

## Welcome Family

### An Innovation Station Promising 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:	Massachusetts	Title V/MCH Block Grant Measures Addressed
Category:	Promising	<b>NPM 1:</b> Well-woman Visit <b>NPM 4:</b> Breastfeeding <b>NPM 5:</b> Safe Sleep <b>NPM 11:</b> Medical Home
Date Submitted:	2018	

#### Practice Description

The Welcome Family program offers a universal nurse home visit and follow-up phone call to Massachusetts mothers with newborns, regardless of age, income, number of children, or other risk criteria. The goal is to improve maternal and infant health outcomes and improve coordination of health and social services by providing an entry point into a system of care for all families with newborns.

#### Purpose

Many positive outcomes have been linked to home visiting, such as reduced child abuse and neglect and improved child development and parenting outcomes. Home visiting programs for families with young children in the United States have traditionally served families with identified risk factors for poor outcomes (e.g. maternal age, low income, social-emotional health issues) who are most likely to benefit from intensive home-based services. In contrast, universal home visiting models serve all families regardless of income, age, or other criteria. These programs can reach a broader range of families than programs with eligibility-based enrollment, thereby identifying needs that might otherwise go undetected. Universal programs can also reduce the stigma associated with participation in eligibility-based programs, allowing home visitors to triage families with varying levels of need and connect them to services accordingly.

In 2010, the Affordable Care Act established the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV), funding states to support home visiting programs to improve the health and development of families and children birth to five. MIECHV also aims to improve

coordination of services by enhancing systems of care for families and young children. In Massachusetts the Massachusetts Department of Public Health (MDPH) is committed to reaching all women giving birth and ensuring that children receive services as early as possible. Thus, MIECHV provided an opportunity for MDPH to develop and implement its vision for positioning home visiting as an entry point into a system of care. Using MIECHV funding, in September 2013 MDPH launched Welcome Family, a universal postpartum nurse home visiting program that supports women in their role as new mothers, identifies family needs, and facilitates linkages to maternal and infant services.

Welcome Family is currently available to families with newborns who live or give birth in five Massachusetts communities: Boston, Fall River, Lowell, Holyoke, and Springfield. Families are eligible regardless of age, income, number of children, or other criteria. Although mothers are the primary participant, Welcome Family is available to any caregiver with a newborn, including fathers, grandparents, adoptive parents, and foster parents. The program objectives are to:

- Identify and prioritize family needs by screening mothers with newborns for health, safety, and family well-being.
- Respond to identified needs by providing brief interventions, education and support and making appropriate referrals to formal and informal services.
- Optimize use of the service system to meet identified needs by improving agency coordination.
- Identify gaps in service delivery in order to improve resource allocation and inform policy.

## Practice Foundation

The Welcome Family model is grounded in the life course theory. As the theory suggests, unaddressed inequities during the earliest years can lead to intensified health problems and widening social, educational, and economic gaps. Therefore, it is important to reach all women giving birth and ensure that children and families receive needed services as early as possible. Universal home visiting programs can reach families not otherwise served by the health and social service system, resulting in increased identification of needs. Welcome Family supports women in their role as mothers of newborns, identifies family needs, and facilitates linkages to maternal and infant services.

The framework and implementation plan for Welcome Family was partially modeled off Family Connects, an evidence-based (as defined by the federal Department of Health and Human Services) universal nurse home visiting program available to all families with newborns residing within a defined service area. Findings from a randomized controlled trial indicate that Family Connects increased connections to community services, improved parenting behavior, decreased emergency room visits, and lowered healthcare costs (Dodge et al. 2014).

## 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.*

The Welcome Family visit occurs up to eight weeks postpartum. It is conducted by a maternal and child health nurse and lasts approximately 90 minutes. During the visit, the nurse completes a comprehensive assessment of family health and well-being that covers the following areas:

- Unmet health needs
- Maternal and infant nutrition
- Emotional health
- Substance use
- Intimate partner violence
- Clinical assessment of mother and infant

In each of these areas, the nurse administers screenings and responds to identified needs by providing education and brief intervention and referring families to additional clinical or community services. The nurse also addresses the family’s questions or concerns and provides a gift bag with items such as a rattle and book to prompt discussion about newborn care and maternal health. In addition, a phone call is made to the family two to three weeks after the visit to follow up on referrals made and to provide additional support and referrals when necessary. The infant’s pediatrician also receives a letter from the nurse describing the infant’s clinical assessment and any referrals that were made.

### Practice Activities

Core Component	Activities	Operational Details
Outreach and enrollment	Referrals into Welcome Family	Market Welcome Family at the state and community level. Foster relationships with birth hospitals, community health centers, medical providers, and other community agencies, which serve as the primary referral sources into Welcome Family.
Conducting the home visit	Screening, brief intervention, and education	Assess maternal and infant physical and emotional health and well-being and provide education and/or brief intervention in response to identified needs.
Linkages and follow up	Referrals and linkages to external community resources	Facilitate family’s connection to healthcare or community-based services to address needs identified. Provide 2-3 week follow up phone call to family. Send visit summary letter to infant’s pediatrician.

### Evidence of Effectiveness (e.g. Evaluation Data)

A process evaluation of the Welcome Family program was conducted from September 2013 through June 2016 in four of the pilot communities to understand the quality of implementation and short-term outcomes. The evaluation used a mixed methods design, including analysis of 1) programmatic data; 2) electronic birth certificates; 3) a survey of participants conducted two to three months after the visit; 4) key informant interviews and; 5) a focus group of Welcome Family participants. Key findings included:

- Among the 2,830 families who received a visit, 91% had at least one need identified related to unmet health needs, nutrition, emotional health, substance use or intimate partner violence.

- Nurses offered 3,794 referrals to community services in response to needs identified. Two to three weeks after the visit, 30% of referrals were enrolled in or waitlisted for services.
- A higher risk population of women (younger, publicly insured, non-U.S. born, non-English primary language, WIC participants) was served by the program compared to the eligible birth population.
- 52% of participants were breastfeeding their infant two to three months after the visit; among them 73% reported that the Welcome Family program helped them with breastfeeding.
- Key informants and program participants highlighted staff training, language capacity, and familiarity with community programs as central to the success of the Welcome Family visit.
- 92% of survey respondents were “very satisfied” or “satisfied” with the visit and 98% would recommend Welcome Family to someone else.

A second evaluation is underway through which MDPH seeks to understand the effect of Welcome Family in improving maternal and infant health outcomes, such as completion of the six-week postpartum visit and emergency department utilization.

### **Replication**

N/A

## **Section II: Practice Implementation**

### **Internal Capacity**

At the local level, there are three roles that are critical to the success of the Welcome Family program: nurse home visitor, program supervisor/manager, and program coordinator. Nurses are required to be licensed by the Massachusetts Board of Registration, Division of Professional Licensure with either: 1) Bachelor’s degree in nursing from an accredited program, with at least three years clinical experience in prenatal, newborn, infancy or maternal services; or 2) Master of Science degree in nursing in maternal and child health, family health, community health, or related specialty, and two years clinical experience in prenatal, newborn, infancy or maternal services.

At the state level, a program director and epidemiologist work together to administer the program, provide technical assistance, manage continuous quality improvement activities, and monitor program performance.

### **Collaboration/Partners**

Local Welcome Family agencies have strong relationships with other clinical and community service providers to support families’ needs, including birth hospitals, early intervention, mental health, substance use, WIC, child care, and health centers, among others. In addition, the Welcome Family Advisory Committee provided ongoing guidance on program implementation, systems-building, and sustainability during the first five years of the program. The Advisory Committee included representation from 15 stakeholders including the Massachusetts

Department of Early Education and Care, Medicaid, healthcare providers, home visiting programs, birth hospitals, and local Welcome Family agencies.

### **Practice Cost**

Local implementing agencies are reimbursed by MDPH at a rate of \$130.49 per visit. They also receive \$70,000 per year (\$90,000 in their start-up year) to support non-billable aspects of the program such as non-clinical staff time, marketing, community outreach, and training. This budget allows each agency to serve up to 459 families per year.

### **Practice Timeline**

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

### **Resources Provided**

The following materials and resources have been developed to support program implementation:

- Welcome Family Program Manual
- Welcome Family Assessment Tool and other data collection forms
- Monthly and quarterly data report templates

MDPH also published an article in the Maternal and Child Health Journal titled [Lessons Learned: Implementation of Pilot Universal Postpartum Nurse Home Visiting Program, Massachusetts 2013–2016](#). This paper identifies lessons learned from the first three years of implementation of Welcome Family related to outreach and enrollment, program operations and quality, and follow-up and linkages with community resources. These lessons can inform other states' efforts to enhance their early childhood system of care through universal home visiting.

### **Lessons Learned**

#### **Assets**

The nurse home visitor model is an integral component of the program. Nurses bring a clinical background and high level of trust as health professionals. The experience and qualifications of the Welcome Family nurses allow them to provide brief intervention and support during the home visit (such as lactation counseling) in addition to referring families for additional services if needed.

Welcome Family also has a strong emphasis on data and continuous quality improvement (CQI) which supports high quality program implementation and a commitment to improving participant outcomes. MDPH generates monthly and quarterly data reports for the local programs to monitor progress toward meeting program performance measures and inform program planning and CQI. The Welcome Family Learning Collaborative is a forum to identify and share best practices and lessons learned across the program, and annual site visits between MDPH and the local programs are an opportunity to systematically review successes and challenges in program implementation.

Welcome Family also balances program standardization with flexibility and innovation. While there are core operational components that local programs adhere to, certain processes (such as outreach strategies) are adapted based on agency and community infrastructure and resources.

## **Challenges**

The current grant-funded budget limits each Welcome Family community to serving 459 families annually. As a result, current efforts focus on ensuring that Welcome Family is universally available to and reaches families of varied demographic characteristics. MDPH is pursuing sustainable third-party funding to ensure that, as the program grows, Welcome Family is also offered to all families with newborns.

Birth hospitals are the primary referral source into Welcome Family. However, due to competing priorities and time constraints, introducing Welcome Family to all mothers in the hospital prior to discharge can be challenging. While preserving strong relationships with the birth hospitals, programs have increased referrals by expanding and diversifying recruitment networks. Program staff will continue to explore the best way to offer Welcome Family to all families with newborns and ensure that everyone considers receiving a home visit.

Another challenge is that nurses report that the substance use and intimate partner violence screens infrequently yield disclosures due to the sensitive nature of these topics and the difficulty of developing a relationship during a one-time visit. MDPH offered further training to support nurses in this area, with an emphasis on leveraging the universal Welcome Family visit to help destigmatize these topics. During the evaluation period, the program saw a low percentage of families who were enrolled in the services they were referred to at the time of the home visit. This challenge has been addressed by better supporting the families in connecting to services, such as contacting the referral agency during the home visit, but in some , families are not connected due to the limited capacity of the service system in Massachusetts. This is particularly the case for certain types of referrals such as mental health services, the capacity of which is known to be insufficient to meet community needs.

## **Overcoming Challenges**

Welcome Family engages in formalized CQI work to respond to identified challenges. Staff from the local programs comprise the Welcome Family Learning Collaborative, where they use their monthly and quarterly data reports to identify areas for improvement and make real-time modifications to program implementation using PDSA methodology and CQI tools (such as run charts, key driver diagrams and process maps) to conduct rapid cycle tests of change and measure the impact of the changes. As a result of these PDSA cycles, the program has demonstrated performance improvements, including increasing the percent of families connected to services two to three weeks after the home visit from 30% during the evaluation period to 78% in 2018.

## **Next Steps**

MDPH is evaluating the effect of Welcome Family in improving maternal and infant health outcomes and reducing healthcare costs. Findings from this evaluation could be used to justify investment in universal short-term home visiting programs by Medicaid and other insurance payers and would contribute to the literature on strategies to improve maternal and child health outcomes. MDPH's vision is to gradually expand Welcome Family to additional communities where MIECHV operates and eventually statewide to make it a truly universal program.

## Practice Contact Information

*For more information about this practice, please contact:*

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