

HEART PROGRAM

HEALING,
EMPOWERING, ACTIVELY
RECOVERING TOGETHER



GENERAL CONCEPT

- ▶ HEART Program came out of a project from a leadership group made up of hospital staff, health department staff, and an MCO employee who became aware of the increasing number of Mom using drugs while pregnant
- ▶ At the time more than 7 babies a month were being delivered at a local hospital with neonatal abstinence syndrome issues

Funding Sources

- ▶ The Department for Public Health worked to secure funding for the project from KORE funding.
- ▶ The premise was the Mother's separated from birth from a newborn would never bond with the child in the silos of care available
- ▶ Not every Mother can get into a residential care setting with baby.

The Role of Partnerships in HEART

- ▶ Partnerships improve health through collective action and can take on various forms that range from networking, coordinating, cooperating, and collaborating

Importance of Collaboration/Cooperation

- ▶ Within the HEART program collaboration is necessary for a successful program from all partners in support of the shared finish of unification of child/mother or child/parents
- ▶ Cooperation is equally important since this is the sharing of relevant information about each entity/agency and you have to work together to support each other's goals while trying to reach the goal of the program.

Partnerships Essential for Success

- ▶ HEART works closely with DCBS, Family Court, MCCC, ARC Peer Support, Ky MOMS, Early Childhood Mental Health Specialist,

STAFFING

- ▶ The program has a full time coordinator
- ▶ 4 day care providers
- ▶ A HANDS PV trained in Nurturing Parenting
- ▶ A contracted evaluator

Program Coordinator

Duties of this role:

- ▶ Provides overall program coordination
- ▶ Sets an agenda weekly
- ▶ Determines number of children care providers needed based on group size
- ▶ Arranges transportation issues and other needs or participates

Coordinator Roles Continued

- ▶ Completes grant paperwork for each participant.
- ▶ Promotes the program in the community via various groups, agencies, and organizations.

Child Care Providers

- ▶ Have basic first aid training
- ▶ Complete a CPR class for children
- ▶ Demonstrates level head and good decision maker
- ▶ Assists with set up and break down each session

▶ Group Session Outline

	Gathering	LEAD: Coordinator	Group assemblies Child care drop off
10:10-10:20	Welcome	LEAD:HANDS	Plan for the day, success story sharing, parents volunteer to share
10:20-11:20	Parent Learning time	LEAD: HANDS	Parent only babies with childcare Parenting group leader using curriculum from GGK, Nurturing Parent, and KYSP
11:20-11:45 With baby	Lunch	LEAD: Regional	Staff, parents, children together Community Building
11:45-12:30	Interacting with baby Wrap around supports	LEAD:HANDS Peer Recovery Coach	Interactive free play-staff work with dyads for positive interactions, problem solve. Guest speaker, time for MAT, etc
12:30-1:15	Peer Support Group	LEAD: Recovery coach	Parent only Peer support leads discussion on topics related to recovery, stress, protective factors, etc.

1:15-1:30	Wrap-up	LEAD: Peer Recovery Coach	Review parenting lesson; Parents share what they will do next week to support baby and take care of selves Homework/Follow up
If space time permits	Supervised play as needed, other needs	LEAD: could vary	Work to arrange space, childcare, etc

Physical Layout of Building- Things to Plan for.

- ▶ Space for childcare. Recommend two areas so that older children and babies are not all in the same room.
- ▶ Space for fathers who sometimes come with Moms.
- ▶ Separate meeting space for group meetings with Mom.
- ▶ Area close to others in case of emergencies.

Funding

- ▶ Currently being paid for by DPH and KORE grant funding
- ▶ Talk in progress about possibly billing to Medicaid
- ▶ Local in kind for space and other local entities are providing some supplies
- ▶ Some local donations
- ▶ Based on new transformation model, could use local monies under the Substance Use core service area based on community assessment.
- ▶ Grants from HRSA, ARC and others are out there.

Program Contracts for Professional Services- MAT or Medical Assistance Therapy

- ▶ MAT Therapy- Provides needs NCI site number/Insurance will require a site visit for treatment area.
- ▶ Offered as an option to get more services in one area since transportation is often an issue.

Program Evaluation

- ▶ Program Evaluation- Contracting with American Board of Family Medicine
- ▶ Will conduct a qualitative study of the program to include one on one interviews, focus groups, and on site observation of the group.
- ▶ These will be completed quarterly and shall include data analysis, results, and recommendations.

GOALS

- ▶ Work toward having the program in a building where we can do all services under one roof.
- ▶ Be able to offer group and individual services.

Annual Budget

- ▶ Only on FTE and in a single county program that person could manage one class in 1-2 days per week along with other duties.
- ▶ HANDS employee is a good fit to do this program and they could also be the parent visitor or assessor of HANDS program.

BUDGET CONTINUED

Child care providers are all part time with no benefits other than FICA and they each work 4- 4.5 hours per day
 Evaluator is a professional contract and runs about 20,000 dollars.
 The program provides gas cards if needed as well as attendance incentives based on the participant attendance.
 Each Mother can earn 10 dollars per visit provided they attend the entire session.
 Program provides lunch at a cost of around 6 dollars per person per day and we also have baby food, extra formula in case child shows up without food.
 We provide diapers, wipes, coffee, and other items.

Actual Budget

FTE		35,000
PART TIME		11,700
FRINGE		22,000
OTHER PROVIDER		20,000
SUPPORT STAFF		30,000
TRAVEL		5,000
RENT		2,600
SUPPLIES		
FOOD		6,240
GAS CARDS		6,300
INCENTIVES		5,200
PROGRAM		10,000
TOTAL		27,740
INDIRECT		20,000
SPACE		1,100
Total Costs		195,140

Budget Justification

- ▶ Keeping most of the employee costs as contract employees or professional service contracts reduces the expense and pulls less of the agency indirect costs to this cost center.
- ▶ Rent versus claiming space within the agency would also drive up direct costs and pull indirect costs into the program.

LESSONS LEARNED

- ▶ Partnering and in kind services can help control costs.
- ▶ Meet monthly with all partners to review and programmatic issues.
- ▶ Develop a memorandum of understanding between participants, other partners, and HEART staff.