

# **MAT-SU HELLO BABY IMPLEMENTATION PLAN**

Prepared for  
R.O.C.K. MAT-SU

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**Actionable Data Consulting**

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## Background

The Mat-Su *Hello BABY* (Building Alaska's Babies with You) initiative began in 2018 in response to the federal legislation surrounding Plans of Safe Care (POSC).<sup>1</sup> A statewide steering committee for POSC began in May 2019, and Mat-Su and Juneau were both chosen as pilot sites for Alaska's POSC implementation. Soon after, collaborative, multi-agency workgroups began developing and planning for POSC to roll out in the pilot communities. In December 2020, the Alaska Department of Health and Social Services (DHSS) Office of Children Services (OCS) sought proposals to implement and fund a POSC coordinator position in both pilot site locations.

As the pilot workgroups continued in their preparation work for POSC implementation, guiding principles began taking shape. The two pilot site workgroups came together in February 2021 to solidify this work and identify values that would help shape the initiative. The Mat-Su workgroup at that time was comprised of staff from the following local partners: Mat-Su Regional Medical Center (MSRMC) Family Birth Center, Palmer Families Infant and Toddlers Court, Set Free Alaska, Alaska Youth and Family Network, Alaska Family Services, Connect Mat-Su, and people with lived experience.<sup>2</sup>

When the OCS proposal window closed with no applicants for the Mat-Su area, the Mat-Su Hello BABY workgroup decided to expand its focus. While an early driver for the establishment of the initiative in 2018 was to identify infants affected by exposure to substances and to provide supports for families, CAPTA (the legislation guiding POSC) does not specify when a POSC needs to be developed, allowing for states to assess the capacities of their own systems. The Mat-Su workgroup recognized that despite the realities of system capacity, families and infants benefit when supports are introduced firmly upstream. Research has shown that the most critical development time for a child is between the prenatal period and the age of three. During this time, stressful events and experiences, referred to as Adverse Childhood Experiences (ACEs), can have a long-lasting impact into adulthood.<sup>1</sup> A study in Alaska showed that children born into homes with four or more pre-birth challenges are also four times as likely to have a higher average ACEs score by age three.<sup>2</sup> Mat-Su Hello BABY understood that a promising opportunity to strengthen families starts in the prenatal phase.

The Mat-Su workgroup continued to meet throughout 2021. In December, Melissa Toffolon, PhD, MPH from Actionable Data Consulting (ADC), began working with the Hello BABY workgroup to help plan for the initiative, independent of state POSC funding. The group held a full-day retreat on June 30, 2022, and a half-day meeting to design the program's implementation plan on September 1, 2022. Finally, another meeting was held on January 5, 2023, to review and revise the implementation plan. Table 1 shows the organizations that worked on the plan and the sessions attended by their staff.

As the Hello BABY initiative in the Mat-Su community has evolved, it has become a universal prevention initiative for families with young children (0-5 years) with a tiered support system that will provide more intentional levels of engagement and connection based on their needs. There are many benefits associated with universal prevention models, such as reduced stigma, the broadest population reach, and no eligibility parameters. The downside is that services can be strained across many families, and

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<sup>1</sup> A Plan of Safe Care (POSC) is a plan designed to ensure that all families with newborns identified as being affected by substance exposure are connected to appropriate services and proactive supports that include the family. The Comprehensive Addiction and Recovery Act (CARA), passed in 2017, added the requirement that POSC also address the needs of newborns exposed to both legal *and* illegal substances. Prior to 2017, federal legislation only required states to address the use of *illegal* substances and alcohol.

<sup>2</sup> A person with lived experience is an 'expert by experience.' Their expertise is gained through first-hand involvement.

programs may have their greatest effect on those families at the lowest risk. Embedding tiered services within a universal prevention program allows a system to better identify families with heightened needs, offer them additional services that match their specific needs, and respond with appropriate services for families more efficiently and with greater impact.<sup>3</sup>

The Hello BABY workgroup also recognizes the profound importance of early relational health in a child's life. Early relational health, in its simplest terms, means that healthy and positive child development emerges best in the context of nurturing, warm, and responsive early parent/caregiver-child relationships, when children are surrounded by safe communities with strong trust and social connectedness.<sup>4</sup> Early relational health as a framework focuses on the importance of a child's earliest relationships with caregivers and how those relationships create a solid foundation for health, learning, and social well-being. Five elements are key to early relational health:

1. Maternal and family well-being
2. Positive, attuned, and nurturing caregiver-child relationships
3. A focus on resiliency in the face of trauma
4. An explicit effort to advance equity, family engagements, and social supports
5. A paradigm shift in early childhood to focus on the impact of relationships to improve child/family health, development, and well-being.<sup>5</sup>

The Hello BABY initiative is designed to create a coordinated, family-centered system in Mat-Su that aligns across multiple sectors (i.e., health care, public health services, early care and education, child welfare, and other family support services) with an early relational focus. While the relationship between children and their caregivers is foundational for a child's health and well-being, they are embedded in a complex social ecosystem that includes the systems and sectors providing services.<sup>3</sup> By understanding this multi-layered relationship, the Hello BABY system can proactively support early relational health at a community level.

Table 1. Extended Implementation Plan work sessions

Organization	Full-day work session 6/30/22	½ day work session 9/1/22	3-hour work session 1/5/23
Alaska Family Services	X	X	X
Alaska Youth and Family Network	X		X
Connect Mat-Su	X	X	X
Help Me Grow	X	X	X
Mat-Su Services for Children and Adults	X		X
MSRMC Family Birth Center	X	X	
People with lived experience		X	X
Providence Nurse-Family Partnerships	X		X
R.O.C.K. Mat-Su	X	X	X
Set Free Alaska		X	
Southcentral Foundation	X		

<sup>3</sup> Bronfenbrenner's Ecological Systems Theory (1979), looks at a child's development within the context of the system of relationships that form their environment. Bronfenbrenner's theory defines complex "layers" of environment, each having an effect on a child's development.

## Need

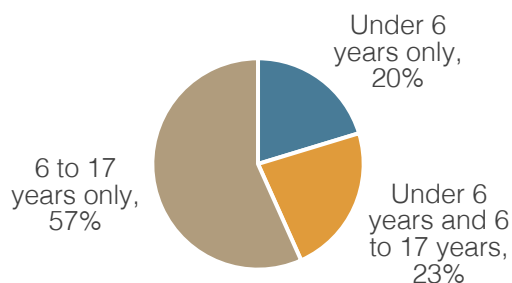
The following data provides a snapshot of the population that the Hello BABY initiative will target in Mat-Su pregnant people and families with newborns and children under five.<sup>6</sup> In 2021, the estimated population of children 0-4 years in Mat-Su was 7,221. This population is expected to grow, reaching 9,584 in 2050.<sup>7</sup> In 2021, 1,224 Mat-Su women had a birth in the past 12 months.<sup>8</sup> That same year, the Mat-Su Regional Medical Center stated there were 792 midwifery deliveries outside their facility.

Table 2. Estimated and Projected Population Under 10 in the Mat-Su Borough 2021 - 2050

Age (years)	Population Estimate	Projected Population					
	July 1, 2021	July 1, 2025	July 1, 2030	July 1, 2035	July 1, 2040	July 1, 2045	July 1, 2050
0-4	7,221	7,453	8,078	8,880	9,516	9,670	9,584
5-9	8,765	8,095	8,212	8,837	9,623	10,235	10,344

In 2021, an estimated 13,461 households with their own children<sup>4</sup> under the age of eighteen resided in the Mat-Su Borough.<sup>9</sup> Of these, 43% included a child under the age of six.<sup>10</sup> An estimated 29,032 children under 18 lived in the Mat-Su Borough in 2021, 26% of the total population.<sup>11</sup>

Figure 1. Age of Own Children in Mat-Su Households, 2021



Source: U.S. Census Bureau, 2021 American Community Survey 1-Year Estimates. Table S1101. Available at: <https://data.census.gov/cedsci/>. Accessed September 2022.

## Adverse Child Experiences

The Pregnancy Risk Monitoring System (PRAMS) in Alaska asks mothers who have given birth in the last few months questions about their pregnancy. In 2020, these mothers reported the following stressful experiences:

- 2.3% had experienced intimate partner violence
- 14.6% had experienced self-reported depression<sup>12</sup>

<sup>4</sup> Own children refer to children of the householder.

The Childhood Understanding Behaviors Survey (CUBS) asks Alaskan mothers of three-year-old children questions about their families. In 2020, Mat-Su mothers reported the following stressful experiences that had occurred in their families:

- 1.7% reported their child had witnessed violence or physical abuse between household members
- 31% reported their own experiences of feeling down, depressed, or hopeless always, often, or sometimes during the past three months
- 7% of mothers reported their child experienced the death of a household member<sup>13</sup>

## Poverty

In 2021, 11% of the Mat-Su Borough population for whom poverty status is determined fell below the poverty level.<sup>14</sup> Of these, 797 were children below the age of five.<sup>15</sup> Twelve percent of Mat-Su children under five fall below the poverty level.

Table 3. Poverty Status of Mat-Su Borough Population (<18), 2021

Age	Population	Population Below the Poverty Level	Population (%) Below the Poverty Level
Under 5 years	6,497	797	12%
5 to 17 years	21,141	3,080	15%
Under 18 years	27,638	3,877	14%

Source: U.S. Census Bureau, 2021 American Community Survey 1-Year Estimates. Table S1903. Available at: <https://data.census.gov/cedsci/>. Accessed October 2022.

## Housing

In 2021, of the 40,997 households in Mat-Su, 79% owned their housing unit, and 21% rented.<sup>16</sup> In 2022, an estimated 630 households in the Mat-Su experienced homelessness. Of these, 190 were households with children.<sup>17</sup> A recent homelessness needs assessment identified a housing gap of 110 homes to meet the needs of families with children.<sup>18</sup>

## Disability

The Matanuska Susitna Borough School District (MSBSD) provides special education services for students with an identified disability. During the 2022 – 2023 school year, 216 students under six have an identified disability. The percentage of special education students under six with an identified disability increased slightly from the previous year (9% versus 13%).

## Prenatal Care

In 2020, 91.2% of Mat-Su mothers of newborns reported receiving prenatal care during their first trimester of pregnancy.<sup>19</sup>

## Prenatal Drug Exposure: Tobacco, Alcohol, and Marijuana

According to the PRAMS survey, in 2020, 8.1% of Mat-Su mothers of newborns and 10.1% of Alaskan mothers of newborns smoked during their third trimester of pregnancy.<sup>20</sup> In 2020, 2.6% of Mat-Su mothers of newborns and 5.5% of Alaska mothers of newborns drank during the last trimester of

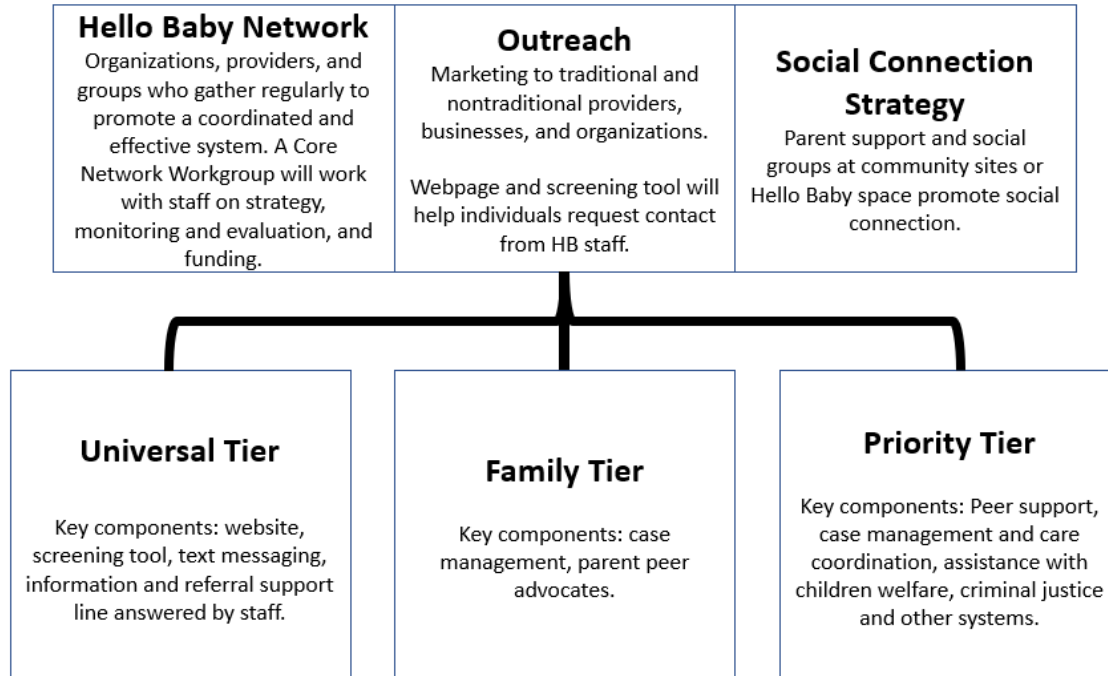
pregnancy.<sup>21</sup> In 2020, 7.7% of Mat-Su mothers of newborns used marijuana or hash during pregnancy, which was similar to the percentage of Alaska mothers (7.9%) who did the same.<sup>22</sup>

## Initiative Overview

Hello BABY is a prevention-oriented universal initiative that will connect pregnant people, parents, and families with young children (0-5 years) to information, referrals, and supports to create a life with basic needs met, social connection, and other conditions needed for families to thrive. Hello BABY will adopt a tiered approach to providing support similar to that used in the Hello Baby prevention program in Allegheny County, Pennsylvania.<sup>23</sup> The initiative will also have a social connection strategy with advocates who will provide parent support and social groups within the community. The goal for participating families is to connect them with services and supports and assist them in achieving the five protective factors of the Strengthening Families Approach, namely “parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children.”<sup>24</sup>

Hello BABY will also create and maintain a cross-sector network of agencies and organizations focused on improving the system of care for this population. These organizations and agencies are dedicated to developing a well-functioning, family-centered system that promotes early relational health. Figure 2 provides an overview of the Mat-Su Hello BABY structure.

Figure 2. Mat-Su Hello BABY Services



## Mission, Vision, and Values

### Mission

Hello BABY empowers families to thrive through support and by inspiring a community where all families are thriving and achieving success.

### Vision

Mat-Su is a connected community where all families are thriving and achieving success.

### Values

- Trust: Empower parents with supportive transparent messaging
- Collaboration: With families and cross-sector messaging
- Family-centered: Strengths and relationship-based
- Compassion: Reduce stigma and shame and leverage peer supports

### Goals<sup>5</sup>

#### Long-Term Goal

All Mat-Su pregnant people and families with children 0-5 years are offered access to support for social connection, parenting knowledge and child development resources, parental resilience, obtaining basic resources for daily living, and social-emotional competence of children.

#### Short-Term Goal 1

A Hello BABY website exists that welcomes pregnant people and families and provides information on how to get support and assists with social connection for themselves and their families.

#### Short-Term Goal 2

A Hello BABY family-centered network of service providers and programs meets regularly and coordinates together to support pregnant people and families with children 0-5 years old.

#### Short-Term Goal 3

Hello BABY advocates are available to pregnant people and families to assist with social connection, one-on-one and in groups.

#### Short-Term Goal 4

Sustainable funding streams exist for the Hello BABY initiative.

#### Medium-Term Goal 1

There is a plan and process for Plans of Safe Care (POSC) to be integrated within the Priority Tier of Hello BABY.

#### Medium-Term Goal 2

At least one gap in the Hello BABY system of care is filled.

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<sup>5</sup> Hello BABY is NOT a standalone program – therefore these goals apply to HB staff in different organizations and a large network of organizations.



## Outcomes and Impact

### Short-term outcomes

1. All Mat-Su pregnant people and families with children 0-5 years know where to go to receive the support for:
  - Parental resilience
  - Social connections
  - Knowledge of parenting and child development
  - Support with meeting basic needs
  - Social and emotional competence of children
2. Pregnant people and families Tier 2 and 3 are connected to the appropriate Hello BABY level of assistance they need.

### Medium-term outcomes

1. Pregnant persons and parent(s) are receiving the services and support they need for the five Strengthening Families components.
2. Families and pregnant people will have decreased:
  - Parental stress
  - Office of Children's Services (OCS) involvement
  - Stigma around needing help
  - Severity of reports of neglect and abuse
  - Recurring maltreatment reports
  - Likelihood of seeking care in the last trimester or no prenatal care
3. Families and pregnant people will have increased:
  - Early relational health
  - Parental resilience
  - Social connection
  - Mental health support
  - Entry into SUD treatment when needed
  - Family stability
  - Equitable access to services
  - Well-child visits
  - Prenatal visits

### Impact

1. Mat-Su is a connected community where all families are thriving and achieving success.
2. There is a reduction in the following affecting pregnant people and families with children under five years:
  - Prenatal and childhood ACEs
  - Children in out-of-home placements
  - Maternal/infant deaths
3. There is an increase in:
  - Parent(s) in recovery
  - Parent(s) managing mental health challenges
  - Third-grade reading levels

## Hello BABY Outreach

The work of the initiative will be accomplished by Hello BABY (HB) representatives embedded in partner organizations in the community. The promotion of HB services will be widespread in the borough. It will involve outreach with nontraditional entities (i.e., libraries, WIC) and traditional providers, businesses, and organizations (i.e., OB/GYN, midwives, hospitals, public health nursing). Means of outreach will include a direct marketing campaign using text messaging, mailers, and flyers with a QR code. Outreach will include distributing information at bars, gas stations, community bulletin boards, 12-step groups, churches, the emergency department, and urgent care clinics, improving access for clients with complex needs.

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*“So, we should be seeing stuff [Hello BABY information] anywhere. We should see it in the grocery store, at restaurants. We should see it in offices. We should see it in community centers and schools, in doctor's offices. It shouldn't be in just one location. Hello BABY should be everywhere all the time. And the screening should be everywhere all the time so that when the moment hits, it's right there, [and a person will think] ‘Let me just fill that out.’*  
- Workgroup member

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## Hello BABY Services

Hello BABY will adopt a tiered approach to providing support, as illustrated in Figure 1 and described below. While all families will have the opportunity to participate in the Universal Tier, referrals to the Family and Priority Tiers can originate through self-referral, provider referral, and the screening tool (which requests permission to contact the respondent). Families can move up and down the tiers. A follow-up schedule will be developed according to tier.

### Universal Tier

The Universal Tier will target all Mat-Su pregnant people and parent(s) with children 0-5 years. There will be a Hello BABY webpage with information and referral resources.<sup>6</sup> At this tier, assistance will be provided via an information and referral line hosted by a trained family resource specialist. Organizations already providing similar services in Mat-Su include Connect Mat-Su and Help Me Grow.

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*“So, the idea that no matter how you enter Hello BABY, there's always going to be the option to talk to someone. There's always going to be this connection to a network, however you want it to be and to look like for you.”*  
-Workgroup member

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The Hello BABY website will have a screening tool that determines the level of need for the individual or family and asks for permission to be contacted by a Hello BABY representative. Information from this screening tool will help to identify which tier would best meet the respondent's needs.

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<sup>6</sup> This webpage may “live” on an existing website that provides this service to a wider population in Mat-Su, such as Connect Mat-Su.

**Examples of challenges surrounding Universal Tier clients:**

- Having multiple children
- Wanting information about things to do with their child(ren)
- Having difficulties with newborn care, such as breastfeeding, colic, etc.
- Lacking housing, food, clothing, childcare, and other basic needs
- Not having social connections or family in the area

**What would a client experience when contacting a Universal Tier representative?** The website will have automated responses to an interactive question form and offer follow-up with a live person if the client is interested. Assistance via texting will also be offered. Representatives following up with the client will be empathic and knowledgeable and help the client self-identify and self-prioritize their needs. They will work with the client to decide what to address first and define what success will look like to them. Contact and interaction will be standardized, and each client will be offered the same approach to assistance.

### Family Support Tier

This tier will serve pregnant people and families with children 0-5 with moderate needs. These families may need one-on-one in-person assistance to link successfully to services and support, including case management. Additionally, at this tier, an individual can receive a connection to a Hello BABY advocate for social support. This support will be provided by the Hello BABY advocate program that recruits parents to help support other parents. As one workgroup member described, *“There will always be someone there on the sideline ready to jump in if need be [to help support the client].”* Community organizations that provide similar types of support are the Nutaqsiivik Program, the Providence Nurse-Family Partnership Program, CCS Early Learning, Beacon Hill, Southcentral Foundation, MyHouse, and Alaska Family Services programs such as the Parents as Teachers and the Family Support Program.

**Examples of challenges surrounding Family Tier clients:**

- Lack of concrete supports such as housing, job, transportation, respite care, etc.
- Being in a serious crisis mode and needing someone to help them access services by “holding their hand,” doing warm handoffs, and checking in on them instead of expecting them to follow through on their own
- Having never needed support before and not being comfortable accessing it, and fearing they are taking away resources from others
- Lack of knowledge that there may be services out there to help them

**What would a client experience when contacting a Family Tier representative?** The Family Tier representative would talk with the client on the phone or in person. Representatives will have case management skills, a strong understanding of boundaries, and be empathetic. The client has confidence in the HB program, not just an individual HB member. Representatives will strive to build the family’s confidence in their own abilities so that they can handle more challenges down the line. Representatives will help the client identify and prioritize needs, write down questions for service providers and the steps needed to get services. They can provide case management, warm handoffs to services, assistance filling out forms, and help to coordinate referrals.

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*Each client will be “connected to and using the right service for them.” – Workgroup member*

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## Priority Tier

This tier of services will employ peer support to connect parents facing complex challenges with the support and services they need (i.e., postpartum depression, mental health, SUD conditions, current child welfare involvement). The goal will be to resolve the crisis situation and achieve a status of equilibrium where the needs of parent(s) and children are being met. Community organizations currently doing this type of work are Set Free Alaska, Alaska Youth and Family Network, Southcentral Foundation, and Alaska Family Services.

### **Examples of challenges surrounding Priority Tier clients:**

- Having substance use disorder or mental health challenges
- Experiencing a lack of transportation, stable housing, and other basic needs
- Not receiving prenatal care
- Experiencing general fear, including fear of losing custody of the child they are carrying
- Experiencing stigma associated with addiction and lack of healthy social connections and support
- Letting reporting regulations or laws impact their actions and decisions

**What would a client experience when contacting a Priority Tier representative?** Peer support will help clients identify and meet their complex and multiple needs and overcome barriers (lack of transportation, funding, etc.). Support in this tier will have a person with lived experience similar to the client, can relate easily with them, and understands the child welfare, law enforcement, and court systems, as well as the resources available to help someone negotiate those systems. Staff will work to build trust with the client, do community/home visits with them, and keep in contact using the modality that works for the client (text, social media, phone, in-person).

## Social Connection Strategy

Hello BABY staff will create and maintain an advocate pool of community members with parenting and caregiving experience who will support other parents in the Family and Priority Tiers and help connect and organize social connection groups at community sites. This advocate pool could support connections with playgroups, meetings of existing groups (i.e., homeschooling groups and Moms Club), and the creation of new groups and events. Social connection can also happen through Zoom support groups, chatbots, and texting.

Eventually, a Hello BABY Family Resource Center(s) will be established to host these events and provide space for an indoor play area. The workgroup identified the need for a place where parents can meet new, positive people, playgroups can play, parenting or financial skills classes can occur, recovery groups can hold meetings, and where, for example, a social worker and a housing specialist could be present to answer any questions. The use of the space and groups could be segmented by age brackets (preschool, grade school, high school). Transportation assistance such as taxi vouchers would help families access the space.

## Hello BABY Network

Mat-Su Hello BABY will organize a family-centered network of service providers, organizations, and groups that serve and support the target audience. Mat-Su Hello BABY knows that early relational health between children and their parents and caregivers is foundational for child health and well-being. They also understand that children and their caregivers live within an ecosystem of services, many of which are siloed or lack coordination. By meeting regularly and working to create a coordinated and efficient system of care, the Mat-Su Hello BABY network allows caregivers to focus on their primary relationships and early relational health rather than external and systemic stresses. The creation of a coordinated and efficient system may include sharing program utilization data provided by members on anonymized individual interactions and services, as well as cross-sector training. Additionally, the network will identify gaps in the system where pregnant people and families are not being served adequately or at all. The network members will sign a memorandum of understanding describing the role and contribution of member organizations and the network's goals.

Organizations in the HB network will all work in a synchronized way to achieve common goals. Both elements of the Hello BABY initiative, the direct services and the network, will complement each other. The data gathered from the information and referral services will identify those community needs that are being met and those that are not.

The goal of the network is to ensure that all organizations providing services to a family are coordinated, ensuring the system functions well for the family. If needed, Hello BABY staff will advocate for the client, helping to manage all of the providers associated with the family.

The Hello BABY program that the client sees will likely differ from the Hello BABY program that all the providers see. The work of the network will be to help providers understand the blinders that are out there that make it complicated for a person or family to navigate all of the services. The network can hold members accountable for the MOU they signed. Hello BABY will be building an integrated system with free-flowing communication between service providers and organizations that are not siloed. All network members will have a clear view of the resource landscape. The network will have coordinated referrals and warm handoffs.

### **Suggested Network Goals:**

1. Create policies and procedures for operating.
2. Review the current system and identify gaps, strengths, and opportunities.
3. Share program utilization data to build an understanding of the current system.
4. Ensure that referral processes fit together well across organizations.
5. Advocate with funders, the State of Alaska, and local and state leaders for the services and policy needed for an inclusive, efficient, and well-run system.
6. Ensure that the voices of people with lived experience and those from diverse backgrounds are included in Hello BABY planning and implementation.

The following types of organizations and service providers will be recruited for the Hello BABY Community Network.

Assistance Providers, i.e., WIC  
Behavioral health providers  
Childcare providers  
Child welfare organizations/agency  
Family fun businesses  
Family and parent social groups  
Head Start program  
Hospital maternity care  
Job finding/training assistance

Local midwifery practices  
Nurse-Family Home Visiting programs  
Parenting programs  
Preschool providers  
Public health nursing  
Respite providers  
Tribal health clinics  
Transportation

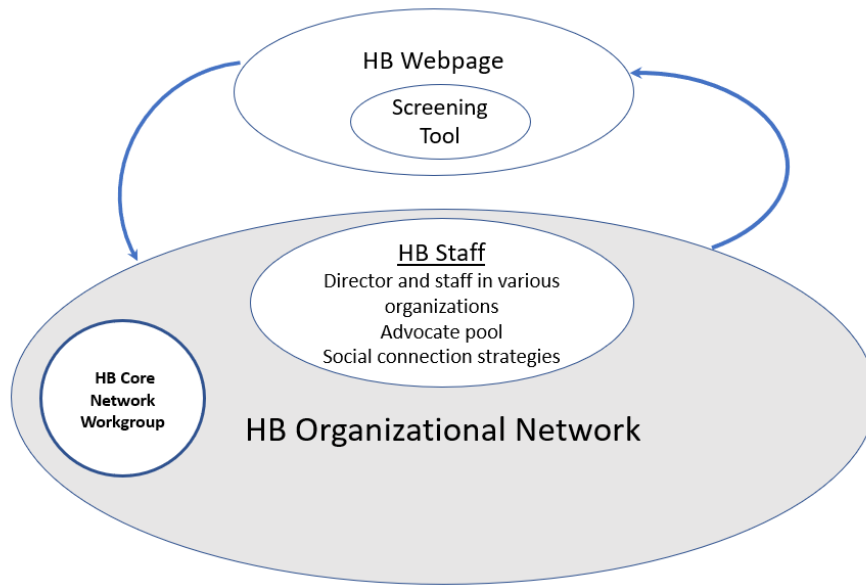
### Core Network Workgroup

A Core Network Workgroup (CNW) will be a subset of network members who will serve in a leadership role. The existing workgroup that created this Implementation Plan could and can be transformed into this entity, and additional people will be added to create a well-rounded, diverse leadership group. The CNW and staff will work as a unit. The CNW will do strategic planning for the initiative and ensure that data and evaluation are a priority. Activities may include developing white papers(s) with the data findings that identify gaps and inefficiencies in the system. They will also ensure that the voices of people with lived experience and those from diverse backgrounds are included in Hello BABY planning and implementation. Initially, the CNW must create policies and procedures for operating as a workgroup. The CNW will highlight gaps and needs in the system and identify and create avenues for funding and support for providers in the network.

### Staffing

Hello BABY staff will be housed and work in different existing organizations in the community. A director will manage staff and organize and support the Hello BABY Network and Core Network Workgroup (see Figure 2). The staff will collect and monitor utilization data, oversee the website and screening tool, and ensure that every screening results in an appropriate referral to tier-base staff. Staff will train and coordinate the volunteer pool and other social connection efforts. The director's responsibilities include creating an annual action plan, developing an annual budget, and maintaining oversight of the budget throughout the year. They will also hire and supervise staff and meet with staff regularly, ensuring staff have up-to-date performance goals and annual evaluations. Finally, the director will ensure that the voices of people with lived experience and those from diverse backgrounds are included in Hello BABY planning and implementation.

Figure 3. Hello BABY Overall Structure



## Phases of Development

Hello BABY will be developed in the following phases.

### Phase 1 – Start-up

#### **Timeline: 2023**

At the January 5, 2023, meeting, the group identified the following key tasks to accomplish this year:

1. The CNW will establish itself as a workgroup, identify other people and organizations who should be at the table, and define policies and procedures for working together.
2. The CNW will “build the wireframe” for service provision and the network and write an RFP based on this wireframe, seeking organizations to house the staff who will carry out Hello BABY work.
3. Organizations will respond to the RFP, and MOUs will be developed and signed. Staff will be assigned or hired.
4. The CNW and staff will focus on overseeing the building of the screening tool, triage system, and referral system and will start developing Universal Tier services.

### Phase 2 – Start-up continues, operation, and evaluation

#### **Timeline: 2024**

1. All staff members will be hired.
2. Initial services for all tiers will be offered.
3. Social connection strategies will be operating.
4. The Network will be conducting system work.
5. Evaluation will be ongoing and will deliver reports every six months.

### Phase 3 – Start-up completion, operation, and evaluation

**Timeline: 2025**

1. A plan and process will be developed for POSC to be integrated into the Priority Tier.
2. Operations from the first two years will continue.
3. Evaluation findings from the first two years will be reviewed, and the structure and strategic plan will be tweaked.



## Appendix A: Hello BABY Logic Model

Table A-1. Hello BABY (HB) Logic Model

Resources	Activities (Target population: pregnant people /families with children <5)	Outputs	Short term Outcomes	Intermediate Outcomes	Impact
<p>HB Core Network Workgroup</p> <p>Resources and expertise from HB partners and HB Network</p>	<p>Maintain an information and referral website with key resources and a screening tool that determines the level of need for an individual or family. Outreach at nontraditional sites (i.e., libraries, WIC) and with traditional providers (i.e., OB/GYN, midwives, hospitals).</p> <p><u>Universal Tier:</u> Information and referral. Family resource specialist support.</p> <p><u>Family Support:</u> Case management support to help the family/person access services.</p> <p><u>Priority Tier:</u> Peer support and case management walk beside the person/family with a higher level of support/assistance. Assistance with OCS/POSC could be part of this Tier.</p> <p>Maintain a Hello BABY network of service providers/programs that serve pregnant people and families with young children.</p>	<p>Information, referral, and screening system via website and phone line exist for pregnant people and families with young children.</p> <p>A three-tier assistance program exists to make services and support accessible to all pregnant people and families at the needed level of support.</p> <p>A complete, efficient, and effective system serves pregnant people and families with young children.</p>	<p>All Mat-Su pregnant people and families with children 0-5 years know where to go to receive the support they seek for:</p> <ol style="list-style-type: none"> <li>1. Parental resilience</li> <li>2. Social connections</li> <li>3. Knowledge of parenting and child development</li> <li>4. Support with meeting basic needs</li> <li>5. Social and emotional competence of children</li> </ol> <p>Pregnant people and families in Tiers 2 and 3 are connected to the Hello BABY navigation level they need.</p>	<p>Pregnant persons and parent(s) receive the five Strengthening Families components services and support. They will have decreased:</p> <ul style="list-style-type: none"> <li>➤ Parental stress</li> <li>➤ OCS involvement</li> <li>➤ Stigma around needing help</li> <li>➤ Severity of reports of neglect and abuse</li> <li>➤ Recurring maltreatment reports</li> <li>➤ Pregnant people seeking care in the last trimester or no prenatal care</li> </ul> <p>They will have increased:</p> <ul style="list-style-type: none"> <li>➤ Parental resilience</li> <li>➤ Social connection</li> <li>➤ Mental health support</li> <li>➤ Entry into SUD treatment</li> <li>➤ Family stability</li> <li>➤ Equitable access to services</li> <li>➤ Well-child visits</li> <li>➤ Prenatal visits</li> </ul>	<p>Mat-Su is a connected community where all families are thriving and achieving success. There is a reduction in the following affecting pregnant people and families with children under five years:</p> <ul style="list-style-type: none"> <li>➤ Child neglect and abuse</li> <li>➤ Children in out-of-home placements</li> <li>➤ Maternal/infant deaths</li> </ul> <p>There is an increase in:</p> <ul style="list-style-type: none"> <li>➤ Parent(s) in recovery</li> <li>➤ Parent(s) managing mental health challenges</li> <li>➤ Third-grade reading levels</li> </ul>

Table A-2. Example of a Mat-Su Hello BABY Annual Work Plan Form

Short Term Goals	Phase	Lead	Status and Date
<b>Short-term Goal 1</b> A Hello BABY website exists that welcomes pregnant people and families and provides information on how to get support and social connection for themselves and their families.			
<b>PG Strategy 1.1</b>			
<b>PG Strategy 1.2</b>			
<b>Short-term Goal 2</b> A Hello BABY family-centered network of service providers and programs meets regularly and coordinates together to support pregnant people and families with children 0-5 years.			
<b>Strategy 2.1</b>			
<b>Strategy 2.2</b>			
Hello BABY advocates are available to pregnant people and families to assist with social connection one-on-one and in groups.			
<b>Strategy 3.1</b>			
<b>Strategy 3.2</b>			
<b>Short-term Goal 4</b> Sustainable funding streams exist for the Hello BABY initiative.			
<b>Strategy 4.1</b>			
<b>Strategy 4.2</b>			
<b>Medium-Term Goal 1</b> There is a plan and process for Plans of Safe Care (POSC) <sup>7</sup> to be integrated within the Priority Tier of Hello BABY.			
<b>Strategy M1.1</b>			
<b>Strategy M1.2</b>			
<b>Medium-Term Goal 2</b> At least one gap in the Hello BABY system of care is filled.			
<b>Strategy M1.1</b>			
<b>Strategy M1.2</b>			

<sup>7</sup> A POSC is a plan designed to ensure the safety and well-being of an infant with prenatal substance exposure following his or her release from the care of a healthcare provider by addressing the health and substance use treatment needs of the infant and affected family or caregiver.

## Appendix B: Description of the Strategic Planning Process

The Hello BABY Strategic Planning retreat occurred June 30, 2022, at Mat-Su Health Foundation Building – 1st conference room, Wasilla, AK. Below is a summary of the strategic planning guidance identified at the retreat and two subsequent meetings with individuals who could not attend the retreat. These meetings were with three longstanding Hello BABY workgroup members with lived experience of substance abuse disorder challenges when pregnant and caring for young children and a Southcentral Foundation manager of the midwifery staff. These two meetings occurred in July. The information and suggestions from these meetings will be identified using a double asterisk. All other information came from the retreat.

Melissa Toffolon from Actionable Data Consulting (ADC) began working with the Hello BABY Workgroup in December 2021 to facilitate the group to create a strategic plan for the initiative. Since then, monthly meetings culminated in a full-day retreat in June. Table B-1 presents the topics presented and discussed at the monthly meetings.

### **Data: Strengths, Challenges, Needs in Our Community**

At the retreat, the participants reviewed the data in Appendix A and then broke into small groups to answer these two questions.

1. What is an important takeaway from the data?
2. What does this mean for Hello BABY?

Answers to the questions are summarized in Table B-1.

Table B-1. Main points in Data Discussion and Hello BABY Implications

<p><b>Hello BABY Entry Points</b></p> <ul style="list-style-type: none"> <li>• There is a wide range of opportunities to connect families with services, including through: <ul style="list-style-type: none"> <li>○ Trusted healthcare providers</li> <li>○ Women, Infants, and Children (WIC) Program</li> <li>○ Midwives and birthing centers</li> <li>○ Mat-Su Regional Medical Center</li> </ul> </li> <li>• It is important to include the following: <ul style="list-style-type: none"> <li>○ Single male households with children</li> <li>○ People with unwanted pregnancies</li> </ul> </li> <li>• Why are ½ of our births outside the hospital? We need to figure out how to connect with these parents.</li> <li>• Many 3-year-olds see a healthcare worker – this could be a natural entry point for Hello BABY.</li> <li>• We need data on births occurring in Anchorage to Mat-Su pregnant people.</li> <li>• We need to figure out how to reach non-hospital and non-Mat-Su births.</li> <li>• There need to be more points of entry and a “broad” definition of help for Hello BABY.</li> <li>• An increased number of births to Mat-Su mothers provide an opportunity for the program.</li> <li>• We need to involve midwives in the program.</li> <li>• Don’t just target moms. There are other care providers – grandparents, dad, and foster parents.</li> <li>• Think about the stages of pregnancy and where the birth occurs.</li> <li>• Southcentral Foundation serves non-Alaska Native pregnant people through birth up to 6 weeks postpartum – this would be a good target audience for Hello BABY services.</li> </ul>	<p><b>Struggling pregnant people and families</b></p> <ul style="list-style-type: none"> <li>• The low-income threshold for federal support misses many families in need.</li> <li>• Households with just a mom are most likely to live in poverty.</li> <li>• Disparity exists by race when comparing married vs. single mothers, as well as by poverty level. People of color have higher rates of poverty.</li> <li>• Pay attention to single mothers, mothers in poverty, and mothers of color.</li> <li>• Teen births – how can we support teens?</li> <li>• We need to understand depression post-birth.</li> <li>• We need to increase social connections.</li> <li>• Concrete supports such as housing, food, and transportation assistance are needed.</li> <li>• We need help for pregnant women that doesn’t make them afraid of the Office of Children’s Services intervention.</li> <li>• Half of the moms worked – this indicates new stresses at the time of birth.</li> <li>• The current economic climate may lead to a need for more support for meeting basic needs and may further increase the “time scarcity” of families.</li> <li>• Limited access to abortion may increase the assistance needed for pregnant people who would have wanted an abortion and not to give birth.</li> <li>• Many mothers with SUD do not seek prenatal care because of shame, and many don’t know where to go for help.</li> </ul>
<p><b>Family Structure and Roles</b></p> <ul style="list-style-type: none"> <li>• Moms are significantly less present in the labor force.</li> <li>• Roughly 1/8 of children younger than six live with someone other than their parents.</li> <li>• We need to wrap in families not connected to the birth mom.</li> <li>• Services should target more than just moms.</li> </ul>	<p><b>Quality of Data Reviewed for the Retreat</b></p> <ul style="list-style-type: none"> <li>• The data for intimate partner violence and neonatal abstinence syndrome rates seem low.</li> <li>• It would be good to see data on substance use during pregnancy, including meth and heroin.</li> </ul>

## Environmental Scan

At the retreat, participants drew out an environmental scan on large sheets of paper on the wall that identified the services that exist in Mat-Su for pregnant people and families with children five and younger. Table B-2 lists the services and programs identified.

Table B-2. Mat-Su Environmental Scan

<b>Social Connection/Parenting Support</b> <ul style="list-style-type: none"><li>• MSBSD</li><li>• SCF/Tribes: Learning Circles, Classes,</li><li>• Churches</li><li>• Library</li><li>• Preschools</li><li>• Mom's group (FB)</li><li>• Heartreach Pregnancy Center</li></ul>	<b>Connection to Resources</b> <ul style="list-style-type: none"><li>• Help Me Grow</li><li>• Connect Mat-Su</li><li>• Family Health Resources</li><li>• Priority Care Team</li><li>• Community Resource Specialist</li><li>• DVSA Crisis Line</li><li>• Stone Soup Group</li><li>• Libraries</li></ul>
<b>Support with Basic Needs</b> <ul style="list-style-type: none"><li>• WIC</li><li>• DVSA Shelter</li><li>• Childcare Assistance</li><li>• Basic Housing Assistance Program</li><li>• Thread</li><li>• Help Me Grow</li><li>• Connect Mat-Su</li><li>• AFS Diaper Bank</li><li>• MyHouse</li></ul>	<b>Behavioral Health and Child Welfare</b> <ul style="list-style-type: none"><li>• SCF Behavioral Health Services; Learning Circles</li><li>• Knik Tribe Wellness Center</li><li>• Alaska Family Services Behavioral Health Treatment Center</li><li>• CODI</li><li>• Mat-Su Health Services</li><li>• Private counselors</li><li>• Alaska Family Services Supervised visitation with parent coaching</li><li>• Circles of Support and Women's Rapid Reunification Action Program (OCS Refers Families)</li></ul>
<b>Medical/Developmental Support</b> <ul style="list-style-type: none"><li>• Parents as Teachers Program (AFS)</li><li>• Infant Learning Program – Look at Me</li><li>• Pediatricians, GPs, NPs</li><li>• Help Me Grow</li><li>• SCF Learning Circles and Nutaqsiivik</li></ul>	<b>Gaps</b> <ul style="list-style-type: none"><li>• There are a waitlist and insurance-eligibility criteria for behavioral health services.</li><li>• Teen pregnant person support</li></ul>

## The Work of Mat-Su Hello BABY

The retreat participants worked in pairs to review programs like Hello BABY. Then, the sub-groups reconvened and provided an overview to the whole group, identifying services and supports that Hello BABY might want to provide. The programs reviewed were:

1. Juneau Hello BABY Program
2. Allegany County, PA Hello Baby
3. LA Best Babies Network
4. Maternal Mental Health Leadership Alliance

The participants suggested the work that Hello BABY could do based on the data they reviewed, the environmental scan, and other examples of programs. Table B-3 summarizes the main points from this discussion.

Table B-3. Suggestions for Scope of Work for Hello BABY

<b>Resources and Referrals</b> <ul style="list-style-type: none"> <li>• Resource and referral to groups/classes/providers</li> <li>• Landing place/page for parents to find resources and reach out and connect</li> <li>• The website has a “chat now” option</li> <li>• Links to local resources (warm handoffs for Hello BABY participants). Match parent needs with support (need fluidity)</li> <li>• A continuum of needs requires a wide variety of resources and support and different levels of accessibility</li> <li>• People who need more support than just a website can call or text message</li> <li>• Decrease the stigma of asking for help</li> </ul>	<b>Social Connection and Support</b> <ul style="list-style-type: none"> <li>• Need a static support system, not just resources</li> <li>• Creating opportunities for families to foster individual support networks</li> <li>• Support Group (virtual and in-person)</li> <li>• Have a continuum of support from warm line to a program helping moms with SUD called Hello BABY Priority</li> <li>• Online support groups daily</li> <li>• Moderated private Facebook group</li> <li>• Have isolated moms “have someone to check on me.”</li> <li>• All connection with Hello BABY is voluntary (Hello BABY Priority is an opt-out)</li> </ul>
<b>Other types of services</b> <ul style="list-style-type: none"> <li>• Classes (virtual and in-person), including an “after birth” class</li> <li>• Community Baby Shower</li> <li>• Offer emergency childcare</li> <li>• We don’t want negativity in messaging</li> <li>• Address the needs of the local subpopulations</li> <li>• Provide support for young mothers</li> <li>• We need to include dads in mental health-focused activities</li> <li>• Create peer group support</li> </ul>	<b>Staffing and structure</b> <ul style="list-style-type: none"> <li>• Staff and advocates have similar cultures and lives as pregnant people and families</li> <li>• Have “Family Centers” (open definition of family) – like walk-in and social connections</li> <li>• Travelers Aid Program: Trips for Tots; Mobil Moms; Free Uber rides</li> <li>• Have a peer support framework that functions with an advocate program**</li> <li>• Have at least two staff members to start – one to facilitate the network and the other to coordinate volunteers and information and referral website.</li> </ul>
<b>Hello BABY must encompass the following actions and vision.</b>	
<ul style="list-style-type: none"> <li>• We broadly define what “help” is</li> <li>• We listen to individual stories</li> </ul>	<ul style="list-style-type: none"> <li>• We have/build relationships with healthcare providers</li> <li>• We reach out via social media</li> </ul>

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- <sup>3</sup> Daro, D. Creating Universal Tiered Systems to Prevent Child Maltreatment. *Child Evidence Brief* (2019) 3: Available at: <https://www.srcd.org/research/creating-universal-tiered-systems-prevent-child-maltreatment>. Accessed February 2023.
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- <sup>6</sup> The data for this section is from the 2023 CCS Early Learning Community Needs Assessment and the 2022 Mat-Su Community Health Needs Assessment, as well as the other footnoted sources.
- <sup>7</sup> Alaska Department of Labor and Workforce Development. Alaska Population Projections 2021 to 2050. Available at: <https://live.laborstats.alaska.gov/pop/projections.html>. Accessed October 2022.
- <sup>8</sup> Census Reporter. American Community Survey. Available at: [https://censusreporter.org/data/table/?table=B13016&geoids=05000US02170,04000US02,01000US&primary\\_geo\\_id=05000US02170#valueType|estimate](https://censusreporter.org/data/table/?table=B13016&geoids=05000US02170,04000US02,01000US&primary_geo_id=05000US02170#valueType|estimate). Accessed February 2023.
- <sup>9</sup> U.S. Census Bureau, 2021 American Community Survey 1-Year Estimates. Table S1101. Available at: <https://data.census.gov/cedsci/>. Accessed September 2022.
- <sup>10</sup> U.S. Census Bureau, 2021 American Community Survey 1-Year Estimates. Table S1101. Available at: <https://data.census.gov/cedsci/>. Accessed September 2022.
- <sup>11</sup> U.S. Census Bureau, 2021 American Community Survey 1-Year Estimates. Table DP05. Available at: <https://data.census.gov/cedsci/>. Accessed December 2022.
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- <sup>13</sup> Mat-Su Health Foundation. Community Needs Assessment. Data from: Pregnancy Risk Assessment Monitoring System.
- <sup>14</sup> U.S. Census Bureau, 2021 American Community Survey 1-Year Estimates. Table S1903. Available at: <https://data.census.gov/cedsci/>. Accessed October 2022.
- <sup>15</sup> U.S. Census Bureau, 2021 American Community Survey 1-Year Estimates. Table S1903. Available at: <https://data.census.gov/cedsci/>. Accessed October 2022.
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- <sup>20</sup> Mat-Su Health Foundation. Community Needs Assessment. Data from: Pregnancy Risk Assessment Monitoring System.
- <sup>21</sup> Mat-Su Health Foundation. Community Needs Assessment. Data from: Pregnancy Risk Assessment Monitoring System.
- <sup>22</sup> Mat-Su Health Foundation. Community Needs Assessment. Data from: Pregnancy Risk Assessment Monitoring System.
- <sup>23</sup> Hello Baby, Support of Parents in Allegheny County, <https://helloworldbypgh.org/>
- <sup>24</sup> Center for the Study of Social Policy, Strengthening Families, <https://cssp.org/our-work/project/strengthening-families/>