# “How to” Guide: Implementing Plans of Safe Care via Family Home Visiting (FHV) referrals:

Pregnant or newly parenting families with substance use concerns can benefit from referrals to community resources to help them thrive and address their increased risk for adverse outcomes including concerns requiring DCYF intervention. Federal and NH state laws also require that health providers support these families in developing a “Plan of Safe/Supportive Care” (POSC), “to ensure appropriate referrals are made and services are delivered to the infant and affected family members”. Family Home Visiting (FHV) programs are voluntary prevention services that support families directly and help them connect to other services and resources they may need (e.g. help implementing a Plan of Safe Care). This “How to Guide” shares a sample process and resources prenatal clinics and birthing hospitals can adapt and use to connect families to FHV as part of the POSC.

NH’s Division of Public Health funds Family Resource Centers and other agencies to provide the [**Healthy Families America**](https://www.healthyfamiliesamerica.org/our-approach/) **(HFA)** model of FHV statewide.

* **HFA NH** has a prenatal focus and [strong evidence](https://preventionservices.abtsites.com/programs/202/show) of preventing maltreatment and adverse childhood experiences. It offers optional RN visits, direct parenting supports (e.g. safe sleep education), and can connect families to concrete needs (e.g. diapers, pack&plays) and other resources (e.g. WIC, ESS).
* Most families with Substance Use concerns will be eligible for HFA. But if HFA isn’t the best fit, agencies will connect a family with [other resources](https://c1abd428.caspio.com/dp/9c5c6000eedd5ca82fbb46aba81d).

## Step-by-Step guide for referring a Pregnant or newly Parenting Patient using Substances to Family Home Visiting :

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| 1. **Intro POSC & Offer FHV to patient**
 |  | 1. **Warmly Refer patient to FHV**
 |  | 1. **Persistently Follow-up**
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| * Offer FHV referral by emphasizing how it can help patient reach their goals and connect families to other supports identified on their POSC. See suggested talking points below.
* Share FHV brochure &/or FHV video with patient
* Ask patient if FHV agency staff can virtually join for a few minutes of upcoming appointment so they can intro themselves & the program (*this can occur before patient accepts/declines the service as part of the referral “pitch” or after they accept the service as a “warm handoff”*)
* If patient declines Family Home Visiting referral:
	+ Ask “Why” to inform future offers
* Consider if additional info on how FHV meets their needs or follow-up discussion with others (e.g., peer, clinician, FHV staff) might address their concerns
 |  | * Determine appropriate Family Home Visiting agency using below catchment area cheat sheet or NH Children’s Trust [search tool](https://c1abd428.caspio.com/dp/9c5c6000eedd5ca82fbb46aba81d).
* *If patient hasn’t accepted services* but is willing to meet FHV staffer to learn more, invite FHV agency staff to join a few minutes of upcoming appointment to further explain FHV (in-person or by phone or video).
* *If patient already accepted services:* Help patient complete, sign, and submit appropriate providers’ referral form. Request FHV agency staff join upcoming patient appointment for a warm handoff.
* If joint appointment isn’t possible, use other warm handoff techniques. E.g., help patient make plan to connect with FHV agency; ensure patient knows name and number of who will be calling them from FHV agency.
 |  | *Ongoing** If parent doesn’t initially accept, consider opportunities to re-offer, such as when a specific need emerges or circumstances change (e.g., lost housing or grandparent leaves). Treat referral as a conversation.
* Ask family if they need additional help connecting with FHV agency
* Close the loop w/ FHV agency to confirm family enrolled, OR help engage family
* Appoint a staff person to keep track of all the practice’s active Family Home Visiting referralsand regularly check in (e.g. standing 10 min. phone call) with the FHV agencyto a) confirm enrollment or b) coordinate warm handoffs at upcoming patient appointments
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| * Coordinate with hospital social worker on POSC development and in-progress referrals
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# Family Home Visiting Referral Cheats Sheet

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| **HFA Family Home Visiting Providers for [INSERT HOSPITAL OR CLINIC] typical catchment area\*** |
| Waypoint- Hillsborough & Merrimack Counties (Waypoint also serves Rockingham County)

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| --- | --- |
| **Hillsborough County** *(603*-518-4390) | **Merrimack County** *(603*-518-4390) |
| AmherstAntrimBedfordBenningtonBrooklineDeeringFrancestownGoffstown | GreenfieldGreenvilleHancockHillsboroughHollisHudsonLitchfield Lyndeborough | ManchesterMasonMerrimackMilfordMount VernonNashuaNew BostonNew Ipswich | PelhamPeterboroughSharonTempleWeareWiltonWindsor | AllenstownAndoverBoscawenBowBradfordCanterburyChichesterConcord | DanburyDunbartonEpsomFranklinHennikerHill HooksettHopkinton | LoudonNew LondonNewburyNorthfieldPembrokePittsfieldSalisburySutton | WarnerWebsterWilmont |

 | Belknap-Merrimack CAP

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| **Belknap County** *(603-677-2048)* |
| AltonBarnsteadBelmontCenter HarborGilfordGilmanton | LaconiaMeredithNew HamptonSanborntonTilton |

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| \*NH DPHS funds Family Resource Centers and other agencies to provide the [**Healthy Families America**](https://www.dhhs.nh.gov/dphs/bchs/mch/documents/hfa-factsheet.pdf) **(HFA)** model of Family Home Visiting statewide. To determine other towns’ provider, use NH Children’s Trust’s town-by-town [directory](https://c1abd428.caspio.com/dp/9c5c6000eedd5ca82fbb46aba81d) of HFA & other Family Home Visiting programs: [www.nhchildrenstrust.org/local-services](http://www.nhchildrenstrust.org/local-services) |

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| **How to schedule a HFA Family Support Specialist to join a prenatal appointment for a warm referral “handoff”:**  |
| * If you you plan to offer a patient Family Home Visiting, you can contact the appropriate provider agency in advance of your meeting with the patient and ask if the agency is available to virtually join your patient meeting to intro themselves (and potentially schedule an Intake appointment) to the patient.
* **Reach out to**: *[Insert contact people at each of the home visiting providers to whom you most frequently refer (should match who is highlighted in matrix above). Determine the best contact info for them]* to coordinate. Use NH Children’s Trust [directory](https://c1abd428.caspio.com/dp/9c5c6000eedd5ca82fbb46aba81d) to find contact info for other regions’ FHV providers.
* While meeting with the patient, ask them if you can video-conference in the FHV Family Support Specialist to intro themselves. If they say yes, use a phone or office iPad to initiate the pre-coordinated video-conference with the FHV Family Support Specialist.
* If the above isn’t possible, email submit the patient’s signed referral form to the appropriate FHV agency after meeting with the patient. If there is time before the patient discharges from the hospital, try to arrange a warm handoff at a later point. If not, remind the family about the referral prior to discharge.
* Alert the child’s PCP that a POSC referral has been initiated that they should follow up on to see if they can help the family connect with services
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##### **Supporting Resources**

* HFA [brochure](https://www.dhhs.nh.gov/dphs/bchs/mch/documents/hfa-rack.pdf) and explanatory video (~1 minute): [www.youtube.com/watch?v=xmN9kIm\_O9U](http://www.youtube.com/watch?v=xmN9kIm_O9U)
* Referral forms and agency-specific marketing materials for your local HFA Home Visiting Providers (*request from local agency*)
* NH Children’s Trust’s town-by-town [directory](https://c1abd428.caspio.com/dp/9c5c6000eedd5ca82fbb46aba81d) of HFA and other Family Support & Strengthening programs: [www.nhchildrenstrust.org/local-services](http://www.nhchildrenstrust.org/local-services)

# Evidence-based strategies for how to effectively offer Family Home Visiting (FHV)

* Give family context for what you’re offering—offer to virtually connect them to a FHV staffer, share brochure, and/or show explainer video
* Customize your referral offer to the specific family and stress relevant desirable benefits of home visiting, especially the concrete supports
* Avoid language that implies shame or risk factors, or any suggestion there is one path to successful parenting. Emphasize that FHV is nonjudgmental.
* Highlight how Family Support Specialists can support the parent’s strengths—they offer tailored information and suggestions based on family goals.
* If parent doesn’t initially accept, look for opportunities to re-offer, such as when a specific need emerges or circumstances change (e.g. grandparent leaves)

### Suggested Talking Points:

* Parenting is a tough job. Babies don’t come with instruction manuals. Every parent could use a little support. **Family Home Visiting (aka Family Support & Strengthening) programs offer child development expertise, referrals, and general support to help new parents with whatever they need, including:**
	+ Connecting with needed resources, e.g. diapers, pack & plays, window guards, Medical insurance, Childcare, Housing, Healthcare, Jobs, and more.
	+ Tips & activities to support healthy child development and connections to parenting groups and other peers
	+ Advice on how to keep you and your baby healthy and thriving—some (including NH’s HFA program) even offer visits from a Registered Nurse
	+ Someone to talk to about the struggles, challenges and the joys of being a parent; someone who is 100% on your family’s team and there to help
* Family Home visiting is **free and voluntary; it is NOT part of DCYF**. Visits can happen at home, or wherever is most convenient and comfortable for you.
* Visits **can happen as little as once to just help you connect with local resources or for up to several years, if you’d like more support.**
* Family Home visiting is **organized around you, your goals for yourself and for your child**—you drive what happens in a visit
* Family Support Specialists are **non-judgmental** people who will work with you and focus on your strengths and the love you have for your baby
* *NOTE*: The Healthy Families America Family Home Visiting program is NOT the NH Healthy Families MCO (families often confuse the two).

### Sample Referral Offer Scripts

**Focusing on Parent:** Being a parent can be stressful. But, it can also bring you joy and be your most rewarding job. Working with a Family Support Specialist can help. It’s free, voluntary and takes place in the comfort of your own home. A Family Support Specialist understands the challenges of being a parent and is someone you can talk to about the stresses and joys of being a new parent. A Family Support Specialist is a resource you can rely on for support and advice. What happens during a home visit is organized around your goals and priorities. They will also talk with you about how your baby is growing and what you can do to get your baby off to a healthy, strong start, ready for school and ready for life. Can I introduce you to a Family Support Specialist to learn more?[[1]](#footnote-1)

**Focusing on Child Development:** Babies don’t come with instruction manuals, but being a parent can be one of the most rewarding jobs you have. Family Home visiting is free and voluntary. A Family Support Specialist can meet you where you are—in your home and based on your goals. Family support specialists can help you tap into your strengths and love for your baby so you can be the best parent for your baby. Family support specialists can provide information and support during pregnancy and throughout a child’s earliest years—a critical development period. They will talk with you about how your baby grows, how to bond with your baby and how to help your baby stay healthy and get off to a strong start. Can I introduce you to a Family Support Specialist to learn more?[[2]](#footnote-2)

1. Source: Illinois Home Visiting Collaborative igrow, “Talking to parents and partners about home visiting”,. Referral Offer scripts were developed based on data collected from a [MIHOPE implementation study](https://www.mdrc.org/publication/implementation-evidence-based-early-childhood-home-visiting), which evaluated MIECHV-funded programs in states, through a randomized control trial. *Note: The study showed 51% of mothers who enrolled in home visiting reported that their decision to participate was based on wanting general advice and support from the evidence-based models.* [↑](#footnote-ref-1)
2. Source: ibid. *Note: One-third of women who enrolled wanted to learn how to be better mothers and get parenting support; one-fourth of women wanted to learn ways to improve their children’s health, support their children’s development, and find good child care.* [↑](#footnote-ref-2)