



PHC Steering Committee Meeting - March 2017

Meeting Purpose:		To brainstorm about the PHC Early Childhood Wellness Hub Model. 1. Current referral system at the AFRC 2. Current referral system that service providers use 3. Ideal referral process for AFRC Pilot				
Date:	3/7/2017	Time:	12:00-2:00pm	Location:	Alhambra Family Resource Center 6615 N 39th avenue Phoenix, Arizona	
Attendees:		Jeff Zetino, Alejandra Kisebach, Janet Moreno, Amy Corriveau, Dulce Ruelas, Emily Singleton, Kelsey Engelbracht, Kristen Challacombe, Kyle Giblin, Nora Lozano, Susan Junck, Susan Smith, Briana Hupe, Maria Ballon, Jessica Estalo, Elsa Valencia, Lynn Moriarty, Anette Hall, Shirley Velazquez, Jannelle Radoccia, Janet Kurgala, Camille Rasmussen, Marta Urbina, Samer Hassan, Lauriane Hanson, Jeanette Mallery				
Topic		Discussion Lead(s)		Expected Outcome(s)		Timeframe
Introductions and ways of working		Jeff, All		Discuss what is expected of this meeting		12-12:20
Notes	<ul style="list-style-type: none"> • Insight into the referral process • Develop a better understanding for collaboration • Get ideas for how each organization can contribute/partner/connect with the program • How can we all work together to serve families in the community 					
Topic		Discussion Lead(s)		Expected Outcome(s)		Timeframe
AFRC Pilot Project Recap		Jeff		Summarize and clarify project objective, answer general project questions		12:20-12:45
Notes	<ul style="list-style-type: none"> • The HUB will be a physical place, centered in the Alhambra Elementary School District and a community asset • There is nothing else like the HUB around Glendale but we want to partner and learn from other resource centers • Services will be referred out of the HUB • We need to do more than just checking a box for follow ups • The HUB model will strengthen the community by giving them more responsibility • We need clearer, more specific pathways 					
Topic		Discussion Lead(s)		Expected Outcome(s)		Timeframe
AFRC Referral System		Lynn Moriarty, All		Breakout groups:		12:45-1:00

		<ol style="list-style-type: none"> 1. What will it take to have Peds/Beh./Early Ed. use a uniform process 2. What would be the elements of a referral system? 	
<p>Notes</p>	<p>Lynn discussed the barriers to the current referral system at AFRC:</p> <ul style="list-style-type: none"> • Can't keep track of where the referrals are going/coming from • There needs to be a referral system streamlined • Busy staff • All the organizations involved use different paths, need to centralize the referral system • Need an entrance point and set pathways • Need community engagement, warm handoff, service kids above 5 y.o., outreach help <p>-----</p> <ul style="list-style-type: none"> • Referral tracking system and a way to analyze data to determine the biggest needs of families • Simple, shared database with the HUB and providers, create a confidential profile for each family and each child • Referral process should be quick and not time consuming • Release of Information checklist • Common language with terminology that everyone (providers, CHWs, partners) understand • Common training for CHW and CCCs with a standard pathway plan presented to the family • "Match.com", meet the needs of the family and find exactly what they need based on what they say not what the CCC thinks they need • Family centered, the HUB connects the family to the solution and is easy for the parents • Find the family's top 3 focus areas with goals, methods, timeline, status, and transition plan • Warm transfer of information/services to build a 3-way relationship with families and providers and HUB • Build on the strengths of the family, not just what's wrong • 2 generational approach, work with the parent and the child • Culturally and linguistically appropriate • Access the family's stage of change, they need to be ready to change and improve • If they are not ready to change, develop a plan with them for when they are so we don't lose them • Develop a timeline for families to get services • Let the professionals do their job, the HUB just wants to connect families with providers 		
<p>Topic</p>	<p>Discussion Lead(s)</p>	<p>Expected Outcome(s)</p>	<p>Timeframe</p>

Community Care Coordination	All	Breakout groups: <ol style="list-style-type: none"> 1. Can CHW serve as CCCs? 2. What are reasonable expectations for partners that refer clients to Alhambra Pilot Project 3. What are reasonable expectations for CHW and CCCs 	1:00-1:45
Notes	<ul style="list-style-type: none"> • Real engagement and active listening from CHWs and CCCs is required to establish the family's priorities • Yes to incorporating community members as CHWs but there should be a required training • From past experience, community members (as CHWs) seem to agree and follow confidentiality guidelines • ARC volunteers, and parent-liaisons could be CHWs • CHW training provides opportunity for growth, mentorship, and empowers the individual • Someone should be accountable for CHW team • There should be access to different levels of security for paid vs. volunteer CHWs and different expectations • Tiered Triage System: <ol style="list-style-type: none"> i. Info only (brochures, pamphlets) -> can refer to CHWs for more info ii. Volunteer/Paid (CHWs) -> refer to CCCs iii. Paid professional (CCCs) -> connect with providers • Families should be able to access CCCs through more portals than just CHWs (i.e. school staff) • Interns and student social workers ("Uber SW") as possible contract coordinators to support the need • Feedback stream to confirm that the referral was a match and meaningful 		
Summary	<p>Everyone was on the same page about the essential elements of a referral system. The referral process should be easy to use and in a common language understood by providers and CHWs. The referral system should include a shared, confidential electronic database accessible by providers and the HUB that streamline pathways for each family and the children. The referral process is centered on the needs of the family as expressed by the family. It is culturally and linguistically appropriate for them in each stage of change they are in and connections are made in a timely fashion.</p> <p>The employees of the referral process should be paid and/or volunteers. There should be a tiered triage system where families can information at different levels, (i) information only (ii) simple pathways, don't require many referrals or follow ups, (iii) more complex family situation that require a higher level of expertise.</p>		
Meeting Success: <ul style="list-style-type: none"> • Collaboration for the community 		Meeting Areas for Improvement: <ul style="list-style-type: none"> • Need more meeting time 	

- **Excited for ideas**
- **Members on the same page**
- **Meeting place was convenient**
- **The setup of the tables was ideal for breakout groups**
- **Great meeting, a lot of energy in the room**
- **Ready to hit the ground running**
- **Food was good**
- **Jeff's positive energy and facilitation skills**
- **Amount of expertise in the room**
- **Variety of people and positive energy**
- **Go, Pause, Stop signs**
- **Freely think outside the box**

- **Too much to discuss**
- **Agenda too ambitious**

Next Steps:

- **Steering Committee: 4/4/2017- Family Engagement: Training and Strategies**