Early Intervention Parenting Partnerships (EIPP)

An Innovation Station Emerging Practice

Purpose: This document is intended to support MCH professionals to implement a practice found in Innovation Station. This resource provides the information needed to replicate the practice and is divided into two sections: the first section provides a high-level overview of the practice while the second section describes how to implement the practice. For additional information on any of the content provided below, please reach out to the practice contact located at the bottom of this document.

Section I: Practice Overview

Location:	MA	Title V/MCH Block Grant Measures Addressed
Category:	Emerging	**NPM #4:** A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months. **NPM #6:** Percent of children, ages 9 through 71 months, receiving a developmental screening using a parent-completed screening tool. **NPM #14:** A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes.
Date Submitted:	2/5/19	

Practice Description

The Early Intervention Parenting Partnerships (EIPP) is a home visiting program for expectant parents and families with infants who are high need due to practical barriers (e.g., low financial resources, housing instability), emotional and/or behavioral health challenges (e.g., depression, substance use), or other stressors (e.g., immigration-related stress). The goals of EIPP are to:

- Connect families with local resources;
- Provide and build families' social support;
- Appropriately engage families in health care systems;
- Provide parenting education;
- Promote positive parent-child attachment and healthy child development; and
- Support families experiencing multiple stressors to prevent child social and emotional delays, and link with Early Intervention (EI) services where appropriate.

Purpose

EIPP Structure

EIPP is delivered by a multidisciplinary team of professionals who provide comprehensive services to achieve family and program goals. The core EIPP team consists of the following:

- A Maternal and Child Health (MCH) Nurse;
- A Licensed Mental Health Clinician or Social Worker;
- A Community Health Worker (CHW);
- Nutrition and lactation consultant as appropriate;
- Coordinator; and
- Director.

Pregnant and postpartum parents and their families may enroll until the child's third month, and services continue until the child's first birthday. The program begins with an initial assessment to identify a family's strengths and needs using a standardized tool called the Comprehensive Health Assessment (CHA). The family's strengths and needs are then used to collaboratively develop individualized goals for the Family Care Plan (FCP). After the initial assessment, EIPP providers conduct home visits aimed at connecting the family to resources, providing parent education and skills building support, and facilitating the family's own social support. Participants are also encouraged to attend a 10-session group designed to build social support by connecting participants with other new and expecting parents. Group sessions also provide education on a variety of maternal and child health and well-being topics such as breastmilk feeding, nutrition, and positive parenting.

EIPP Team Roles

The core EIPP multidisciplinary team is comprised of a Maternal and Child Health (MCH) Nurse, a Licensed Mental Health Clinician/Social Worker, and a Community Health Worker (CHW). In addition, appropriate connections with nutrition and lactation consultant services must be assured.

Staff at every level must demonstrate:

a) The ability to form trusting, non-judgmental, and supportive relationships with parents, their children, and other family members; and
b) A respect for diverse family structures, practices and beliefs, particularly related to health and parenting.

Teams are developed to reflect the cultural, linguistic, racial, and ethnic diversity of the population served.

All members of the EIPP team, regardless of discipline, work to provide participants with social and emotional support, education on a variety of health and parenting topics, and connection to community resources. While each EIPP team may differ slightly, responsibilities for all team members generally include:

- Screening and enrolling new participants;
- Providing health education, brief intervention, and social support;

- Promoting participant skills building and problem solving;
- Providing case management and care coordination between participants and other service providers;
- Supporting group services offered through EIPP and reducing social isolation;
- Offering resources and referrals and encouraging connections to other community supports.

Despite many overlapping responsibilities, each role on the multidisciplinary team contributes a unique skill set and area of expertise. Included in the following table are areas of unique emphasis for each role.

Practice Foundation

The manual development process included a systematic literature review, consultation with leading experts in the home visiting field, and gathering and synthesis of resources that specific EIPP teams have found to be most useful in their practice.

Theoretical Background for EIPP

The EIPP model is informed by multiple widely applied theoretical frameworks in public and mental health, as well as theory for applying these frameworks to healthy parent-child relationships, including:

- The *Life Course Model*[1], which underscores the impact of risk and protective factors during critical or sensitive periods, such as the perinatal period, and their influence across the lifespan and on multiple generations;
- The *Social Determinants of Health*[2] and the *Health Equity Model*[2], both of which focus on addressing social and economic disparities in health outcomes and emphasizing health equity and racial justice principles in all aspects of practice;
- *Trauma-Informed Systems of Care*[3], *Strength-Based Practice*[4], and *Family-Centered Care*[5], all of which are aimed at promoting a positive, respectful, and high-quality provider-family relationship by honoring and recognizing the strengths, expertise, and experiences of all parties through a trauma-informed lens; and
- *Attachment theories*[6] that highlight the role of the parent-child relationship and inform a *Dyadic System of Care*[7], which encourages a focus on the parent-child dyad in all areas of service.

Implications of Theory and Research for Public Health Benefits

While informed by a variety of theoretical orientations to practice, the EIPP program was developed based on research that provides the rationale for three primary concepts:

- **Focusing on the perinatal period.**
  - The perinatal period has been shown to be crucial to health outcomes in child and adulthood[8].
  - Through a focus on early programming, interventions that target interconnected biological, psychological, and social influences during the perinatal period may especially impact later health and well-being and have a generational influence[9].
- **Prioritizing high need families.**

    - Research indicates that socio-economic, health, and racial inequities have been associated with increased exposure to adverse childhood experiences and toxic stress in early childhood.[10]
    - *Adverse childhood experiences (ACEs)* are traumatic events with negative and long-lasting implications for caregivers and children, including domestic abuse, exposure to trauma, and household dysfunction. *Toxic stress* is the immediate product of ACEs, especially where they are repeated or prolonged.[10]
    - Both ACEs and toxic stress are much more likely where families live in poverty, are socio-economically insecure, or face racial and cultural discrimination. Ensuring access to critical resources and racially and culturally competent services for such high need families can help prevent ACEs and toxic stress, and in turn improve health.[11]

- **Promoting parent-child relationships.**
    - Improving parental responsiveness to child cues in the perinatal period can improve attachment.
    - Reducing episodes (especially ACEs) that threaten the sense of security between children and their parents can help protect attachment.
    - Addressing resource needs of parents improves their capacity to provide secure parent-child relationships. Also, educating and providing support to parents around responsiveness to child cues can enhance their capacity to cultivate and protect attachment with their children.

Together, the theory and research suggests a need for interventions that are**:**

- *Multifaceted & comprehensive*, focusing on the range of risk, protective, and promotive factors and their unique combinations for each parent, child, and dyad;
- *Focused on the parent-child dyad and family-centered*, placing the greatest emphasis on factors that bear most directly on the health of parents, children, and the parent-child relationship;
- *Reach parents with greatest need* since these parents are mostly likely to benefit from intervention;
- *Sensitive to contextual factors* that help identify proximal risks, protective, and promotive factors, and the intensity with which these factors impact parents and children.

Models of Program Development and Implementation

- In order to facilitate the implementation of EIPP with fidelity and positive outcomes, this manual identifies the core practice components of the model.
- The core practice components were integrated into a *theory of change* (TOC) modeling how the EIPP program works. The below figure and accompanying text describe the TOC relationships.

Theory of Change

See the EIPP Program Manual for the program's Theory of Change. The Theory of Change is intended to describe EIPP activities and outcomes in concise yet comprehensive terms, and connect these activities and outcomes to EIPP's overall impact.

This theory of change may be used to:

- Describe the EIPP model and service provision structure at a high level;
- Summarize and connect logic model components to demonstrate their linkage; and
- Diagram how EIPP service provision leads to reduced parental and child morbidity and mortality in high need families.

Core Components

Core components are those essential practice elements which are observable and measurable.

- *Example: The goal of our program was to improve the number of perinatal depression screens among OB/GYN providers. We did this by conducting a yearlong practice improvement program for OBGYN practices across the state. The core components of this program included virtual training by a nurse educator, provision of a referral sheet tailored to the local area for positive screened women, and follow-up with practices by our program manager.*

Introduction to the Practice Components

The practice components of the EIPP program outline the core activities needed to deliver the intervention with fidelity and provide a framework for training and replication of the model. These components can be used to orient new staff to the EIPP model and ensure consistency in service delivery across multiple service locations.

The practice components of the EIPP program are organized into three primary areas: 1) program structure, 2) activities and services, and 3) process and implementation.

Overview of Practice Components by Component Area

1. **Program Structure:** Aspects that define the program and services provided, including:

    - *Home-based provision of services* identifies the provision of services as taking place in the home or another location as desired by the participant.
        - Examples include meeting a participant at a local coffee shop for an introductory visit, conducting a child assessment in the home, and finding ways to transition some administrative or other center-based tasks from the office to the field.

    - *Community embedding* includes strategies to integrate EIPP services within the broader community context and engage professional and non-professional community members in EIPP programming.
        - Examples include attending to the composition and process of a community advisory board to guide and inform EIPP programming and connecting with other

community agencies to build referral sources and identify resources for participants.

- *Multidisciplinary team* outlines the diverse staff roles and standards particular to the EIPP program, such as the professional qualifications of providers, the types of roles that exist in EIPP, the function of these roles, and how they work together as a team.
    - Examples include designating the MCH Nurse and Licensed Mental Health Clinician/Social Worker as the primary staff members responsible for completing the Comprehensive Health Assessment with participants or identifying the Community Health Worker as the primary staff member responsible for connecting and outreaching with community resources.

2. **Activities and Services:** The specific activities and services delivered to participating families, including:

    - *Engagement practices* outline the strategies to attract and keep participants involved in services, and ultimately, transition them to other services or supports at the end of the program.
        - Examples include identifying easily and rapidly achieved goals with participants during initial visits and providing a final summary of referrals and services to participants about to transition out of the EIPP program.

    - *Care coordination, linkages, and referrals* refers to methods addressing the immediate and concrete needs of participating families that are flexible and individualized to family need.
        - Examples include assisting a participant in applying for food stamps, coordinating a family's transition to other services, and connecting a participant to child care resources.

    - *Parent education and skills building* includes teaching participants and their families positive parenting practices and providing educational content, as well as skills building activities that support parent education and build resilience and capacity among families.
        - Examples include helping participants develop appropriate expectations for child development, knowing when to investigate or seek professional advice for possible developmental concerns, or building problem solving skills with participants.

    - *Group socialization* includes group educational, social, and skills building activities organized in the community for participants. The component also encompasses training participants in strategies to improve their social networks and support systems.
        - Examples include group activities organized for participants to meet other new parents, or which promote child play and provide psychoeducation in healthy relationships and seeking support.

3. **Process and Implementation:** Administrative supports and drivers to ensure successful implementation of EIPP services across agencies.

    This component type includes staff supervision, staff training and ongoing professional development standards, fidelity assessment and monitoring procedures, continuous

quality improvement protocols, performance and outcomes assessment, and data systems. (See Administrative Manual for details)

Group Services

In addition to home visits, the EIPP model includes group socialization as a component of practice. Each site is required to offer 10 support group sessions each calendar year. Support groups provide a forum for participants to share their experiences in a way that helps reduce social isolation and increase parental self-efficacy. While EIPP support groups are not a formal type of mental health treatment, they are educational, structured, and promote social connectedness.

Topics for support groups are determined based on the needs of participants and the expertise of the providers conducting the group. Consequently, curricula for group sessions vary significantly across program sites, though some common topics include positive child development, nutrition and healthy lifestyles, breastfeeding, parent self-care, and parenting skills. Participants who attend group sessions are provided with a meal, transportation, and childcare.

EIPP sites have employed a range of strategies to bolster group participation, including: organizing groups around participant commonalities such as cultural background, language, or living community, keeping group sizes small, and offering incentives for participation, such as a raffle for a small prize.

Practice Activities

This table provides a summary of the key practice components and activities described in the previous section:

Core Component	Activities	Operational Details
Program Structure	Home-based provision of services	identifies the provision of services as taking place in the home or another location as desired by the participant.
	Community embedding	includes strategies to integrate EIPP services within the broader community context and engage professional and non-professional community members in EIPP programming.
	Multidisciplinary team	outlines the diverse staff roles and standards particular to the EIPP program, such as the professional qualifications of providers, the types of roles that exist in EIPP, the function of these roles, and how they work together as a team.

Activities and Services	Engagement Practices	outline the strategies to attract and keep participants involved in services, and ultimately, transition them to other services or supports at the end of the program.
	Care Coordination, Linkages, and Referrals	refers to methods addressing the immediate and concrete needs of participating families that are flexible and individualized to family need.
	Parent Education and Skills Building	includes teaching participants and their families positive parenting practices and providing educational content, as well as skills building activities that support parent education and build resilience and capacity among families.
	Group Socialization	Includes group educational, social, and skills building activities organized in the community for participants. The component also encompasses training participants in strategies to improve their social networks and support systems.
Process and Implementation	Staff	staff supervision, staff training and ongoing professional development standards
	Program Evaluation	fidelity assessment and monitoring procedures, continuous quality improvement protocols, performance and outcomes assessment
Group Services	Support Groups	10 support group sessions each calendar year

For additional information about practice activities and a program flow diagram see the EIPP Manual.

Evidence of Effectiveness (e.g. Evaluation Data)

EIPP is currently undergoing a comprehensive evaluation being conducted by Tufts University. Previous EIPP evaluation activities have related to the overall program outcomes, goals, and respective standards has been limited due to funding. However, two specific standards have been analyzed resulting in program outcome data. Please find below the specific goal with the corresponding standard and a description of the quantitative analysis conducted.

<u>Goal 1:</u> EIPP will improve Access and Utilization of Health Services.

Standard 3.0: EIPP facilitates families' access to reproductive, primary and pediatric care and other community services.

A Master's Level student from Tufts University Applied Learning Experience (ALE) began her summer internship at MDPH in 2013 under the supervision of EIPP Program Director and MDPH epidemiologists. She examined one specific component outlined in the EIPP Evaluation Plan, postpartum visit (PPV) attendance.

During state fiscal years 2004-2013, this student's quantitative analysis found that 83% of EIPP participants reported attending their PPVs. She then compared EIPP PPV attendance to Healthcare Effectiveness Data and Information Set (HEDIS) postpartum care performance rates for women enrolled in the Massachusetts Medicaid program (MassHealth). Overall, 68.4% (n=3,272) of EIPP participants receive insurance coverage through MassHealth, and among them 87% reported having attended their PPV. In comparison, PPV participation for a random sample of women enrolled in a MassHealth managed care plan during HEDIS 2007, 2009, and 2011, showed MassHealth weighted means of 59.0%, 64.0%, and 68.7%, respectively, using medical records and claims data. Based on this comparison, EIPP appears to be an effective intervention for improving PPV attendance among mothers who are at risk for not receiving their postpartum care. We expect further study will establish EIPP as a vehicle for improving healthcare access and health outcomes for EIPP participants.

<u>Goal 2:</u> Improve Nutrition, Physical Activity, and Breastfeeding Initiation and Duration Rates

Standard 5.0: Families are provided with breastfeeding education and support services.

For this program goal and corresponding standard, two quantitative analyses were conducted, one in 2008 and one in 2013.

First, in 2008, MDPH used linked birth certificate and hospital discharge data in the Pregnancy to Early Life Longitudinal (PELL) Data System to evaluate perinatal outcomes for EIPP Participants compared with a comparison population of women matched on age, race and geographic residence. Data were analyzed for births occurring during 2003-2005.

Controlling for potential confounders, EIPP participants were more likely than non-participants to be breastfeeding at hospital discharge (adjusted odds ratio = 1.4, 95% confidence interval 1.1–1.8). In addition, there were no differences in length of infant birth hospital stay (p=0.331) or cost (p=0.499) between participants and non-participants. Results indicate that despite the known high prevalence in the EIPP population of risk factors that could not be adjusted for in the comparative analysis (e.g., depression, substance abuse, and domestic violence), comparable or better outcomes among EIPP participants may speak to the success of the program.

Second, in 2013, a Master's Level student from Tufts University Applied Learning Experience (ALE) began her summer internship at MDPH under the supervision of EIPP Program Director and MDPH epidemiologists. She examined one specific component outlined in the EIPP Evaluation Plan, breastfeeding rates.

She used both quantitative and qualitative data to determine the effectiveness of the EIPP exclusive breastfeeding counseling. Basic descriptive statistics were generated from data

based on mothers enrolled into EIPP from July 1, 2011-December 31, 2012. EIPP data from mothers enrolled in the program between July 2011-December 2011 were compared against data from mothers enrolled between July 2012-December 2012 to determine if there was an increase in exclusive breastfeeding since the beginning of the counseling. EIPP data was also compared against data from the Pregnancy Risk Assessment Monitoring System (PRAMS) 2009-2010 data to determine if EIPP had exclusive breastfeeding rates different from the general population. Interviews were conducted with lactation counselors and site directors; site visits and team meeting observations were also conducted to provide nuances to the quantitative data.

Her results indicate that EIPP exclusive breastfeeding rates did not improve significantly since the exclusive breastfeeding counseling began. Hispanic mothers had the lowest rates of exclusive breastfeeding (3% at 6 months postpartum). EIPP had lower general and exclusive breastfeeding rates than PRAMS at all time-points. The primary reasons for not exclusively breastfeeding were low prioritization of exclusive breastfeeding for both mother and counselor, discomfort breastfeeding in public, postpartum depression, returning to work, and the legal status of the mother. Similar to the first breastfeeding analysis completed in 2008, the known high prevalence in the EIPP population of risk factors could not be adjusted for in this comparative analysis (e.g., depression, substance abuse, domestic violence).

Her conclusions included a recommendation to implement policies to improve the mother's comfort breastfeeding in public and to decrease their risk of postpartum depression. In addition, improved collaboration and coordination between EIPP counselors and their clients' healthcare providers may also improve exclusive breastfeeding rates. These recommendations are being incorporated into ongoing program quality assurance activities.

Replication

N/A

Section II: Practice Implementation

Internal Capacity

EIPP Team Roles

The core EIPP multidisciplinary team is comprised of a Maternal and Child Health (MCH) Nurse, a Licensed Mental Health Clinician/Social Worker, and a Community Health Worker (CHW). In addition, appropriate connections with nutrition and lactation consultant services must be assured.

Staff at every level must demonstrate:

c) The ability to form trusting, non-judgmental, and supportive relationships with parents, their children, and other family members; and

d) A respect for diverse family structures, practices and beliefs, particularly related to health and parenting.

Teams are developed to reflect the cultural, linguistic, racial, and ethnic diversity of the population served.

All members of the EIPP team, regardless of discipline, work to provide participants with social and emotional support, education on a variety of health and parenting topics, and connection to community resources. While each EIPP team may differ slightly, responsibilities for all team members generally include:

- Screening and enrolling new participants;
- Providing health education, brief intervention, and social support;
- Promoting participant skills building and problem solving;
- Providing case management and care coordination between participants and other service providers;
- Supporting group services offered through EIPP and reducing social isolation;
- Offering resources and referrals and encouraging connections to other community supports.

Despite many overlapping responsibilities, each role on the multidisciplinary team contributes a unique skill set and area of expertise. Included in the following table are areas of unique emphasis for each role.

Maternal and Child Health (MCH) Nurse	<u>Emphasis on:</u>
	• Assessing participant and family needs and strengths guided by the Comprehensive Health Assessment (CHA) and Ages and Stages Questionnaire, Third Edition (ASQ-3)
	• Guiding the family in developing a Family Care Plan and identifying priorities for referral and parent education
	• Providing counseling on utilization of health systems, prenatal health, breastmilk feeding, nutrition, infant development, physical activity, and healthy environments
	
	<u>Specific Staff Requirements:</u>
	• Current licensure as a registered nurse by the Massachusetts Board of Registration, Division of Professional Licensure, with either:
	  • A bachelor's degree in nursing from an accredited program, with at least three (3) years clinical experience in prenatal, newborn, infancy or maternal services or
	  • A Master of Science degree in Nursing in Maternal and Child Health, Family Health or Community Health, or related specialty, and two (2) years clinical experience in prenatal, newborn, infancy or maternal services

Licensed Mental Health Clinician/Social Worker	<u>Emphasis on:</u> • Assessing participant and family needs and strengths guided by the Comprehensive Health Assessment (CHA) and Ages and Stages Questionnaire, Third Edition (ASQ-3)

	• Guiding the family in developing a Family Care Plan and identifying priorities for referral and parent education • Providing counseling and brief intervention on issues related to mental health, substance use disorders, and intimate partner violence <u>Specific Staff Requirements:</u> • Social Work: Current licensure as a Licensed Certified Social Worker (LCSW) or as a Licensed Independent Clinical Social Worker (LICSW) by the Massachusetts Registry of Social Work • Psychology: A master's degree from an accredited school of psychology in (a) counseling psychology or clinical psychology, (b) developmental psychology, (c) educational psychology or (d) current licensure as a Licensed Mental Health Counselor (LMHC) by the Massachusetts Board of Allied Mental Health and Human Services Professions, or (e) current licensure as a Licensed Marriage and Family Therapist by the Massachusetts Board of Allied Mental Health and Human Services Professions • The Mental Health Professional must have a minimum of three (3) years' experience in family counseling with parents of infants • Additional knowledge and experience in community mental health, infant mental health, substance use disorder (SUD), family violence, and perinatal issues are recommended

Community Health Worker (CHW)	<u>Emphasis on:</u>
	• Outreach to families, as well as to local health, mental health, and service organizations
	• Mediating between participants, community, and other service providers to assist with educating participants in service systems navigation and educating service providers in meeting the needs of participants
	• Assisting participants in meeting concrete needs and connecting to community resources, often accompanying participants in seeking services
	• Continued support and engagement through child's first birthday
	
	<u>Specific Staff Requirements:</u>
	• The Community Health Worker are those who apply their unique understanding of the experience, language, and/or culture of the populations they serve to carry out at least one of the following roles:
	  • Bridging/culturally mediating between individuals, communities and health and human services, including actively building individual and community capacity;
	  • Providing culturally appropriate health education and information;
	  • Assuring that people get the services they need;
	  • Providing direct services, including informal counseling and social support; and
	  • Advocating for individual and community needs.
	(adapted from Rosenthal, E.L., The Final Report of the National Community Health Advisor Study. The University of Arizona. 1998)
	
	• See DPH Policy Statement on Community Health Workers for further information

Nutrition Consultant	Emphasis on: • Providing dietary and nutrition counseling Specific Staff Requirements: • Current licensure as a Registered Dietician/Nutritionist by the Massachusetts Board of Registration/Division of Professional Licensure with a bachelor's of science degree in nutrition with at least three (3) years of experience working with pregnant and postpartum parents, infants, and their families
Lactation Consultant	Emphasis on: • Providing support and counseling around breastmilk feeding Specific Staff Requirements: • Breastmilk Feeding Specialist who has attained the designation of Certified Lactation Consultant (CLC) from an accredited program such as the Academy of Lactation Policy and Practice with at least two (2) years' experience working with pregnant and postpartum parents, infants, and their families • Certification as an International Board Certified Lactation Consultant (IBCLC) is preferred

In addition to the core EIPP team, there are a number of administrative and support roles that can exist. While these roles can vary by site, all EIPP teams have a Director and Coordinator.

Director	Emphasis on: • Providing direct supervision to staff • Hiring and orienting new staff • Educating the community about EIPP services, e.g., participating on advisory boards, presenting to local health providers, etc. • Periodic chart reviews and file checks at discharge • Administrative and billing oversight • Facilitating Continuous Quality Improvement (CQI) processes
Coordinator	Emphasis on: • Coordinating EIPP programming • Screening and case assignment for new referrals • Supporting administrative functions such as data collection, entry, and reporting • Often an existing team staff member fills the role of the Coordinator, combining direct service responsibilities with administrative responsibilities • Educating the community about EIPP services, e.g., participating on advisory boards, presenting to local health providers, etc. • Providing direct supervision to staff as appropriate

Collaboration/Partners

Community Embedding

Community embedding is a practice component of the EIPP program. It includes integrating EIPP services within the local community, engaging community stakeholders in EIPP programming, and ensuring that the program is known and understood within the community. It also encompasses the degree to which EIPP staff and providers are connected with their local community partners and understand the resources and supports available for participants.

Establishing partnerships between EIPP and other community services promotes a strong community system of care that supports participant outreach, enrollment, care coordination, referrals and transition planning. Because community embedding is critical to the success of EIPP, it is done in multiple ways and by all members of the EIPP team.

EIPP Directors often take the lead in this work, presenting to local agencies and health systems on the scope of services offered through EIPP and the options for referring participants, and joining or convening advisory boards made up of other prenatal and early childhood providers and stakeholders. Community Health Workers also play a key role in these efforts by marketing EIPP services to local organizations and outreaching to eligible families. The Community Health Worker may also participate in advisory councils within the community and attend community events to represent and promote EIPP services. MCH Nurses, Licensed Mental Health Clinicians/Social Workers, and other staff further support this work by connecting with area providers around participant needs and available resources, and staying abreast of the community context in which EIPP families are navigating.

Through these ongoing and diverse engagement strategies, EIPP is able to ensure a strong connection to participant referral sources, offer timely and informed resources to families, and support the transition from EIPP to additional and long term community support systems further fostering and strengthening participant connection and engagement.

Practice Cost

At its inception in 2003, EIPP was financially supported through four primary funding sources including federal, state, Medicaid, and third party totaling over $1.6 million. However, due to multiple and competing interests for the same tax dollars over the first few years of operation, funding for EIPP was reduced by more than 45%.

The current funding (Title V, Medicaid and third party) is allocated to each of the EIPP vendors through a $70,000 base grant with the reminder $60,000 available through unit rate reimbursement for the nursing, mental health clinician, nutrition, lactation and group direct services.

The number of hours devoted to each program varies by site. There is not one standard budget for each line item in a budget

In 2010, the MDPH Bureau of Family Health & Nutrition Office of Finance & Administration estimated that the cost per family served by EIPP is $1,397 for the duration of receiving EIPP services, from enrollment up to a child's first birthday. This figure includes the base grant and all unit rate reimbursement.

Practice Timeline

Practice is ongoing. Please reach out to project contact for more details.

Resources Provided

Early Intervention Parenting Partnerships Program Administrative Manual
Early Intervention Parenting Partnerships Manual

Lessons Learned

Assets

Establishing and strengthening the EIPP Perinatal & Early Childhood Advisory Committees is a key strategy that works to enhance and facilitate communication among providers to ensure a seamless system of maternal and infant health care in the EIPP communities. Information related to needs, capacity and priorities is collected during these meetings and during focus groups, key informant interviews, and at various other internal and external meetings. In addition, annual site visits are conducted by the MDPH Program Director where the process of MDPH contract performance review is combined with ongoing program planning and development activities based on the Standards of Care for EIPP services. Indicators of service provision and progress towards program goals are evaluated through a process of data collection, observation, and focus groups. A random number of EIPP Medical Records are selected for review at each program site. The EIPP Medical Records are then compared with their respective EIPP Electronic Records maintained in the EIPP Database for accuracy. During the last cycle of site visits in FY13, the data accuracy rate was 93% across all sites, the highest rate achieved.

Challenges

- **MCH Team:** Home visiting programs have traditionally utilized only one professional in the provisions of services to high need families such as Health Families Massachusetts using a Community Health Worker (CHW) Model and the Nurse-Family Partnerships using a nurse model. Shifting perspective to rely on a team rather than an individual expertise to provide comprehensive services is a challenge for some professionals and community based agencies.
- **Diversity of the MCH Team Members:** Significant disparities persist in birth outcomes and utilization of prenatal care among different groups of the Commonwealth's residents, in particular racial, ethnic, and geographical subpopulations who have traditionally been isolated from the larger health care system. Hiring staff to provide EIPP services who did not reflect the cultural, linguistic and racial diversity of the community being served resulted in low caseloads and poor retention in service provision. This was a contributing factor for the two EIPP sites that closed.
- **Implementing Creative Strategies to Maintain Active Participant Involvement:** Adopting innovative approaches to engaging and retaining high need families within diverse communities has provided the foundation for solid service delivery and for facilitating the ongoing engagement of women in the EIPP service provision system. However, many professionals and institutions were unfamiliar with the difference between marketing activities (distributing brochures) and outreach activities (drive-by visits) which have been proven to be more effective at reaching individuals traditionally

isolated from the health care system. This was another contributing factor for the two EIPP sites that closed.

Overcoming Challenges

- **MCH Team**: Developing a partnership within each of the MCH Teams was vital for providing comprehensive services that addressed families' identified needs, to perform community wide outreach and education, and to support individual and family efforts in improving their circumstances. When each MCH Team member acknowledges, utilizes, and relies upon the professional expertise of the other team members, the MCH Team is more effective in engaging and serving high-risk families. Hosting mandatory, quarterly EIPP statewide meetings where training, networking and facilitated discussions by discipline occurred was one strategy used to develop team cohesion.
- **Diversity of the MCH Team Members**: To effectively engage high-risk pregnant and postpartum women who have been traditionally isolated from the health care delivery system, successful EIPPs ensured their MCH Team members reflected the cultural, linguistic, racial, and ethnic diversity of the population served in their respective communities. Annual cultural competence training and pay differentials for bi-lingual staff were two strategies that have been successfully implemented.
- **Implementing Creative Strategies to Maintain Active Participant Involvement**: In order to address this challenge, training and technical assistance was provided to assist the EIPP sites to adopt unique strategies to locate, engage, and maintain the active involvement of eligible pregnant and postpartum women including:
    a. Conducting "drive by" visits,
    b. building relationships with neighbors and extended family members,
    c. collecting a minimum of three emergency/family contacts with signed releases,
    d. providing immediate follow ups on undeliverable mail and disconnected phone numbers, and
    e. locating families in settings that families frequent including churches, local businesses, and on the street.

Lessons Learned

Integrating this program into an existing EI system of care while also diversifying funding has ensured that EIPP remains an active participant in the national and state discussions around home visiting and resource allocation.

Next Steps

EIPP is an effective pilot project that has struggled to come to scale, emblematic of a larger fragmented perinatal and early childhood health system of care. Due to funding diversification and strong collaborations with the Medicaid MCO's, EIPP has been able to sustain itself as the Commonwealth continues to grapple with persistent disparities in birth and pregnancy outcomes, and limited public health resources. With the potential for additional state and federal funding along with continued implementation of the EIPP evaluation plan, a long-term sustainability plan is intended.

Practice Contact Information

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