

PUBLIC HEALTH NURSING
Maternal Child Health and Nurse Family Partnership Home Visiting Programs

Early Childhood Mental Health Conference
September 11, 2020
Mindy Coughlin, BSN RN PHN

WE ALL START SOMEWHERE

A LITTLE ABOUT ME AS A NURSE
MINDY COUGHLIN, BSN RN PHN

- Volunteer doula at UCSD with over 200 hours in labor support
- Reproductive Endocrinology Nurse
- Public Health Nurse
- 3.5 years in Maternal Child Health Program

Why Home Visiting?



- Length of service
- In-home support
- Assessment opportunity
- Whole family/dyad care
- Trickle down effect

PROGRAM OVERVIEW  

NURSE FAMILY PARTNERSHIP (NFP)

- National program
- Evidence-based with over 40 years of research
- Curriculum driven
- First pregnancy enrolled prior to 29 weeks
- Length of program – until child is 24 months
- Frequency of visits follow curriculum
- Location of visit – preferably client home, but anywhere client feels safe to meet
- Nurses meet as a team for support and review cases



<https://www.nursefamilypartnership.org/> 4

PROGRAM OVERVIEW  

MATERNAL CHILD HEALTH (MCH)

- We serve
 - Pregnant folks (any gravidity unless qualified for NFP)
 - Postpartum folks
 - Folks parenting a child under 18 months
- Length of program – until child is 18 months unless extenuating circumstances
- Frequency of visits usually once per month
- Location of visits – preferably client home, but anywhere client feels safe to meet
- Nurses meet as a team for support and review cases

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ELIGIBILITY  

Low income

\$76,366 or less for a household unit of 1 to 2
 \$112,929 or less for a household of 3, and
 \$145,196 or less for a household of 4 or more


If the household income is over the limit, the case manager must review the fee schedule and determine what fee the client should be charged. The case manager may waive the fee under the following conditions:

- The health and welfare of the client or the public are deemed at risk
- The client would refuse case management if required to pay, and would fail to seek necessary health or social services without case management assistance

At Risk – for MCH


Failure to access health services	Lack of community support systems (including military folks)
Non-compliant with medical regime	Substance abuse
Inability to coordinate multiple services	Victim of abuse/neglect/violence
Inability to understand medical direction	Experiencing substandard housing
Substance abuse in immediate environment	History of, or in danger of, family violence
Illiteracy	Other

Not receiving comprehensive case management elsewhere 6

REFERRAL PROCESS 

- Sources
 - Healthcare providers
 - WIC
 - Family Resource Centers
 - CWS
 - 2-1-1
 - Word of mouth
- To become a referral source: PersimmonySupport.HHSA@sdcounty.ca.gov

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PERINATAL MENTAL HEALTH 

Even without a mental health diagnosis new parents deal with the aftermath of traumatic births, lack of support, societal/familial pressures, "mom guilt", defaulting to known patterns, finding identity as a parent, triggers from past


*Public Health Nurses assess **mental health** and provide **support**, but we are not mental health professionals*

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WHY WE LOVE ADAPT 

- Easy access for care collaboration
 - One point of contact
 - Housed in office
- Removes barriers for clients
 - Lack of childcare
 - Insurance navigation
 - Transportation issues
 - Searching for a therapist
 - Embarrassment to ask for help
 - Conflicting schedules
 - Prioritizing everyone else
- Amazing support
 - Peer Support
 - COVID19 impact

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IN THE WORDS OF THOSE WE SERVE 

I have made more progress on my anxiety working with Anat in these past few weeks than I have made with any other therapist in my 29 years of life	Anat is teaching me new skills to help with my PTSD. I have created a beautiful grounding space thanks to her help
Anat is always so great with both the boys. No other therapist has been flexible like that	Gina made me feel like I wasn't the only one going through homelessness and a bad relationship. If she could make it through so could I. She gave me <i>hope</i> that things could be better

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CONTACT INFORMATION 

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