

400-30**POLICY**

All BIH Program Sites will follow MCAH-BIH policy and procedure guidelines to ensure program fidelity as it relates to case management and life planning activities in the MCAH-BIH Program.

PROGRAM STANDARD:

As part of the BIH program's mission to improve outcomes for African American mothers and infants, the program complements the group intervention with *case management* to link participants with community and health related services and to assist with setting short and long term goals for life planning. In order to be eligible for the BIH program, the woman consents to actively participate in the entire intervention including individual case management. The client-centered case management services are led by the Family Health Advocate (FHA) in coordination with an interdisciplinary team that includes the Group facilitator, Mental Health Professional, and/or a Public Health Nurse.

The BIH Program model uses a client-centered case management model that focuses on (a) identifying and triaging participant needs and facilitating participant access to prenatal and postpartum supportive group services (and to medical care as needed); (b) working with the participant to identify and build on her strengths and resources to problem-solve, and obtain the services and support she needs; and (c) to participate in Life Planning to create a written plan for her future.

PROCEDURE:

1. Case management activities for life planning are conducted by the FHA. The FHA is expected to employ interpersonal skills, including basic counseling skills that enhance FHA-participant interactions. By listening, exploring, and encouraging, the FHA assists participants in making healthier choices for themselves and their families. In addition, all interactions should reflect the BIH Governing Concepts by being culturally competent, client-centered, and strength-based, and by building the participant's cognitive skills. The FHA is also responsible for on-going assessments, which provide a structured opportunity for participants to update the FHA and for the FHA to measure changes in the participant's level of social support and other program outcomes over time. Participants actively work with their FHA to develop a Life Plan, one of the core case management activities.

Life Planning is a process that identifies a participant's desires for her future and clarifies goals and challenges, along with developing SMART (Specific, Measurable, Attainable, Realistic and Time-bound) tasks to move forward. It turns participants' hopes and dreams into a written plan for their future. The Life Plan focuses on goals in three broad areas: (1) health, (2) relationships, and (3) finances. The Life Plan is

initiated in the first session following Assessment #1.

2. Each Case Management/Life Planning meeting begins with an assessment of the participant's success in accomplishing each task identified in her Life Plan. Life Planning meetings conclude with the participant establishing one task that moves her toward her long-term goal. Successful goal setting is reinforced in group session activities and integrated into the Life Planning process. Participants bring their goals to the group sessions and the FHA will support goal attainment by ensuring participant goals are communicated to the Group Facilitator. This process is designed to ensure that group session activities are consistent with the participant's Life Plan. An effective, seamless process requires a high degree of coordination and collaboration between FHAs and Group Facilitators.
3. The time intervals and frequency for Life Planning activities:
 - Following enrollment and prior to the first prenatal group, the FHA should schedule two life planning appointments with the participant. The meetings should assist the participant with establishing a vision to support and develop her long term goals while in BIH.
 - Depending on when the participant enrolls, the amount of time between enrollment and start of group may vary, thus the second Life Planning meeting may occur after the group session has started.
 - During the prenatal group series, the FHA will schedule one Life Planning meeting between sessions 2-5 and 6-9.
 - During the postpartum group series, the FHA will schedule one Life Planning meeting between sessions 12-15 and 16-19.
 - Between 33 and 36 weeks gestation the FHA will complete Assessment #2 with the participant.
 - If participants complete the prenatal series prior to 33 to 36 weeks gestation, this assessment should still be completed during the designated time during monthly Life Planning meetings.
 - Between birth and start of postpartum group series, the FHA will conduct monthly Life Planning meetings with the participant. These meetings may be conducted via telephone or face-to-face.
 - After completion of the prenatal series, participants may enroll in a postpartum series within six months of the delivery of her infant.
 - Upon completion of the postpartum group sessions, the FHA will schedule up to four Life Planning meetings (within 60 days) with the participant to complete the Life Plan and outstanding referrals if necessary.
 - All participant cases will be closed within 60 days of completing the last postpartum session.

4. Case management activities for Life Planning focus on the following primary activities:
 - Life Planning: Each participant develops a plan for achieving her personal goals associated with health, finances and relationships. The Life Plan is the core of the case management intervention.
 - The Life Plan provides a framework for enhanced case management and is used to guide service delivery as well as forming the basis for evaluating provision and effectiveness of services.
 - The Life Plan incorporates information about the participants' strengths and existing resources with the goal of supporting participant self-determination, and empowering her to actively participate in problem-solving, as well as goal setting during group sessions.
 - Referrals to appropriate services outside of BIH (ongoing and as-needed basis): The FHA coordinates the referral process, helping the participant obtain access to outside resources and monitors her process.
 - The FHA will work with the participant to help her create personal goals that are based on her own values and needs that can be realistically achieved, i.e., goals that are specific, measurable, attainable, relevant and time-bound (S.M.A.R.T.) and integrate those goals into the Life Plan.
 - The Life Plan will be finalized as a culmination of their work in BIH and will provide the participants with clear direction for their futures.
 - Additionally, Group Facilitators will be informed of the Life Plan by the FHA to connect group activities to individual efforts.
 - Periodic prenatal and postpartum assessments and completion of required forms.
 - Coordination with Group Intervention: The FHA plays a key role in ongoing participant retention efforts, including the full group intervention. For example; encourage participant participation and retention for the post-partum group intervention, after successful completion of the pre-natal group intervention.
 - Knowledgeable about core agencies that participants are referred to (e.g. WIC, housing).
 - Case conference (initial, and ongoing as needed): The multidisciplinary BIH team will meet regularly to discuss individual participant cases in order to enhance resources and minimize duplication of services.

Prenatal Case Management-Life Planning before a group series begins:

1. The Life Planning meetings 1 and 2 following enrollment, will take place face-to-face in the BIH office or where group sessions are held. Subsequent Life Planning meetings are conducted face-to-face or via telephone as needed. As stated earlier, the second case management session may happen after the first group starts based on the group schedule. Session 1 starts with the

completion of the *VIA Character Strengths* online survey (www.VIACharacter.org). This survey allows participants to identify their

strengths, and FHAs can help participants use them to accomplish their short and long term life planning goals. This survey is 120 questions and takes about 10-15 minutes to complete. The results of the survey will be a list of strengths from 1 to 24. During their time in BIH, FHA's should request that participants focus on using and enhancing their top 3-5 goals.

A. Forms to be completed during these sessions are:

- "About Me"
- Life Planning Log
- Short-Term Goal
- Referral

Prenatal Case Management-Life Planning during group sessions:

1. Conducted once between sessions 2-5 and 6-9 to follow-up on referrals and status of goal setting/attainment.

A. Forms to be completed during these sessions are:

- Life Planning Log
- Short-Term Goal Update (if applicable)
- Referral

2. Completion of Prenatal Assessment #2 at 33 to 36 weeks gestation by the FHA in the office.

A. Forms to be completed during these sessions are:

- Assessment #2
- Life Planning Log
- Short-Term Goal
- Short-Term Goal Update
- Referral

3. The PHN or the FHA meets with the participant 3-4 weeks before delivery during a home visit.

A. Forms completed during these sessions:

- Birth Plan
- Safety Checklist

B. Activities completed during these sessions:

- Discussion of health related topics covered during the group sessions.
- Provide participant with postpartum group schedule and discuss possible enrollment dates.

Prenatal Case Management when a participant can no longer attend group sessions due to medical reasons:

1. FHA and/or the PHN work with the participant on the following:
 - Status of referrals
 - Completion of Birth Plan
 - Completion of Home Safety Checklist
 - Progress on Life Plan and goal setting/attainment

Postpartum Case Management

1. The PHN will conduct a post-delivery check-in telephone call or home visit within one week after delivery. The following *forms and activities* will be completed:
 - Birth Information
 - Referral
 - Schedule follow-up Case Management-Life Planning meeting
 - Schedule Postpartum Group session
2. Monthly Life Planning meetings occur when participants are waiting to attend a postpartum group series in order for the FHA to check on the status of goal setting.
 - *After completion of the prenatal series, participants may enroll in a postpartum series within six months of the delivery of her infant.*
3. Postpartum Life Planning appointments are held primarily in the BIH office and /or in the home. The FHA, PHN or MHP works with the participant on the following forms and activities:
 - Edinburgh Postnatal Depression Scale (EPDS) at 6-8 weeks postpartum (PHN or MHP)
 - Assessment #3 at 6-10 weeks postpartum (can be completed during the same time as EPDS if meeting with participant at 6-8 weeks postpartum).
 - Life Planning
 - Referral Tracking
 - Post-partum group attendance reminders
4. During postpartum group sessions, Life Planning meetings are held once during sessions 12-15 and 16-19.
5. Final Case Management/Life Planning Meetings:
 - The FHA transitions participant out of the program and finalizes Life Plan.

- The FHA may conduct up to four life planning meetings in order to finalize Life Plan and referrals as necessary.
- The FHA completes the following forms:
 - Assessment #4
 - Short-Term Goal Update
 - About Me
 - Life Planning Log
 - Referral
 - Participant Satisfaction
 - Participant Dismissal

Prenatal or Postpartum Case Management services for 60 days

When circumstances arise that prevent women from participating in group sessions, 60 days of brief case management will be provided. The following forms and activities will be completed:

- The FHA will provide appropriate referrals
- The FHA will assist participant in setting short and/or long term goals
- Participant cases will be closed out after 60 days.
- Complete Participant Dismissal form.

For participants who leave the program early, are lost to follow-up, or are unable to complete the program for any reason, please see the BIH Participant Dismissal policy and procedure in order to close participant cases out in a correct and timely manner.