

# R2R Program Summary

July 1, 2021 – June 30, 2024



## Program goals:

1. Improved maternal health and healthy infant/child development
2. Reduced risk of negative effects of substance use on children and their families
3. Prevention of child abuse and neglect
4. Prevention or reduction of behavioral, emotional, and developmental concerns in children
5. Improved early learning and school readiness

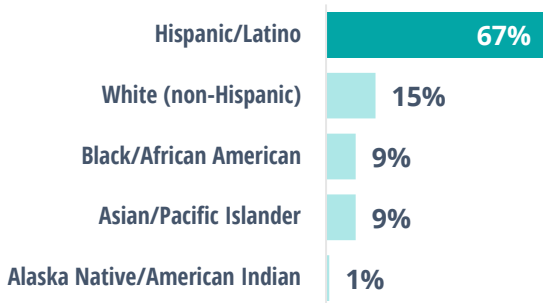
**Yolo County pregnant mothers or parents with a child under one year old are eligible for R2R.**

## HOW MUCH DID WE DO? (CUMULATIVE, SINCE 2019)



## WHOM DO WE SERVE? (CUMULATIVE HOME VISITING SERVICES, SINCE 2019)

### Race/Ethnicity



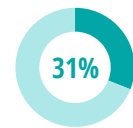
Health Insurance through Medi-Cal



Low-income



Serving residents county-wide



Primary language Spanish

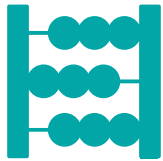
## HOW WELL DID WE DO IT?



## IS ANYONE BETTER OFF?



## HOW DOES R2R IMPROVE CHILDREN'S HEALTH?



100%

referred to Help Me Grow and receive developmental screenings



94%

Up-to-date on well-child visits

Enrolled children had 37% higher visit completion in first 15 months of life compared to non-enrolled children at the same clinic



86%

Up-to-date on immunizations

Enrolled children had 22% higher immunization rates in the first 24 months compared to non-enrolled children at the same clinic

## HOW DOES R2R IMPROVE MATERNAL HEALTH?



98%

Received medical postpartum visits

Postpartum care is key to identifying depression and life-threatening complications.



90%

Reduced or continued non-use of alcohol, drugs, and tobacco



77%

Of caregivers with initial depressive symptoms showed improvement after 6 or more months of home visiting.

"...I feel like I matter and that I am genuinely cared for..." – R2R Mom

## HOW DOES R2R TRANSFORM SYSTEMS?

"Looking at the data, R2R seems to be having a preventative effect, breaking the cycle of Child Welfare involvement for some parents who were once themselves involved in Child Welfare Services."

~Yolo County CWS Staff

R2R employs Team-Based Care and integrated data sharing.

- **Ensuring continuity of care** and integrating medical and social services by co-locating R2R Navigators in perinatal clinics with access to Electronic Health Records
- **Data sharing MOUs** with four community partners ensure secure, coordinated services
- **Increased developmental/behavioral health screenings and services** with timely follow-up
- **Increased capacity** of home visiting services and **connection** to community resources
- **Strengthening** central point of **coordination** for access to services
- **Training and development** to deliver better family-centered services
- **Bridging postpartum and primary care** for all Medi-Cal births with Welcome Baby Expansion

Note: \*Communicare+ OLE perinatal patients and outside referrals.

Percentages exclude records with no information available. Only outcomes data since July 2021 is used for outcomes due to improved partner data integration and collection process updates.