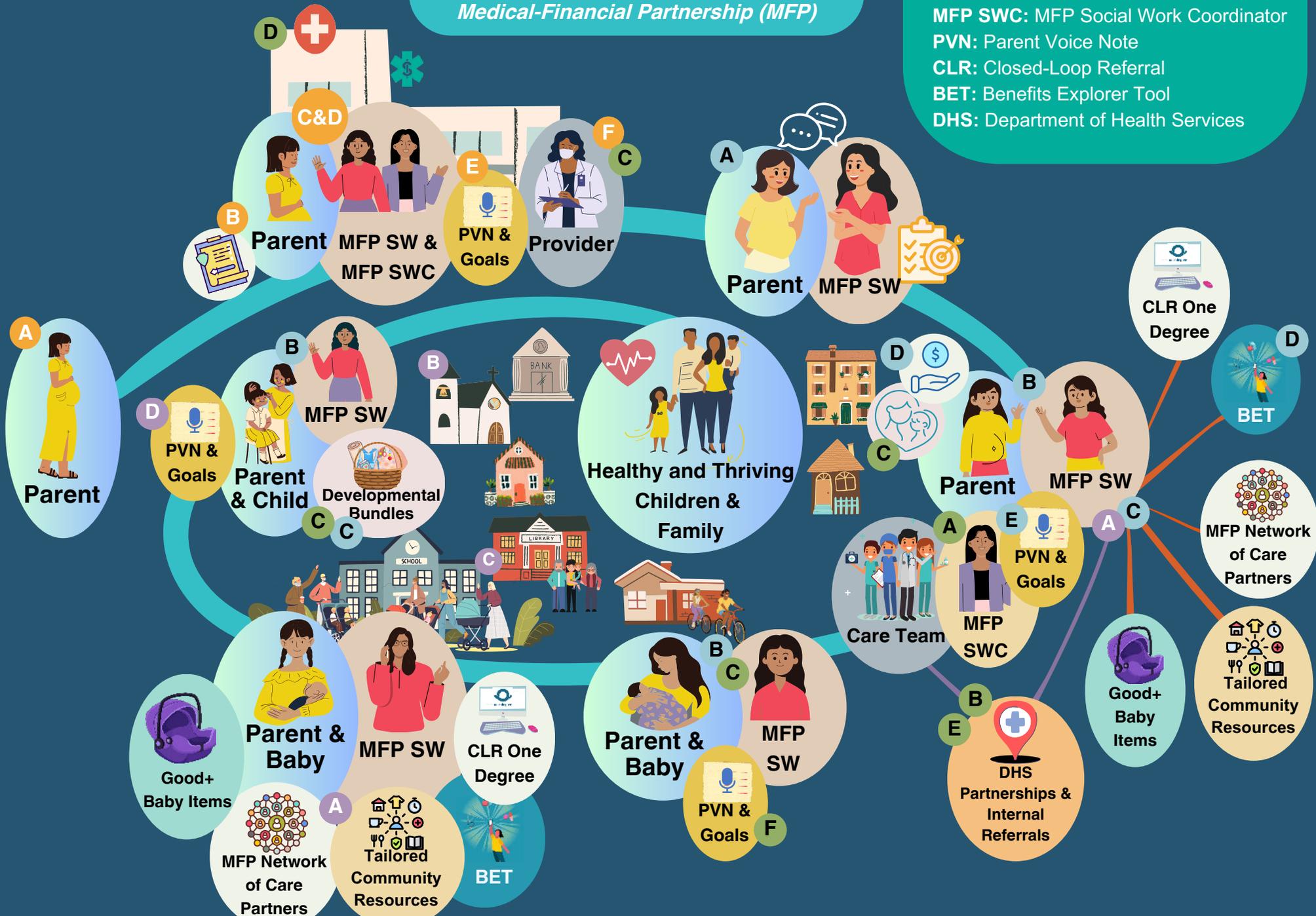


Map of a Parent's Journey

Medical-Financial Partnership (MFP)

Abbreviations Key

- MFP: Medical-Financial Partnership
- MFP SW: MFP Social Worker
- MFP SWC: MFP Social Work Coordinator
- PVN: Parent Voice Note
- CLR: Closed-Loop Referral
- BET: Benefits Explorer Tool
- DHS: Department of Health Services



The Importance of “The Welcome”

A) Prenatal - newborn (birth-3 years) parent/family visits the clinic. MFP SWC/SW has reviewed daily clinic schedule to identify families to approach & attends clinic’s morning huddle to communicate clinic visits that MFP SWC/SWs will attend for enrollment & check-ins.

B) Eligibility criteria: age, empaneled to clinic, family readiness for MFP services

C) Parent/family is introduced to LA PPC/MFP Program by MFP SWC in the clinic, who shares that the program includes:

- Partnering with parents/families to **promote strengths, achieve goals and priorities, and improve overall family health and well-being**
- Investing in parents to strengthen **parent-child relationships, bonding, child development, and early relational health**
- Maintaining connections to **address whole family financial & social circumstances, reduce barriers/stressors, and provide comprehensive care** for families
- Centering **parent voices and choices** in clinical and healthcare settings

D) MFP SWC enrolls parent into program and provides a warm hand-off to MFP SW that will be the team member providing 1-on-1 longitudinal parent-centered support at pediatric visits and in between visits.

E) Parent and MFP SWC complete Parent Voice Note (PVN). The importance of the PVN is to understand parent’s priorities, hopes, dreams, cultural/parenting or family values, strengths, supports, service interests, service connections. PVN is completed in the clinic if time permits or a scheduled phone call soon after. MFP SWC provides a copy of PVN and charts into electronic health record to make available for future coordination with parent/family & care team.

F) Parent/family and provider meet for clinic visit

Journey Map Key

The Importance of “The Relationship”

A) Development of parent relationship with MFP SW through PVN all leading to goal creation, planning, and action steps

B) Ongoing support from MFP SW via telehealth and clinic visits

C) Promotion of social-emotional development and parent-child bonding through strengths-based priority planning, early and ongoing identification of developmental needs, and developmental resource linkage and tools.

D) Financial stability planning through supports, such as the Benefits Explorer Tool

E) PVN updated as priorities, goals, and hopes change

The Importance of “Community Partnerships”

A) Coach supports connection to services and resources to support early relational health & address social needs, such as developmental services, mental health, housing, immigration, food insecurity, education, childcare, and employment through:

- **MFP Network of Care partners referrals**
- **BET for public benefits enrollment**
- **CLR & One Degree**
- **Tailored community resources**
- **Good+ baby items**

B) Faith-based, spiritual, cultural supports

C) Social supports (extended family, friends, community residents)

D) PVN updated as community connections and supports change

The Importance of “Care Coordination”

A) Ongoing communication with MFP SW, MFP SWC, & primary care team to prioritize care planning for children & families

B) Enhanced care coordination and linkage to DHS partnerships & internal referrals (e.g. Medical-Legal Partnership)

C) Early and ongoing identification of behavioral health, developmental, and healthcare coordination needs.

D) Addressing barriers to care access (e.g. insurance, medical billing, empanelment)

E) Connecting to mental health services for parents/families within LA County DHS.

F) Updating PVN with all care coordination activities in the electronic health record to make available for care teams and families.

The MFP Welcome & Experience

Impact on Children & Families

“I’m actually very, very thankful that we said yes...that first day, because that definitely changed our life. It turned our life around for the better.” - MFP Parent



“I think we cannot...help solve anyone’s problems or help someone at the point of their needs if we first don’t find out what really matters to them...It’s only when we understand & know what they need, that we can do our best to meet them at the point of their needs based on the resources &...knowledge that we have.” - MFP Parent Leader

MFP Parent Satisfaction

“I hope that [the program] gives other parents an opportunity to be themselves as a parent, but just also as an advocate for their children. I hope it brings them many resources & tools to enhance their parenting skills already.”



-MFP Parent Leader

Qualitative data was collected through **parent listening sessions & focus groups** with 2 dozen MFP parent participants:

- found **strong acceptability & support** for MFP program
- parents identified program benefits such as:
 - *parent priority-related goal attainment, increased parent education & access, parent empowerment*

100% of parent participants reported that they **would recommend the MFP program** to a friend and/or other family

Clinic Staff & Clinician Satisfaction

“Your team is offering [services] in a way that does not disrupt medical clinical care. It’s a really big asset to what we can do & that we’re thinking with a biopsychosocial model about health” -Clinic Provider



Qualitative data was collected through **clinician & clinic staff interviews & focus groups** with over 80 interdisciplinary participants:

- found **high feasibility & universal clinical support/enthusiasm** for MFP program
- participants included:
 - *nurses, nurse practitioners, MD/residents, clinical social workers, community health workers, & clerks*

91% of clinicians & staff reported that they **would recommend starting an MFP program** to a colleague at a different clinic/hospital site

Visit Adherence

MFP parents/families had **higher attendance at well child visits.**

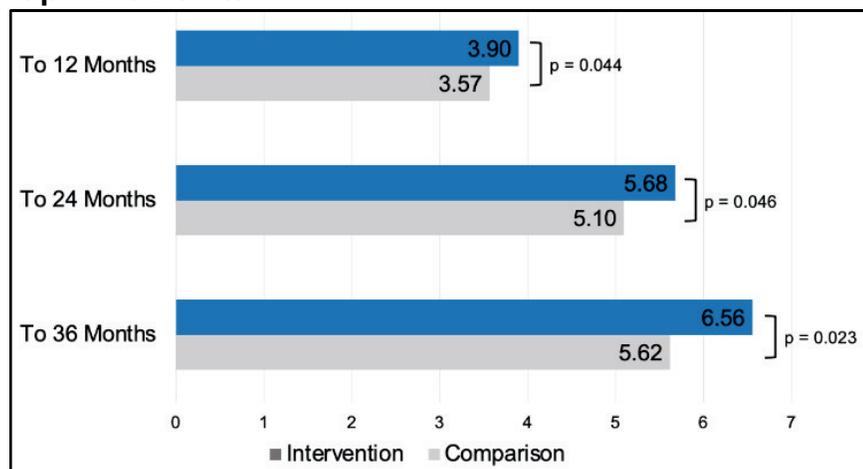
Over a three year period (including the onset of the pandemic), MFP children with parents receiving MFP SW support, in comparison to those not receiving support had:

>20%
fewer no shows



12%
higher attendance at each well child visit

Number of Attended Pediatric Visits at Key Follow Up Time Points



The Relationship Families Build with the MFP

Impact on Children & Families



“I like that they call me & I feel like a lot of motivation to listen to them. You understand? Because I feel like it helps me. For me it is a kind of joy that I know that I am going to get out of this. They can help me.” - MFP Parent on the Relationship



“My coach right now she’s so amazing. Just talking to her makes me so happy. I feel like I could trust people even if it’s not my family and I love them.” -MFP Parent on the Relationship



“We are not just meeting for meetings sake. We are here to solve real problems of the day-to-day hustles of life. Our time is valuable so we are not just meeting in vain. We know problems are being solved & we can all go home happy.” - MFP Parent Leader on Goals

“I love this program...The patients that I've had participate, they've had success, I believe satisfaction, self-confidence....Families are really benefiting from it” -Clinic Provider on MFP Impact

Financial Circumstances



Quantitative data was collected through **surveys** measuring parent-reported longitudinal (every 6 months) change in **family financial circumstances**.

- Surveys also measure parent-reported: *mental health, quality of life, family strengths, child development (including Social Emotional), access to care, demographics, etc.*

MFP has heard from **500+ parents/families** through these surveys, with about an **80% follow-up rate** from parents (*at least one follow-up completed*).

Improvement in Household Income



Parents receiving MFP SW Support reported significant improvement in Household Income & Savings by the 6-month post-enrollment follow-up compared to a comparison group.

Benefits Explorer Tool “BET”

Pilot testing of the BET with clinic families showed **easibility & ease of use** of the tool (N=361):



84% of users would highly recommend the tool to other families

It took an average of **3 minutes** for users to get from landing page to starting a program application



Most users were able to **use the BET independently**, about 5% needed more information or 1:1 help

The BET is offered to MFP parents/families & clinic-wide as a **universal parent support bundle**.

Using **Patient Access Portal Text Campaigns** we shared the BET with Harbor-UCLA families:

- 1691 parent/families accessed**
- Of those that accessed, **33-44%** accessed a **new** benefits application
- Most popular programs: **Utilities discounts (CARE/FERA) & CalFresh (EBT/Food Stamps)**

Developmental Bundles



Evaluation in progress:

We will be conducting parent listening sessions to understand how the developmental bundles impact parent-child bonding & early relational health.

Care Coordination Through the MFP

Impact on Children & Families



“I really look at the pediatrics or the professional building differently because you guys exist there. If I would look at it just [as] a building for kids, it has more meaning to me now because you guys were there.” - MFP Parent on Continuity of Care

“But I feel like the reason why I stay there, like you said, is because of the support, the time you guys always dedicate [to] me & it just made me feel very welcome & very happy to be part of Harbor-UCLA as a patient. And the reason why I never change it as well is because you guys were 100% there, if I need something & any help, you guys just supported me.”
- MFP Parent on Continuity of Care

“Your agency, your existence, & a simple call from you at that time actually took a big chunk of my sadness.” -MFP Parent on Mental Health & Well-being

“And just the way you guys would always support me mentally, that was one of the biggest, I guess courage that you guys gave me just to feel that I was not the only mom and that I was not alone, that there was always a way, but I just had to take little steps at a time not to rush into everything.” - MFP Parent on Mental Health & Well-being



“It’s been helpful when [MFP Social Workers] are carrying one of my patients because...if a patient may not disclose something to me & it’s disclosed to the [MFP SW], the [MFP SW] are able to then inform me & then I’m better able to assess what’s happening...So it’s like having an extra set of eyes on a patient & most of the time they’re high risk.” -Clinic Provider on Care Coordination

Continuity of Care

Qualitative data was collected through parent **listening sessions & focus groups** with 2 dozen MFP parent participants:



Quantitative data was collected with MFP parent/family consent to access **electronic health records**:



Children with parents receiving MFP SW Support were roughly **10% more likely** to **remain empaneled** at their DHS medical home.

92%

of parent participants reported that the **MFP influenced** their decision to **continue bringing their child to the clinic**



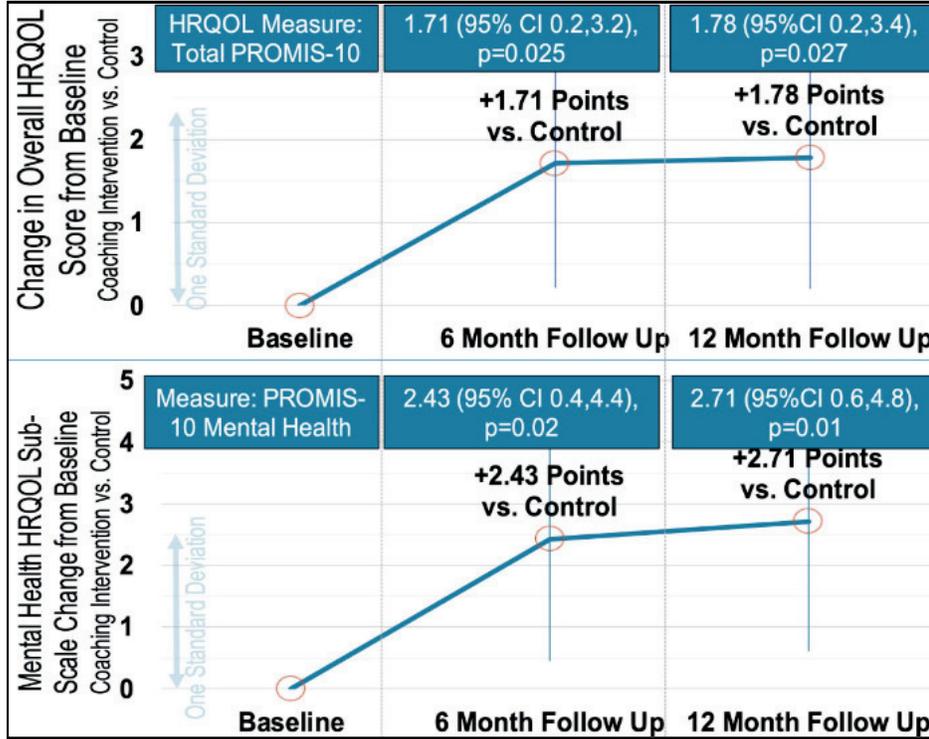
Results to date show **significant improvements** in **rates of vaccination completion** in the **first 6 months of life** for children with parents receiving MFP SW support versus the comparison group.

Care Coordination Continued

Impact on Children & Families

Parent Mental Health

Improved Mental Health Symptoms

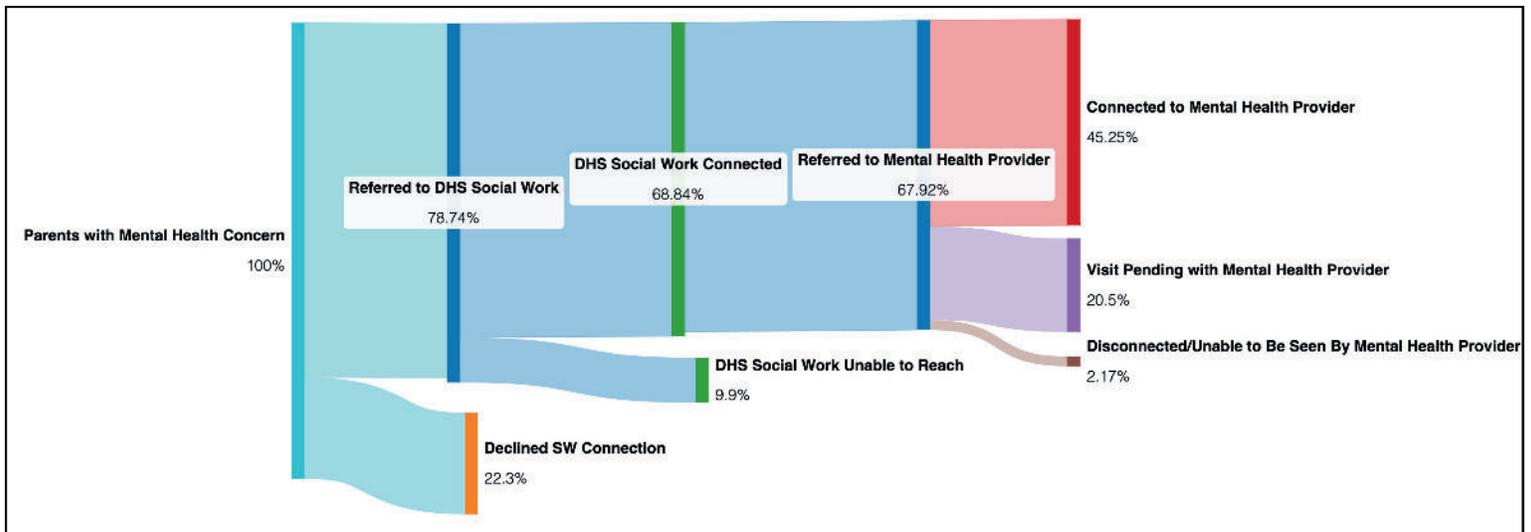


Parents receiving MFP SW Support reported significant improvement in Parent Overall & Mental Health Scores by 6-month post-enrollment follow-up compared to a comparison group.



Quantitative data was collected through **surveys** measuring parent-reported longitudinal (every 6 months) change in Mental Health symptoms.

High Mental Health Connection Rates



Parents receiving MFP SW Support & experiencing mental health concerns had high rates of connection to DHS Social Work & mental health providers.

Quantitative data was collected with MFP parent consent to access **electronic health records** & through MFP internal tracking.

Building Community Partnerships Through MFP

Impact on Children & Families

“Because truly being able to have someone there at hand, having established goals... Explaining, & taking the time each visit you have, while you visit the pediatrician for the child, they give you that support, if you need child care, jobs, assistance from a social program. For me it has been a blessing. For our family it has been a blessing because you really have joined hands with the family.” -MFP Parent



“If I know the resources, I know the way, the programs, I just give them out the same way you guys give it to me because that's how I just feel I should return the things that you guys taught me, so I teach it to others.” - MFP Parent

“I think just the heart of the program like the kind of mission of the program, I think it's extremely important and helpful in our communities. The fact that they have a choice of working with a program like MFP is huge.” - Clinic Provider



“But if we are able to collaborate and streamline the process and be over communicating with each other about our clients, then in the end of the day, not only that we're advancing each other's mission, but in the end of the day, it advances the client as a whole, and it helps them get into whatever goal they're trying to reach.” -Community Partner Organization Provider

Network of Care “NoC” & Closed-Loop Referral “CLR”



44 Community Partner Organizations involved in the NoC & using the CLR



16 DHS Clinics involved in the NoC & using the CLR

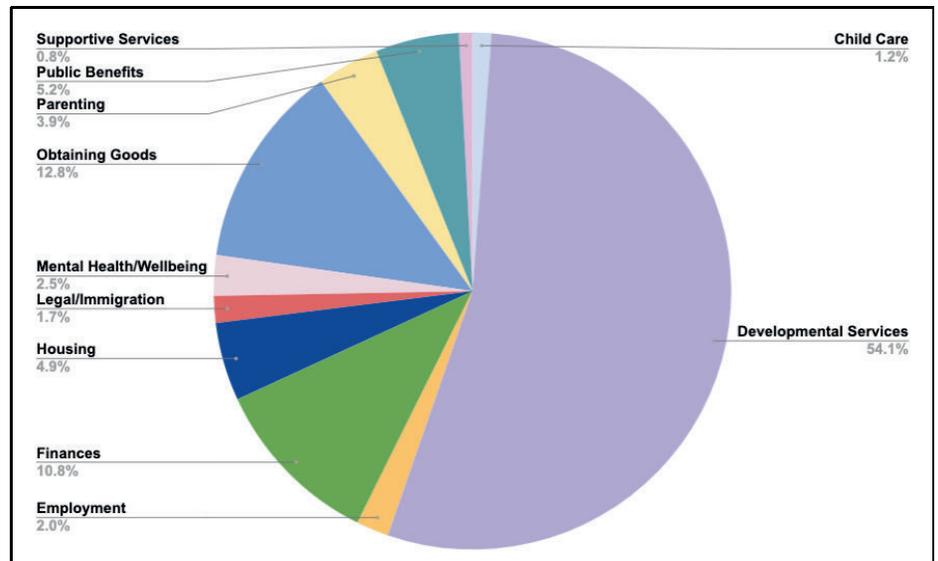


61 Harbor-UCLA Clinic Providers using the CLR to send referrals

Qualitative data was collected through community partner staff & clinician interview with 2 dozen participants:

- found that community partner staff & clinicians perceived the CLR offered opportunities for improved health & health care equity through reduced referral barriers

Closed-Loop Referral Service Domains *Harbor-UCLA Clinic Wide*



The CLR has successfully connected Harbor-UCLA patients/families to NoC community partner organizations to address a range of patient/family priorities.

Quantitative data was collected through the CLR/One Degree:

615

CLR's sent from Harbor-UCLA Clinic from April 2022 to July 2024

24%

Percent of CLR's sent by MFP, the largest portion from a single source