

**400-40****POLICY**

All BIH Sites will follow MCAH-BIH policy and procedure (P&P) guidelines to ensure program fidelity as it relates to group implementation in the MCAH-BIH Program. Every enrolled BIH participant is expected to participate in and complete the full group intervention.

**PROGRAM STANDARD:**

- 100% of BIH participants who participate in a group series will join the series no later than session 3 (prenatal) or session 13 (postpartum).
- 100% of BIH participants will complete both the prenatal and postpartum group series.
- 100% of participants who are not attending their assigned group series will have clearly documented reasons in ETO for non-attendance.
- 100% of BIH participants who are not attending their assigned group series and do not have a documented reason that meets defined criteria for non-attendance will be closed from the Program within 60 days of missing the third consecutive group session.
- 100% of BIH Program Local Health Jurisdiction (LHJ) staff will complete all required MCAH-BIH trainings related to the group intervention component before conducting the group intervention with enrolled BIH Participants.
- 100% of group sessions will be conducted by two trained co-facilitators.
- 100% of group sessions will have 8-12 BIH participants in attendance.

**Key characteristics of the group intervention**

1. The group intervention is the central component of the BIH Program, in conjunction with case management/life planning. Adapted from other evidence-based and promising curricula (e.g., BIH Social Support and Empowerment, Nurturing Parenting, Effective Black Parenting, and Legacy), the group intervention reflects all four BIH governing concepts—it is culturally relevant, participant-centered, strength-based, and utilizes cognitive skill-building approaches.
2. The curriculum focuses on building each participant's knowledge and skills while enhancing her self-esteem and confidence, with the goal of empowering her to take active responsibility for her own health and that of her family and new baby.
3. It is culturally-relevant and incorporates opportunities to build participants' awareness of how health is shaped by social determinants including economic and social factors such as income, education and discrimination.
4. Providing the curriculum in a group setting provides participants with a source of social support while allowing them to share their experiences with each other. Participants learn to identify their strengths and develop strategies to apply those strengths in their daily lives.

5. The BIH group intervention brings together women with common issues and provides opportunities for open and honest dialogue about the issues they face. This unique experience positions the women themselves as experts as they assist each other in the process of self-discovery and personal growth.

### **PROCEDURE:**

#### **A. Group intervention content**

The emphasis of the BIH Program model is on engaging participants as early in pregnancy as possible in order to provide them the full benefit of all BIH services. The full group intervention includes 20 sequential group sessions, divided into two series of 10 weekly sessions--prenatal sessions 1-10 and postpartum sessions 11-20. Sessions 1-10 focus on pregnancy-related issues and life planning. Sessions 11-20 focus on health disparities, healthy relationships and continued life planning.

1. The activities included in the group intervention are curriculum based. Each session includes engaging, interactive activities designed to reinforce key themes, an exercise designed to help participants manage and reduce stress, and an opportunity for participants to set personal goals to improve their health. Each group session will be 2½ hours long and divided into five sections:
  - a) A welcome and follow-up from last week's goal (15 minutes);
  - b) A health promotion/knowledge activity designed to demonstrate a key theme that is interactive and engaging (50 minutes);
  - c) A break that includes a nutritious snack provided by the LHJ and an exercise activity--reinforcing the importance of health (15 minutes);
  - d) A second health promotion/knowledge activity designed to demonstrate a different key theme that is interactive and engaging (50 minutes);
  - e) Setting a new personal goal based on the day's activities, a relaxation exercise and a concluding Gratitude Circle (20 minutes).
2. Key information will be introduced by the Group Facilitators in each session, with the intention of building on concepts and information introduced in prior sessions. Participants will also be given a new chapter to read every week from the *Participant's Handbook* including additional resource information related to that session's focus.
3. Group facilitators are required to complete the *Group Session Information* form after every group session. This form documents participant attendance at the group session and provides essential information to guide MCAH-BIH in monitoring model fidelity.

#### **B. Group Participation**

1. Every participant who enrolls in BIH is expected to participate in the full 20-session series. Exceptions to this expectation must meet defined criteria (e.g.,

medical bed rest). And be clearly documented in ETO on the Participant Medical Leave form. Participants who do not attend their assigned group and do not have a documented reason that meets defined criteria for non-attendance will be closed from the Program within 60 days of missing their third consecutive group session.

2. Every participant will have the opportunity to begin a group series within 30 days of initial contact.
3. A participant must begin her participation in the group intervention series by session 3 (prenatal) and by session 13 (postpartum).

### C. Group Implementation

#### 1. Group Facilitation

- a) Each group session will be led by **two** group facilitators who have *completed required MCAH-BIH sponsored trainings*. Building on requisite skills of good communication and effective listening, the required training helps group facilitators develop an array of tested strategies for effective facilitation including group management.
- b) MCAH-BIH requires that the group intervention be co-facilitated, which provides opportunities for the group facilitators to share tasks and responsibilities, to pay greater attention to participants during group, to model appropriate communication/behavior with each other, to introduce diversity and connect with a broader range of participants, and to bring different talents and knowledge to the group experience.
- c) Effective facilitation is key to the success of the group intervention, and the facilitators' primary role is to guide the group in self-discovery. This is accomplished by managing and maintaining a group process, and ensuring that it takes place in a respectful and safe environment that allows participants to be themselves.
- d) Effective co-facilitation also requires coordination of tasks prior to the group, with clear and mutually agreed-upon definitions of roles, responsibilities, and expectations. For example, co-facilitators will want to discuss how they will manage distracting/disruptive participants and how to handle controversial issues; any disagreement should be discussed outside of the group and not in front of participants.

#### 2. Group Size

- a) Each group session should be attended by a minimum of 8 participants and a maximum of 15 participants.
- b) Before a new group series begins, LHJ Program staff are required to notify their designated MCAH-BIH Program Consultant (PC) if participant group enrollment is less than or exceeds the recommended guidelines.

### 3. Group Scheduling

- a) Each site will need to schedule group sessions based on several considerations, including:
  - i. The number of current participants who are eligible to join either a prenatal or postpartum group intervention series.
  - ii. When those participants are most likely to be able to attend group sessions (e.g., sites should consider scheduling evening and/or weekend sessions for participants who work or have other daytime commitments).
  - iii. Staffing capabilities—the number of group facilitators available to lead groups.
  - iv. Minimizing the amount of time between group series.
- b) Sites are required to submit upcoming group schedules to MCAH-BIH annually by December 31<sup>st</sup> of each calendar year and upon request.

### 4. Promoting Participant Retention

- a) The group intervention provides both opportunities for and challenges to participant retention in the BIH Program—i.e., ensuring that enrolled participants continue to actively participate in the BIH Program until they have successfully completed all program requirements.
- b) Dynamic facilitation and participant engagement in the group intervention are key for participant retention, but need to be reinforced through other strategies such as:
  - i. Weekly follow-up by the facilitator and/or a participant “buddy,” particularly if a participant misses a group session.
  - ii. Provision of “motivators” (e.g., transportation, childcare, food, other incentives) that can make a critical difference in whether participants attend groups; local site staff should assess their participants’ needs and select motivators that best address those needs.
  - iii. The FHA or PHN can also play an important role by reinforcing the importance of the group intervention during her one-on-one work with the participant.

### 5. Coordinating the Group Intervention with Individual Case Management/Life Planning

- a) The Program participant’s engagement with the group intervention and her relationship with the group facilitators also provide a key resource for the FHA or PHN in ongoing one-on-one work with the participant during case management/life planning.
- b) At least one facilitator should be part of the initial case conference for new participants to gain a better understanding of each group participant’s strengths, challenges and concerns/needs and how these can be addressed during the group intervention.

- c) Group facilitators may recognize during group activities that the participant is struggling with an issue that requires more individualized attention, which they can then share with the FHA, MHP or PHN. Appropriate program staff may arrange meetings with the participant to provide support for this issue one-on-one. For convenience, meeting times should coincide with the participant's attendance at the group sessions. Since participants will be in group for 20 weeks, the FHA often has the opportunity to follow-up to work with the participant individually prior to or following the group sessions.
- d) Many key components of BIH services (e.g., completion of the Birth Plan, Safety Checklist, and the Life Plan) are addressed during the group intervention or case management/life planning meetings, providing opportunities to reinforce important concepts and ensure that the participant has the assistance, preparation and skills she needs to successfully advocate for herself in setting and achieving her goals.

**Forms to complete:**

*Group Session Information*