

Theory of Change

Background Factors

TARGET POPULATION

- African American Families at or above average risks for adverse pregnancy outcomes
- Pregnant women who are medical assistance enrollees
- High prevalence of high risk pregnancies
- Histories of inadequate integrated care
- High utilization of crisis and institutional services
- Disproportionate healthy pregnancy outcomes

CONTEXT

- Adverse outcomes such as reportable low birth weight, preterm birth, and/or prenatal substance abuse
- Scarcity of integrated care
- Multiple pressures to contain medical costs
- Increased acceptance of disproportionate pregnancy outcomes at institutional levels
- Increased demand for community-based, culturally specific services
- Challenges managed care providers face in effectively serving African American families

PHILOSOPHY

- Family-centered service delivery, especially including dads
- Fusion of best practices of community-based services, managed health care, and social services
- Sustained provider involvement and collaboration
- Funding model and financial incentives promote greater accountability, flexibility and cooperation

ASSUMPTIONS

- High risk pregnancies are expensive
- Segregated and uncomplementary services impedes integrated response
- Without integrated and complementary services across systems and the African American community, fewer successful pregnancy outcomes
- Integrated care will produce better pregnancy and system outcomes
- Strengths and needs of target population are highly individualized
- Target population has right, desire and ability for successful pregnancies

WHAT WE WANT: Integrated Care Interventions

PRIMARY PROVIDERS

- Accountable for family and system outcomes
- Engagement/relationship development with families, especially including fathers
- Individualized assessment, goal-setting and service planning
- Intensive interactions in the home and community
- Flexibility to address unmet needs
- Integrated care to meet basic needs and achieve goals related to healthy pregnancies and families and self-reliance
- Assistance accessing health supports and services
- Identification of integrated care support team members
- Leadership of integrated care support team

ICHRP TEAMS

- Vehicle for coordinating integrated care for high risk pregnancies including health care, housing systems, public health, social services, mental health, chemical dependency treatment, and other community-specific services
- Interdisciplinary, team-based needs assessments unique for each mother and family
- Deliver direct services where appropriate
- Engage informal supports where needed
- Identify and resolve barriers to cooperation

ICHRP SERVICES

- Provide culturally appropriate/specific models and settings
- Maximize family choice among ICHRP services
- Facilitate successful family/provider relationships
- Provide ICHRP support as a bridge to successful pregnancy outcomes
- Integrated child welfare case planning with substance abuse treatment planning and monitoring, as appropriate
- Effective systematized screening, collaborative care planning, referrals, and follow up for behavioral and social risks known to be associated with adverse outcomes
- Referrals for interconception care, continued treatment for substance abuse, identification and referrals for maternal depression and other chronic mental health conditions, continued medication management for chronic diseases, and appropriate referrals to county-based social services, public health, or nursing services
- Implementation of ongoing quality improvement activities, including collection and use of data from qualified providers on metrics of quality (e.g., health outcomes and processes of care, use of other data that has been collected)
- Effective ways of identifying and reporting gaps in the collaborative's communication, administrative support, and direct care that will be remedied so the collaborative continues providing effective integrated care and enhanced services

IF WE: Provide Systems Interventions (County, City, Faith, African American Community) to Improve Birth Outcomes and Strengthen Early Parental Resilience

- Agreements and technology to share information in ICHRP support teams
- Independent evaluation of program effectiveness
- Organized funding and aligned incentives
- Promoting policymaker engagement and commitment
- Developing and maintaining stakeholder involvement, including mothers and their families
- Providing a central point of accountability

IT WILL LEAD TO: Intended Community Outcomes

MOTHERS/DADS/FAMILIES

- Integrated interdisciplinary perinatal care and enhanced services, including postpartum coordination to ensure ongoing continuity of care
- Healthy pregnancies
- Physical and behavioral health
- Housing stability
- Quality of life
- Community involvement
- Effectively coordinated referrals and follow-up to evidence-based or evidence-informed treatment with behavioral health and substance abuse services
- Attainment of self-determined goals
- Services provided by community-based providers who bridge cultural gaps within systems of care and integrate community-based paraprofessionals such as doulas and community health workers as routinely available service components

COMMUNITY/PROVIDERS

- Increased involvement in families' health education and development (e.g., include information on nutrition, reproductive life planning, breastfeeding, and parenting; prenatal care, birthing, and postpartum care; and document how patient education is provided)
- Improved relationships among family members, community partners, and health care providers
- Healthy mothers, infants and families

System Outcomes

ICHRP & SERVICE OUTCOMES

- Accountability
- Engagement of families, providers and informal supports
- Coordination
- Responsiveness
- Appropriateness
- Cultural competence
- Continuity of care
- Provider satisfaction
- Community ownership

COST AND SYSTEM OUTCOMES

- Increased healthy pregnancy outcomes
- Decreased crisis and institutional care
- Improved community health
- Increased information to health providers and policy makers



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