SOUTH REGION REFERRAL PATHWAY TOOL

In-Home Services for At-Risk Pregnant & Postpartum Women

User Guide:

- Based on the client's traits determine which program is best first referral
- ✓* = Indicates program's primary focus/specialty
- ☐ = Indicates risk factors addressed
- ☒ = Indicates programs that accept only pregnancy referrals but continue services postpartum
- See Program Description of Pathway Tool for targeted zip codes and other information

PREGNANT/POSTPARTUM WOMEN

Updated 2-25-14

Client's Traits		Black Infant Health (BIH)	Family Violence Support Services (FVSS)	First 5 First Steps (First Steps)	Maternal Child Health/ Public Health Nurse (MCH)	Nurse-Family Partnership/ Public Health Nurse (NFP)	Project Concern Int'l/CA Border Healthy Start (PCI CBHS)	Vista Hill Perinatal Case Mgt. (PCM)	San Diego Adolescent Pregnancy & Parenting Program (SANDAPP)
Income	Any Income	✓	✓	✓				✓	✓
	Below 200% Poverty Level			✓*	✓	✓	✓		
Parent Age	Any Age	✓	✓	✓	✓	✓	✓	✓	
	23 and below			✓*					✓*
Location	County of San Diego	✓		✓	✓	✓		✓	✓
	Specific Zip Codes		✓				✓*		
Race	Any Race		✓	✓	✓	✓	✓	✓	✓
	U.S. Born African American	✓*							
Pregnancy	Any Pregnancy	✓	✓	✓	✓		✓	✓	✓
	1st Pregnancy and less than 28 weeks					✓*			
Pregnancy Risks	Current/Recent Domestic Violence		✓*						
	No HS Diploma/GED								✓*
	Substance abuse							✓*	
	Medical/Mental Risk Factors, and/or inadequate Access to Care				✓*		✓*		
Post Partum Risks	Bonding				✓*				
	Current /Recent Domestic Violence		✓*						
	No HS Diploma/GED								✓*
	Substance abuse							✓*	
	Medical/Mental Risks, and/or inadequate Access to Care				✓*				

PROGRAM DESCRIPTION SOUTH REGION PATHWAY TOOL- PREGNANT/POSTPARTUM WOMEN

Program Info	BIH	FVSS	FIRST STEPS	MCH (PHN)	NFP (PHN)	PCI CBHS	Vista Hill (PCM)	SANDAPP
Program Focus/ Goal	Improve African American infant and maternal health and decrease health disparities.	Provide support services to victims of domestic Provide emergency crisis intervention, case management and counseling services.	Prevent child maltreatment. Nurture the development of healthy relationships between parent and child. Promote prenatal, early childhood, and family healthy development and well-being in at-risk and vulnerable populations that warrant additional support.	Improve access to healthcare and other resources for at-risk pregnant and postpartum women and their children.	Improve pregnancy outcomes by assisting women engage in preventive health practices; improve child health & development by helping parents provide responsible competent care; and improve economic self-sufficiency.	Achieve the goal to: reduce the number of infant deaths and low birth weight. Increase early prenatal care in the first trimester. Increase the number of women who complete screening for post-partum and domestic violence.	Case manage pregnant or parenting women with history of substance abuse or alcohol dependency.	Increase high school Graduation rate, enhance parenting skills, and improve health outcomes. Case management and counseling services are provided to both pregnant/ expecting and parenting female and male youth
Eligibility Criteria	U.S. born African American women (18+ years) who are pregnant or postpartum with an infant under 4 months old.	Any adult or teen and/or their children exposed to Domestic Violence who reside in South Region. Referrals can be from police, hospitals, courts, CWS and/or self. Any income	Pregnant parents and expectant parents up to 2 weeks postpartum that meet one or more of the following: - Low income (200%FPL) - Military (child is dependent of active, reserve, guard, or veteran) - Immigrant/Refugee (foreign born parent) - Teen (ages 13 – 21)	Any pregnancies with current/recent domestic violence, history of prenatal loss or pre-term births, no prenatal care after 1st trimester, high risk pregnancies, Postpartum families with current/recent DV, postpartum depression/bonding issues. Low income **For CWS Referral Only:** Children < 6 y with medical condition; first time entry into CWS and within 3 months of involvement; must be with parents or in kinship care.	First time mother Less than 28 weeks pregnant Low income	Pregnant Targeted zip codes in South Region (91950) Low income High Risk Women who reside in other zip codes in Southeast SD, Central SD, Spring Valley & National City may be eligible.	Substance or alcohol dependency issues in the last year. Pregnant or parenting Ages 12 and up, with children up to age 17.	Pregnant/expecting or parenting youth (male or female) under age 24 at time of intake.
Program Capacity	170 pregnant/postpartum women and their infants throughout San Diego County	210 families, Wait list for counseling services	114 families	70 families (caseload driven)	200 families	40 families	165 families/year throughout San Diego County	Average of 200 families
Service Duration	Pregnancy, Postpartum until child is 18 months of age, depending on case need.	1-4 months, depending on case and need.	Pregnancy until child is 3 years old Services are home based	Pregnancy and 18 months of services to infant/child	Pregnant until child is 2 years old	Pregnant until child is 2years old Services are primarily home based	Case management services offered for 18 months.	Day of intake until High School graduation. Longer term services may be available on a case-by-case basis.
Method of Referral *Preferred Method*	Program Director Call: (619) 266-7466 Fax: (619) 262-9188 www.cdph.ca.gov/programs/BIH	Intake Line South Bay Community Services (619) 409-5879 Fax: (619) 420-8722 www.southbaycommunityservices.org	**Supervisor** Phone: (619) 420-3620 x2105 Fax referral form and consent to: (619) 424-1046 www.firststepssd.org	MCH PHN Supervisor Call:(619) 409-3130 Fax: (619) 409-3113 https://phnsdcounty.us/PhixWeb/ To add your agency, please contact the **Referral Coordinator** at (619) 542-4135. http://www.sdcounty.ca.gov/hhsa/programs/phs/phs_nursing/index.html	NFP PHN Supervisor Call: (619) 409-3126 Fax: (619) 409-3113 https://phnsdcounty.us/PhixWeb/ To add your agency, please contact the **Referral Coordinator** at (619) 542-4135. www.nursefamilypartnership.org	Director of California Programs (619) 791-2610 ext.305 or Lead Patient Navigator (619)791-2610 ext. 312 Fax: (619) 791-2600 www.PCIglobal.org	Program Coordinator Call: (619) 668-4265 Fax: (619) 668-4264 www.Vistahill.org	Intake number: (619) 235-5000 Fax referral to: (619) 696-5127 www.sandi.net/sandapp **Updated 2-25-14**