

Enhancing Virginia's MIECHV Home Visiting Services through Behavioral Health Integrated Centralized Intake

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Behavioral Health Integrated Centralized Intake

Background

The Virginia Department of Health (VDH) and Virginia Home Visiting Consortium, in planning their MIECHV Expansion Grant, have considered **two important innovations in statewide service delivery**:

1. Expansion of centralized intake to promote coordinated systems of care and a consistent point of entry into home visiting; this is particularly important in regions of Virginia where multiple home visiting programs co-exist with differential admission and retention criteria, as well as service priorities.
2. Implementation of a high risk behavioral screening tool as a means to quickly and concurrently identify pregnant and postpartum women at risk for mental health, substance abuse, smoking and interpersonal violence. This comprehensive screening may be particularly important early in the home visiting referral process in order to successfully link women and families with the best available fit among home visiting programs, as well as linkages to community resources, beginning at the time of enrollment.

The development, implementation and evaluation of Behavioral Health Integrated Centralized Intake ("BHCI") in Virginia includes a comprehensive approach to the assessment of specific needs and capacity with regard to both centralized intake and behavioral health risk screening and referral, the formative infrastructure development process for home visiting programs and partnerships in Virginia, as well as training and technical assistance in the implementation and evaluation of comprehensive behavioral health screening infused into centralized intake expansion within Virginia's maternal and child health home visiting programs.

Benefits to further developing the centralized intake ("CI") process within Virginia:

- ◇ CI offers a streamlined and effective process for both individuals and providers, facilitating access to home visiting services without the need to contact multiple agencies individually to determine "best fit" among several programs.
- ◇ CI may allow for more equitable distribution of eligible service referrals among home visiting programs, basing referral on objec-

tive need and fit with service criteria. This approach minimizes competition between programs and potentially boosts overall enrollment by centralizing the time spent in separate marketing and outreach activities.

- ◇ Psychosocial challenges concurrently experienced by many women *which impact their receptivity to and full participation in home visiting programs* can be more openly discussed and fully addressed when identified and taken into consideration early in the intake process, rather than after the point of enrollment.

These previously expressed concerns of the Home Visiting Consortium serve as the foundation for this MCHIEV expansion project.

Overarching Research Question

To what extent does expansion of the centralized intake process, incorporating high risk behavioral health screening, improve a) access and linkage to home visiting services; b) recognition of and response to psychosocial risk compounding maternal and child health; and c) community service linkage and utilization for women at elevated psychosocial risk?

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