasons. This resulted in several changes in project directors and related staff resulting in fragmented data collection.

PUBLICATIONS/PRODUCTS: A Lexington Resource Guide was developed to serve both the patients and medical providers. A Patient Satisfaction Survey was developed to gauge quality of services for clinic patients. This was available in English and Spanish. Information sheets distributed at well-child appointments were translated into Spanish. The staff participating in Spanish classes received a binder of information on common medical phrases.

DISSEMINATION/UTILIZATION OF RESULTS: Results were shared with the University of Kentucky as they assumed all functions of the Family Care Center Health Clinic. Results were not shared in a formalized manner with State resources.

FUTURE PLANS/FOLLOWUP: The University of Kentucky assumed responsibility for all financial and medical aspects of the Family Care Center Pediatric Clinic on July 1, 2009. They previously provided medical support through a Memorandum of Agreement with the Lexington-Fayette Urban County Government and the UK Colleges of Medicine, Nursing and Dentistry. The clinic remains one of the largest providers of pediatric care for low-income families. A full-time position funded by a need for interpretation/translation services identified by the Family Advisory Board remains on staff. This position compliments use of the language line to assist providers in serving Spanish speaking families. New pediatric patients receive a family packet of information on valuable community resources and health related information. Families attending their first newborn well child appointment are screened for HANDS – the statewide home visitation program for first time parents. The clinic social worker provides counseling sessions at no costs to families relating to childhood disorders for interested parents.

ANNOTATION

The Family Center for Healthy Futures integrated a family resource center into an existing pediatric practice which served low-income families. Strategies included preventive care screening for family resource needs, expansion of bilingual services for Spanish speaking families, development of a Community Connections Committee and Family Advisory Board. Input from the board guided development of family resource center and identified additional resources. Goals included providing targeted, meaningful support to families in obtaining needed resources to empower and meet their identified health goals.

KEY WORDS

Access to care

Adolescent parents

Culturally competent services

Education

Family Centered Care

Family Support Services

Language barriers

Medical Home

APPENDICIES

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Provider Resource Needs Survey

I am a Pediatric Resident __1__ __2__ __3rd year
 I am a Triple-Board Resident __2__ __2__ __3__ __4__ __5th year
 I am a nurse practitioner __

	No	Sometimes			Never
	1	2	3	4	5
I am able to identify resource needs in my patients.					
I have adequate training about available resources and referrals.					
Current screening tools are helpful in identifying resource needs of my patients.					

Resources	Competent managing				I have adequate Referral source			I need more training	
	Not		Very		No		Yes		No
	1	2	3	4	1	2	3	Yes	No
Child care	—	—	—	—	—	—	—	—	—
Clothing	—	—	—	—	—	—	—	—	—
Housing	—	—	—	—	—	—	—	—	—
Employment	—	—	—	—	—	—	—	—	—
Financial Services	—	—	—	—	—	—	—	—	—
Transportation	—	—	—	—	—	—	—	—	—
Family Health Care	—	—	—	—	—	—	—	—	—
Education	—	—	—	—	—	—	—	—	—
Bilingual Services	—	—	—	—	—	—	—	—	—
Parenting Skills	—	—	—	—	—	—	—	—	—

Comments on training or service needs in resource needs of Family Care Center: _____

Thanks so much for taking the time to complete this survey!

CC use only
Intake: _____
Date: _____
Time: _____
Onsite ___ Offsite ___

Family Care Center
Social Services Team Internal Referral

Date of referral: _____ Person referring: _____

Name of client: _____ Date of birth: _____ Age: _____

Parent/guardian: _____ Phone number: _____

Address: _____

Other children/adults in the home: _____

Social Security Number: _____ School : _____

Foster care: yes ___ no ___

If yes: DCBS worker: _____ Phone number: _____

Foster parent: _____ Phone number: _____

Client/parent is aware of referral: yes ___ no ___

Type of referral: mental health ___ social services ___ resources ___

Specific area(s) of concern: _____

Report made to DCBS: yes ___ no ___ If yes, date contacted _____ name of worker _____

Please indicate priority of need:

1 2 3 4 5
mild (less urgent) moderate (more urgent) extreme

Reason for referral:

Relevant past history: Comp Care ___ UK ___ in-patient ___ Other ___

Contact: ___ Phone call attempted successful
date: _____
date: _____
date: _____
___ Appt scheduled Kept DNKA
date: _____

FAMILY CARE CENTER CHILDREN'S HEALTH CLINIC

Patient Satisfaction Survey

We would like to know how you feel about the services we provide so we can make sure we are meeting your needs. Your responses are directly responsible for improving these services. All responses will be kept confidential and anonymous. Thank you for your time.

Your Age: _____

Your Race/Ethnicity: _____ Asian

Your Sex: Male _____; Female _____

_____ Pacific Islander

_____ Black/African American

_____ American Indian/Alaska Native

Person completing form: Patient; Parent; Grandparent; Guardian

_____ White (Not Hispanic or Latino)

Foster Parent; Friend;

_____ Hispanic or Latino (All Races)

Other _____

_____ Unknown



Please circle how well you think we are doing in the following areas:	GREAT 5	GOOD 4	OK 3	FAIR 2	POOR 1
Ease of getting care:					
Ability to get in to be seen	5	4	3	2	1
Hours clinic is open	5	4	3	2	1
Convenience of clinic's location	5	4	3	2	1
Prompt return on calls	5	4	3	2	1
Waiting:					
Time in waiting room	5	4	3	2	1
Time in exam room	5	4	3	2	1
Waiting for tests to be performed	5	4	3	2	1
Waiting for test results	5	4	3	2	1
Waiting for immunizations	5	4	3	2	1
Waiting for treatments(ex. Albuterol nebulizer; ear wash)	5	4	3	2	1
Staff:					
Provider: (Physician, Dentist, Physician Assistant, Nurse Practitioner)					
Listens to you	5	4	3	2	1
Takes enough time with you	5	4	3	2	1
Explains what you want to know	5	4	3	2	1
Gives you good advice and treatment	5	4	3	2	1
Nurses and Medical Assistants:					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1

PLEASE TURN PAGE OVER AND COMPLETE THE OTHER SIDE



Please circle how well you think we are doing in the following areas:	GREAT	GOOD	OK	FAIR	POOR
	5	4	3	2	1
<i>All Others:</i>					
Friendly and helpful to you	5	4	3	2	1
Answers your questions	5	4	3	2	1
Confidentiality:					
Keeping my personal information private	5	4	3	2	1
Facility:					
Neat and clean building	5	4	3	2	1
Ease of finding where to go	5	4	3	2	1
Comfort and Safety while waiting	5	4	3	2	1
Privacy	5	4	3	2	1
The likelihood of referring your friends and relatives to us:	5	4	3	2	1

Do you consider this clinic your regular source of care? Yes No

After Hours Health Care Coverage:
 At the main entrance to the building, have you seen the sign with numbers you can call to receive care in the evenings and/or weekends for your child? Yes___ No___

Do you know how to access care for your child after 5 pm on weekdays and weekends? Yes___ No___

Did you know that after 5 pm if you call the clinic number 288-4053, it automatically connects you to our answering service and there is an opportunity to have your child seen at UK's Pediatric Twilight Clinic? Yes___ No___

Have you used our after hours phone service? Yes___ No___

Has your child been seen in the UK's Twilight Clinic? Yes___ No___

Would you like our clinic to have evening and weekend hours for sick visits? Yes___ No___

What do you like best about our Clinic? _____

What do you like least about our Clinic? _____

Suggestions for improvement? _____

Thank you for completing our survey!!!!

