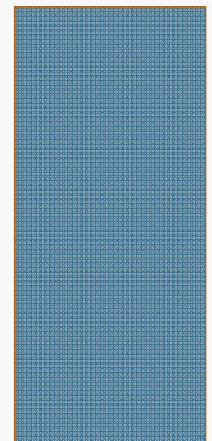


2017 MCH INITIATIVE

FCM AND WIC



BACKGROUND

- Health and Human Services Transformation
 - Town Hall meetings held in June 2016
 - <https://www.illinois.gov/sites/HHSTransformation/Pages/default.aspx>
- HHS transformation team is made up of 13 government entities:
 - Governor's Office,
 - Department of Healthcare and Family Services (DHFS)
 - Department of Children and Family Services (DCFS)
 - Department of Human Services (DHS)
 - Department of Juvenile Justice (DJJ)
 - Department of Corrections (DOC)
 - Department on Aging (DOA)
 - Department of Public Health (DPH)
 - Department of Veterans' Affairs (DVA)
 - Illinois Housing Development Authority (IHDA)
 - Department of Innovation and Technology (DoIT)
 - Illinois State Board of Education (ISBE)
 - Illinois Criminal Justice Information Agency (ICJIA).

GOAL

- The HHS Transformation promises to:
 - focus on prevention and public health;
 - pay for value and outcomes rather than volume and services;
 - make evidence-based and data driven decisions;
 - move individuals from institutions to community care, to keep them more closely connected with their families and communities.

WHERE YOU FIT

State of Illinois

Department of Human Services

Division of Family and Community Services

Bureau of Family Nutrition

Bureau of Maternal & Child Health

WIC Program

FCM Program

Local Agency Providers

PROGRAM GOALS

- Bureau of Maternal & Child Health
 - The Bureau's primary focus is on reducing infant mortality in the State of Illinois by providing primary and specialty health care coordinated with community-based social, educational, occupational, nutritional and behavioral health services.
- Bureau of Family Nutrition
 - The Bureau of Family Nutrition provides nutrition information, education, assessment, surveillance, counseling and supplemental foods to reduce infant mortality and ensure proper growth and development of infants, through such programs as the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

MCH INITIATIVE GOAL

- Goal: WIC/FCM providers will discuss plans for and barriers to employment with new Moms on SNAP at the newborn visit.
- *Lead Measure: Following the WIC/FCM new baby visit staff will document discussions of career/job placement/training plans with new mothers, increasing from 0% to 90% by June 30, 2017.*

WHY?

- Research shows:
 - Collectively there is no consistent support for the notion that children of employed mothers have a hampered mother-child relationship (Ref 1)
 - The parenting quality of full-time stay-at-home mothers is influenced by their beliefs and attitudes toward maternal employment (Ref 1)
 - Mothers who want to be at work and are- have positive relationships with their children
 - Mothers who do not want to stay home and are- show a low level of psychological well-being and poor quality of mother-child relation.

WHY?

- When do low-income immigrant and minority mothers start working after giving birth?
 - 7% -Probability of working in the first month after birth
 - 10%- Probability of working in the third month after birth
 - ~50% have started working by the eleventh month (Ref 2)
 - Mothers who reported planning to work at baseline were more likely to start working at all time points than those who did not plan to work.
- Factors that increase the odds of working are having:
 - maternity leave,
 - plans to work,
 - childcare arrangements
 - a strong work orientation

WHY?

- References:
 - The relation between mothers' attitudes toward maternal employment and social competence of 36-month-olds: the roles of maternal psychological well-being and sensitivity. *J. of Child Family Studies*, 2013, 22: 987-999
 - Predicting the timing of maternal employment after birth among a low-income and ethnically diverse sample. *Community, Work & Family*, 2014, Vol 17, No. 1, 96-114

DOCUMENTATION

GUIDANCE FOR CONVERSATIONS & CORNERSTONE

DURING THE NEW BABY VISIT ASK
MOM:

“What are your plans for returning to work within the next year?”

RESPONSES WILL FALL UNDER ONE OF THREE CATEGORIES:

Already working or with a specific plan to return to work and has no barriers.

Planning to return to work but barriers exist.

Partner is working and there are no plans to return to work.

DOCUMENT OR PROBE FURTHER:

- **Already working or with a specific plan to return to work and has no barriers.**
- Document on Service Entry Screen: **913 service code**
- **Comments:**
 - **Actual work start date – past or future**
 - **“No barriers”**

DOCUMENT OR PROBE FURTHER:

- **Partner is working and there are no plans to return to work.**
- Document on Service Entry Screen: **913 service code**
- **Comments:**
 - **Partner is working**

DOCUMENT OR PROBE FURTHER:

- **Planning to return to work but barriers exist.**
- **Probe:**
 - **What might keep you from returning to work?**
 - **On a scale of 0 -5 with 0 being not very likely and 5 being very likely where would you say you are right now?**
- **Document on Service Entry Screen: 913 service code**

DOCUMENT OR PROBE FURTHER:

- **Planning to return to work but barriers exist.**
- Document on Service Entry Screen: **913 service code**
- **Comments:**
 - Numerical response 0-5
 - Short description of barrier: transportation, childcare, need training, working will reduce my other benefits, no jobs available etc.

DOCUMENT OR PROBE FURTHER:

- **Planning to return to work but barriers exist- continued**
- Document the referral provided on the RF01:
 - contacted: IDHS Family and Community Resource Center (FCRC, aka local office, public aide office), etc.
- At subsequent visits a new 913 service entry with updated numerical response and barrier information will be added.

QUESTIONS

