MASSACHUSETTS
HEALTH POLICY COMMISSION

BAYSTATE FRANKLIN MEDICAL CENTER

ENGAGING MOTHERS FOR POSITIVE OUTCOMES THROUGH EARLY REFERRALS+ FAMILY CLINIC

JANUARY 2023

INITIATIVE GOAL

Develop a new multidisciplinary clinic for family-centered care to optimize interactions among medical providers, families, and early intervention (EI) providers and offer new services to fill gaps in available care.

AWARD SNAPSHOT

HPC AWARD

$299,993

AWARD MAP

TARGET POPULATION

- **CAREGIVERS:** Caregivers with a substance use disorder (SUD) or a history of an SUD in the last five years, who are pregnant, hoping to become pregnant within six months, or parenting children under three; and
- **CHILDREN:** Substance exposed newborns and children up to three years of age

PERIOD OF ENGAGEMENT

COST-EFFECTIVE, COORDINATED CARE FOR CAREGIVERS AND SUBSTANCE EXPOSED NEWBORNS

The Cost-Effective, Coordinated Care for Caregivers and Substance Exposed Newborns (C4SEN) Investment Program supports innovative initiatives aimed at improving the quality of care of substance exposed newborns and their caregivers through at least 12 months postpartum. Key elements of C4SEN models are providing culturally competent care that is free of stigma and bias, collaboration among primary care and specialty providers, behavioral health providers, and community-based social service agencies and access to cost-effective treatments, care options, and resources – including early intervention and medication for opioid use disorder – that can improve outcomes and help mitigate future health care costs.

HPC BACKGROUND

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BAYSTATE FRANKLIN MEDICAL CENTER

CORE C4SEN PROGRAM COMPONENT	INITIATIVE ACTIVITY
COORDINATE MEDICAL AND BEHAVIORAL HEALTH CARE	The Engaging Mothers for Positive Outcomes through Early Referrals+ (EMPOWER+) Family Clinic at Baystate Franklin Medical Center (BFMC) provides the whole family hands-on, personalized services and care coordination, including primary care, pediatrics, obstetrics, SUD treatment, and referrals to EI.
PROVIDE PROGRAM SUPPORT FOR ONE YEAR POSTPARTUM	Caregivers and their families can participate in EMPOWER+, receiving care coordination services and taking advantage of dedicated two-hour appointments that are designed to address families' clinical and social needs in a single, convenient visit. EMPOWER+ is available until the youngest child in the family unit is three years old, at which point the family officially transitions to the traditional BFMC family practice.
PROVIDE CARE THAT IS FREE FROM STIGMA AND BIAS	EMPOWER+ staff utilize a trauma-informed shared decision-making model to guide their work with patients, further supported by trainings on cultural humility and the Dignity Model.
SUPPORT CAREGIVER AND INFANTS WITH HEALTH-RELATED SOCIAL NEEDS	Caregivers are referred as appropriate to community-based social services to address unmet health-related social needs.
ENSURE CONNECTION TO EARLY INTERVENTION	EMPOWER+ provides warm handoffs to EI partners located in the clinic one day each week to promote communication, data sharing, and patient access.

INITIATIVE-SPECIFIC HIGHLIGHT

Throughout their engagement with the program, caregivers are referred to a counselor from Community Legal Aid, who is based in the Family Medicine Clinic one day a week. In collaboration with EMPOWER+ staff, the counselor provides support to address caregivers' identified health-related social needs, especially concerning housing.

MASSACHUSETTS
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BERKSHIRE MEDICAL CENTER

BERKSHIRE CONNECTIONS

JANUARY 2023

INITIATIVE GOALS

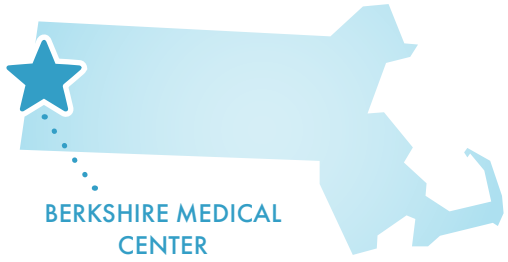
Provide new, individualized care coordination services beginning during pregnancy and continuing until 12 months postpartum by building close, collaborative partnerships with local obstetricians, pediatric practices, and community-based social service providers.

AWARD SNAPSHOT

HPC AWARD

$300,000

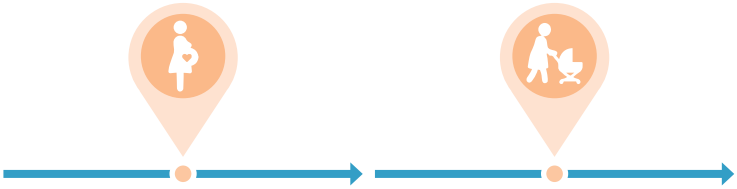
AWARD MAP



TARGET POPULATION

- **CAREGIVERS:** Pregnant or postpartum caregivers with opioid use disorder or a substance use disorder (SUD) that involves opioids and other illicit drugs; and
- **CHILDREN:** Substance exposed newborns up to 12 months old

PERIOD OF ENGAGEMENT



COST-EFFECTIVE, COORDINATED CARE FOR CAREGIVERS AND SUBSTANCE EXPOSED NEWBORNS

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BERKSHIRE MEDICAL CENTER

CORE C4SEN PROGRAM COMPONENT	INITIATIVE ACTIVITY
COORDINATE MEDICAL AND BEHAVIORAL HEALTH CARE	The Berkshire Connections team focuses on building close relationships with local medical, behavioral health, and social service partners to ensure seamless reciprocal referrals, facilitate data sharing, and encourage continuous process improvement to increase communication and cooperation among providers in Berkshire County.
PROVIDE PROGRAM SUPPORT FOR ONE YEAR POSTPARTUM	Berkshire Connections provides individualized care coordination and wraparound services to caregivers beginning at obstetric intake through a minimum of 12 months postpartum.
PROVIDE CARE THAT IS FREE FROM STIGMA AND BIAS	The Berkshire Connections team organized a cultural humility training focused on SUD and pregnancy attended by all Berkshire obstetrics providers and staff to inform their work with caregivers.
SUPPORT CAREGIVER AND INFANTS WITH HEALTH-RELATED SOCIAL NEEDS	At intake, participants meet with the Berkshire Connections outreach coordinator, who screens for unaddressed health-related social needs and refers caregivers as needed to the FIRST Steps Together home visiting program and community-based social services.
ENSURE CONNECTION TO EARLY INTERVENTION	Caregivers are connected to early intervention (EI) before delivery to begin building the care relationship and begin attending EI appointments postpartum, as clinically indicated. Caregivers can use computer workstations at Berkshire obstetric offices to attend virtual EI appointments.

INITIATIVE-SPECIFIC HIGHLIGHT

Enrolled caregivers are provided a stipend of $300 for transportation-related expenses, such as gas, rideshares, and public transportation.

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SOUTH SHORE HEALTH

SUPPORTING: HOPE – OPPORTUNITY – RESILIENCE – EMPOWERMENT

JANUARY 2023

INITIATIVE GOAL

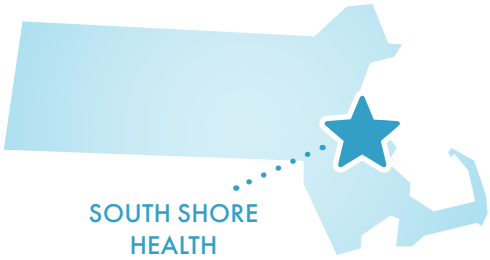
Introduce a perinatal/pediatric care coordinator and doula to meet patient demand and increase access to existing prenatal and postpartum care services.

AWARD SNAPSHOT

HPC AWARD

$274,030

AWARD MAP



TARGET POPULATION

- **CAREGIVERS:** Caregivers with an identified substance use disorder who are pregnant, postpartum, or parenting children under two; and
- **CHILDREN:** Substance exposed newborns (SEN) up to two years of age

PERIOD OF ENGAGEMENT

COST-EFFECTIVE, COORDINATED CARE FOR CAREGIVERS AND SUBSTANCE EXPOSED NEWBORNS

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SOUTH SHORE HEALTH

CORE C4SEN PROGRAM COMPONENT	INITIATIVE ACTIVITY
COORDINATE MEDICAL AND BEHAVIORAL HEALTH CARE	A care team including a doula, nurse care manager, social worker, and perinatal care coordinator follow caregivers throughout their pregnancies and following delivery. The perinatal care coordinator facilitates weekly interprofessional case reviews to promote ongoing quality improvement and encourage coordination and education among hospital staff.
PROVIDE PROGRAM SUPPORT FOR ONE YEAR POSTPARTUM	Caregivers meet regularly with the Supporting: Hope – Opportunity – Resilience – Empowerment (SHORE) care team for check-ins and support groups. Starting at approximately 18 months postpartum, SHORE staff begin discussing graduation out of the program, with caregivers transitioning fully to community-based services by two years postpartum.
PROVIDE CARE THAT IS FREE FROM STIGMA AND BIAS	SHORE staff attend conferences and trainings on diversity, equity, and inclusion, trauma-informed care, substance use in pregnancy, and mental health services. Upon their return, staff share key learnings with the rest of the SHORE team to ensure all members can apply these skills toward their work with caregivers.
SUPPORT CAREGIVER AND INFANTS WITH HEALTH-RELATED SOCIAL NEEDS	At intake, each caregiver meets with the SHORE social worker to identify any health-related social needs; the social worker makes referrals to community-based support services as needed. To build and strengthen relationships and promote reciprocal referrals with local social service providers, the SHORE social worker conducts ongoing outreach to community organizations, shares program flyers, and hosts meet-and-greets with the team.
ENSURE CONNECTION TO EARLY INTERVENTION	The SHORE social worker periodically assesses the SEN's need for early intervention and makes referrals as appropriate.

INITIATIVE-SPECIFIC HIGHLIGHT

Each caregiver is provided with an infant carrier and additional items like car seats, strollers, and clothing as needed, as determined by the perinatal care coordinator.

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SOUTHCOAST HEALTH

NEW BEGINNINGS COMMUNITY OUTREACH PROGRAM

JANUARY 2023

INITIATIVE GOAL

Expand access to existing prenatal and postpartum care services and improve communication with providers and community agencies to increase cross-system collaboration.

AWARD SNAPSHOT

HPC AWARD

$287,541

AWARD MAP

TARGET POPULATION

- **CAREGIVERS:** All pregnant caregivers who may deliver a baby at risk for neonatal opioid withdrawal syndrome at Southcoast Hospitals, including pregnant caregivers with untreated opioid use disorder (OUD), being treated for OUD with pharmacotherapy, or on opioid pharmacotherapy for pain management; and
- **CHILDREN:** Substance exposed newborns (SEN) up to 12 months of age

PERIOD OF ENGAGEMENT

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SOUTHCOAST HEALTH

CORE C4SEN PROGRAM COMPONENT	INITIATIVE ACTIVITY
COORDINATE MEDICAL AND BEHAVIORAL HEALTH CARE	The New Beginnings team uses the Southcoast Resource Connect platform, a closed-loop two-way referral system that allows for seamless care coordination among medical, behavioral health, and social service providers.
PROVIDE PROGRAM SUPPORT FOR ONE YEAR POSTPARTUM	Enrolled caregivers check in with their assigned family advocate monthly. The 11th-month meeting is dedicated to transition planning, ensuring all desired services are identified and referrals to providers and community-based social supports are in place. Full transition out of the New Beginnings program is complete by 12 months postpartum.
PROVIDE CARE THAT IS FREE FROM STIGMA AND BIAS	New Beginnings staff attend trauma-informed care and SPEAK UP trainings on structural racism and inequities in maternal care, which informs their work with caregivers.
SUPPORT CAREGIVER AND INFANTS WITH HEALTH-RELATED SOCIAL NEEDS	During intake, family advocates work with caregivers to identify health-related social needs and provide referrals to community-based social service organizations. These referrals to community supports continue as needed throughout caregiver participation in the program.
ENSURE CONNECTION TO EARLY INTERVENTION	The family advocate assesses the SEN's need for early intervention and makes referrals as appropriate.

INITIATIVE-SPECIFIC HIGHLIGHT

The New Beginnings team leader is resuming the Substance Exposed Newborns of Southeast Massachusetts (SENSE) collaborative, a Southcoast Health-led coalition of 30+ organizations including medication for OUD providers, early intervention, and social service organizations, to facilitate coordination and communication, identify gaps in services, and share best practices to improve patient care services.