Healthy Care Pregnancy Program Evaluation 2020 – 2022

HCPP

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We respectfully acknowledge that the *Healthy Care Pregnancy Program Evaluation 2020-2022* was developed on the unceded, traditional and ancestral territories of the Inuit, Metis and First Nations people that call this land home. Further, this acknowledgement, gratitude and respect extends to the diversity of all Indigenous contributions and non-status Indigenous identities and communities on whose traditional territories we have the privilege to build relationships and provide services.

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INTRODUCTION

About the HCPP Programming

The Healthy Care Pregnancy Program (HCPP) pilot aims to better support pregnant, postpartum, and newly parenting people who use or have used substances in BC. It utilizes formal connections between 10 acute care facilities and 10 BC Association of Pregnancy Outreach Programs (BCAPOP) Program Members. This program was created in collaboration with the Provincial Perinatal Substance Use Program, BC Women's Hospital and Health Centre, Provincial Health Services Authority.

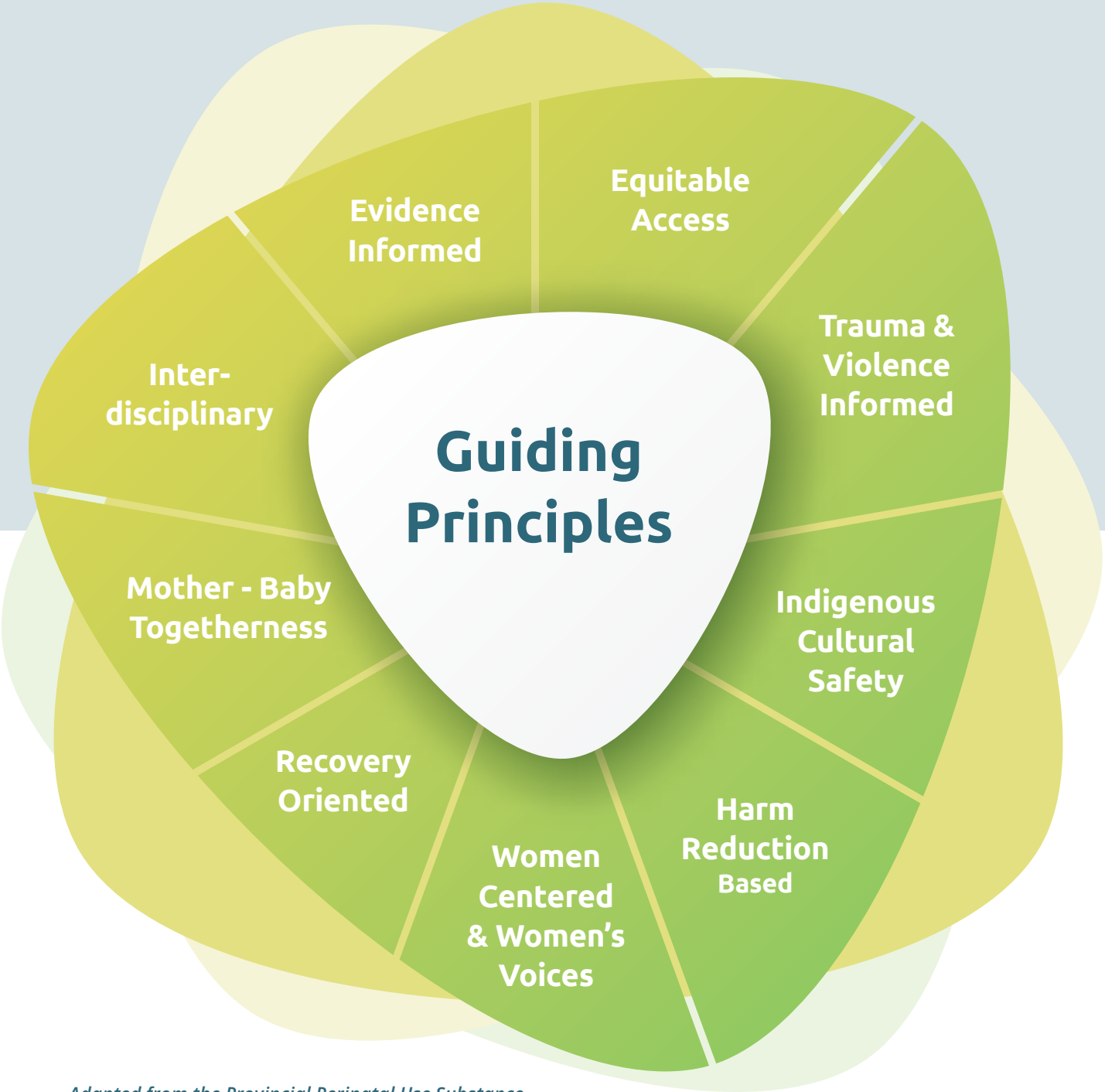
HCPP leverages off existing relationships to provide inreach to pregnant, postpartum and newly parenting people who use substances at 10 pilot sites. The program is focused on supporting participants who are not already well connected to existing services and programs and who are experiencing risks to their health and wellbeing (i.e., through lack of stable housing, food insecurities, lack of prenatal care, experiencing poverty, intimate partner violence, and/or systemic racism). The HCPP inreach workers are employed by a community-based host organization, who is also a BCAPOP Program Member, and connects the participant to existing acute care and community resources. The HCPP inreach workers meets with participants throughout their pregnancy; walking alongside them and providing guidance to support access to basic needs and positive transitions in and out of acute care and bed-based programs.

HCPP leverages off existing relationships to provide inreach to pregnant, postpartum and newly parenting people who use substances at 10 pilot sites.

The purpose of the inreach worker role is to work closely with the participant and support them in their daily lives to reach their identified goals. The majority of the inreach workers are either registered nurses or social workers so that they may support participants through systems navigation and help fulfill identified needs where barriers exist or professional services are lacking or unavailable. Although the HCPP inreach worker's role was created to be flexible and fluid, there are many specific functions that the position provides, including:

- Completing initial needs assessment, intake, and meeting participant's immediate needs;
- Connecting participants to services and accompanying them to appointments (i.e., prenatal care, medical, housing, income and food support, legal, cultural/spiritual support, meetings with Elders, parenting/infant programs, etc.);
- Coordinating and hosting Healthy Care Pregnancy Meetings during pregnancy, postpartum (up to 7 months postpartum) and/or with newly parenting people with professional and personal supports as identified by the participant;
- Assisting the participant in meeting and achieving the goals identified in their plan;
- Assisting in supervised visits if required by MCFD or other designation agencies; and,
- Assisting in the referral process and transitions between acute care, community services and other bed-based programs.

HCPP is guided by the nine principles from the Provincial Perinatal Substance Use Project*:*



Adapted from the Provincial Perinatal Use Substance Provincial Blueprint for a Perinatal Substance Use Continuum of Care, BC Women's Hospital and Health Centre & Provincial Health Services Authority (November 2021)

***HCPP is guided by the nine principles from the* Provincial Perinatal Substance Use Project:**

1. equitable access
2. trauma & violence informed
3. Indigenous cultural safety
4. harm reduction based
5. women centered & women's voices
6. recovery oriented
7. mother-baby togetherness
8. interdisciplinary
9. evidence-informed

ANTICIPATED OUTCOMES

- Maintaining parent-baby togetherness regardless of custody/guardianship status
- Supporting holistic wellness and addressing acute medical complexity and social determinants of health for both the participants and their infants
- Building confidence and self-efficacy within participants and their families
- Identifying pressure points in the system of care for intervention/support

HCPP supports pregnant and postpartum people who use substances across the continuum of perinatal care. The program aims to reach pregnant people who use substances at a very specific and vulnerable period of time – following pregnancy recognition and until 7 months postpartum – as participants interact with acute and community-based services addressing health, social, legal, and financial needs and transitions in and out of acute care services.

The diagram below demonstrates how HCPP is situated relative to existing services in order to achieve the aim that participants with more complex needs are supported to access care and have an optimal experience with care in the perinatal period.

The left hand side represents services that participants may be connected to at pregnancy recognition, which may refer potential participants to HCPP so that their needs can be optimally addressed.

The right-hand side represents programs that participants may be connected with to build on the foundational emotional support and practical assistance garnered during the work with HCPP that ensures participants are not lost to service connections during the prenatal, intrapartum and early postpartum time period.

Through the coordination of HCPP by BCAPOP, HCPP is hosted by sites where pregnancy outreach programs already exist and can further build on connections established through complimentary programming.

Pregnancy Outreach Programs

Pregnancy Outreach Programs, housing programs and others refer participants to HCPP

Community Based Services Addressing Health, Social, Housing, Legal and Financial Needs

HCPP plays a unique role for/with pregnant and parenting individuals with complex needs - helping them access community-based supports and have a positive connection to acute care services.

HCPP works with participants up to seven months post partum. Other services are in a position to assist those who have accessed HCPP support to continue to build on their gains.

All inreach workers support participants one-on-one, and with reduced caseloads of 4-7 participants at any given time. Wrapping care around participants is fundamental: inreach workers provide intensive support to address participants' complex needs. The reduced caseload allows inreach workers to focus on building a relationship and to identify and offer a range of supports, which can include connections to traditional and culturally focused supports that pregnant and postpartum participants may need to succeed. This model provides more intensive support for pregnant participants with complex needs than otherwise would be possible through existing programming.

Healthy Care Pregnancy meetings are coordinated by inreach workers in collaboration with participants and their identified positive supports in acute and community care settings in order to develop care plans and to support continuity of care. Unlike other case management models, the Healthy Care Pregnancy meetings are guided by the participants' self-identified priorities, involve who they identify to be a part of their support network and take place in a setting that is comfortable, convenient and safe for the participant.

About the Evaluation

This evaluation was conducted by two external evaluators from the Centre of Excellence for Women's Health. The evaluation was based in developmental evaluation [1, 2] principles. It was designed to identify how all the users and deliverers of the HCPP programming – clients, inreach workers, supervisors and acute care providers – see the value of this innovative programming and can inform its further development. The evaluation was attentive to how all the users have inter-related perspectives that can guide the further adaptation of the HCPP programming, by reflecting on: how the principle of parent-baby togetherness has been enacted; the systemic gaps the program has addressed; and what has worked well that can be built upon going forth.

As well as developmental evaluation methods, this evaluation approach built on appreciative inquiry [3-5] and feminist participatory action research [6-8] approaches.

HCPP is an important example of how the delivery of acute care with pregnant people with very complex needs can be made both accessible and successful when community-based practical supports and relational support focused on building confidence and self-efficacy is provided. The evaluation focuses on how this linkage and partnership between community and acute care efforts are being achieved from the perspective of those involved and how the balance of these efforts can be advanced.

In the subsequent sections, we will share the evaluative methods and findings.

INTERVIEW AND FOCUS GROUPS

As part of the evaluation, the evaluators conducted focus groups with executive directors and supervisors, and with inreach workers, and interviews with acute care contacts and community organization partners, including doctors, nurses, and social workers from acute care settings; public and community health nurses; and child protection social workers.

Focus group questions for the HCPP supervisors and inreach workers included:

1. What are the ways in which HCPP has worked to achieve the following objectives:
   a. Maintaining parent-baby togetherness regardless of custody/guardianship status
   b. Supporting holistic wellness and addressing acute medical complexity and social determinants of health for both the participants and their infants
   c. Building confidence and self-efficacy within participants and their families
   d. Identifying pressure points in the system of care for intervention/support
2. What's working well?
3. If the pilot project were to continue, what could be improved upon?
   a. Programming
   b. Partnerships
   c. Other supports

Interview questions for acute care contacts and community organization partners included:

1. What is your relationship to HCPP?
2. For acute care contacts: What are some specific examples of how this program has improved the birthing experience, including transitions in and out of your hospital, for women and pregnant people who use or have used substances?
3. For community organization partners: How has this pilot project improved the continuum of care, including transitions in and out of acute care/bed-based programs, for pregnant & postpartum participants you serve?
4. If the pilot project were to continue, what changes would you like to see to improve your partnership ?
5. What additional supports may be needed to further your work with HCPP?

The interview and focus group data was thematically analyzed using NVivo. Primary themes derived from the evaluation were:

During the evaluation, focus group and interview participants also described other successes and opportunities for program enhancement.

JOURNEY MAPPING

Patient, or integrated journey maps, are an evidence-based method for exploring patient experiences at different 'touch points' during service provision [9, 10].

Journey maps incorporate both physical and emotional aspects of the patient's journey with the aim of capturing and shaping the patient's behavior, feelings, motivations, and attitudes across the episodes of care, taking into account such important factors as the environment or context [11]. This approach allows researchers and service providers to 'see' and understand the patient/patients' experiences by understanding the process of care and identifying areas to redesign the patient pathway [12].

Patient journey mapping can be done a number of different ways, including through observation, interviews, surveys, and focus groups and analyzed through qualitative methods, including thematic and content analysis [9]. For the purpose of this evaluation, inreach workers conducted the journey mapping process with 17 current and former participants. Compared to the evaluators, inreach workers had established trust with participants, and thus would be more likely to openly share highlights and low points from their engagement with HCPP. Inreach workers were provided a blank journey map where participants were asked to give feedback on four stages of involvement (at intake, during pregnancy, at the time of delivery, and postpartum).

The journey maps were anonymously shared with the evaluators, who consolidated the findings into one journey map highlighting the primary high and low points from each stage of involvement (pg. 14-15).

PARTICIPANTS' PERSPECTIVES FROM THE JOURNEY MAPS

This Represents a Consolidation of the Participant Journey Maps

EXCERPTS FROM HOW PROGRAM PARTICIPANTS DESCRIBE THEIR JOURNEYS WITH THE SUPPORT OF HCPP INREACH WORKERS

WHEN GETTING CONNECTED TO HCPP (intake)

High Point

"Having someone to help you make sense of all the things that needed attention when you are feeling overwhelmed"

"It was really helpful to connect with someone who I could talk to at pretty much any time I needed it."

Low Point

"I felt really lonely, as I had no friends locally I could talk to. She was able to talk to me during some really stressful situations."

"Inability to access OAT due to medical/ mobility issue and relapsing. Losing my housing, dealt with pain from a medical issue. HCPP supported me with OAT and drove me to appointments."

"Overwhelming pregnancy."

ALONG THE WAY DURING THE PREGNANCY

High Point

"[The inreach worker] was able to take me to appointments and stayed with me when I had a few really scary times at the hospital. My baby was not growing and I felt really helpless."

"Lots of knowledge, lots to offer, available for phone calls anytime, having a car to travel to take me to places and appointments, bring supplies from [town] especially clothes and diapers

Low Point

"I felt like I was letting my baby down because I used early in the pregnancy. [The inreach worker] was able to help me talk through my feelings and reassure me."

"The stuff I talk about is something sad... Feeling worried about being judged for the choices I made."

"Losing my daughter to MCFD, but HCPP advocated for me, so MCFD terms were changed for benefit of me and my children."

AT TIME OF DELIVERY

High Point

"[The inreach worker] was there at my delivery, the whole 12 hours on Thanksgiving day, and stayed the whole time, because my mother could not be there because she was sick. She made sure I had everything I needed. She checked in on me after the baby was born, even though she had to drive an hour and back to the hospital. I really appreciate her so much."

"I had to leave my town to deliver my baby at 24 weeks at a bigger hospital. [The inreach worker] kept in constant contact with me and made sure I was OK, and baby was OK."

Low Point

"HCPP workers transitioned right before delivery. It happened really fast without a lot of warning. [It was a] really vulnerable time to start a new relationship."

"Not having my own home to take baby home to."

POSTPARTUM

High Point

"Having someone who understands and listens was the most important thing for me. [The inreach worker] was absolutely amazing and was very helpful and had very supportive words. It made things a lot easier to have someone to talk to. She was able to help me find lots of support in the community and made me feel really safe and supported in MCFD meetings. We are a family again with her help."

"When baby and I returned home, [the inreach] worker made lots of home visits. I live by myself and she was able to come over and see me and answer lots of questions about the baby and everything I should be doing. She made me feel very successful. I had a small relapse, and she made sure I was safe and reassured me that I had done the right thing in making sure my baby was safe... she didn't make me feel guilty at all for slipping up. She offered me a chance to go to treatment with my baby. I am not ready to do that, but feel with her support, and my counselor and mother, that I can continue to stay sober."

Low Point

"During the pandemic it was difficult to develop consistent routine... my main concern was safety and exposure to baby and I."

THE VALUE OF THE HEALTHY CARE PREGNANCY PROGRAM

1. HCPP is Unique

"It gets everyone, including the mum, on the same page and then everyone has a better idea as to what to expect, when mum does go to the hospital or when mum is being discharged from the hospital, and it gets all the supports in one area, so we can all communicate and try and come up with better plans for mum and being able to advocate – all being an advocate for the mum, all together. So I've seen it really helpful in a lot of my situations for my mums."

– Inreach worker

Inreach workers have professional designations (RN, RSW, or BSW). The background knowledge that inreach workers have of the systems they are supporting participants to navigate facilitate collaboration and the capacity to wrap care around participants.

"[The inreach worker] made our role truly our role. I haven't had a lot of patients with a plan in place already, that I could share the work. What I liked is that [HCPP] followed the client and their transitions."

– Acute care partner

"Even just having somebody that understands the language that they speak up there, if you know what I mean. Every profession has its own language, and it can be very intimidating if you don't know exactly what they're talking about. So it's been a great bridge between community and acute care."

– HCPP supervisor

Inreach workers also have a dedicated 'toolbox' fund, which facilitates inreach workers to provide emergency nutrition, transportation, shelter and supplies to participants when they cannot be provided by pre-existing services.

"I can take someone out for a sit-down lunch, which is so nice and such a good opportunity for connecting, where we were able to buy everyone nice Christmas gifts and that was beautiful, and – yeah. So I think that it's great."

– Inreach worker

The combination of having smaller caseloads with a toolbox fund was seen as important for upholding the objectives of the program.

"Having a smaller caseload with some decent funding just makes a huge difference. With one client who had a removal at the hospital, I was able to offer to supervise visits twice, three times a week for a couple of hours. If I had a huge caseload that would never happen otherwise… there's a lot of opportunity there again to support the mother-baby togetherness."

– Inreach worker

The change from existing programming to HCPP was described as systemic. Compared to before, the pilot has given inreach workers dedicated hours to build a relationship, create trust, accompany clients to appointments, and purchase items for emergent needs. As one supervisor described, ***"it gives you all of those opportunities to do the outreach piece properly and then also do the case planning with the hospital, with the clinic, with the OAT prescriber in a methodical way."***

MEETING CLIENTS WHERE THEY ARE AT

"We're actually stepping into the mom's life, helping them to get to places, to come out for groceries, or anything that they need."

– HCPP supervisor

Inreach workers can work outside of traditional 9 to 5 hours and adapt to working and meeting in a range of settings, with participants at different stages of their journey and with different needs, in order to respond to participants' needs. Having a reduced caseload and flexible schedule provides inreach workers with the bandwidth to meet participants where they are, and at times that they may be most vulnerable.

"And I think that it's a pretty scary process to come in, and women can be at way – very different places in their journey. And some are actively using with no intent to stop and that's just where they are right now. And other women are on their journey trying to minimize, maybe, an interaction with MCFD if there's one going. And other women are fully, already in the process. So I think having that person that – in the community, that can walk with them through all of those things and provide the practical support as well as the emotional."

– Acute care contact

Supporting clients in different settings and in their most vulnerable moments is crucial to supporting participants' health, well-being, and prompt parent-baby togetherness in a range of contexts.

"In the hospital we have had the opportunity to be there for appointments with the acute setting, during pregnancy as well as when they go into the hospital to give birth, and been there in situations where there was going to be a removal. We actually attended when that, a removal happened… I think our presence there was really helpful in terms of making sure that mum had a voice in that process and then, as well as follow-up around when people promised things, to try and get mum to be cooperative. We were there to witness those promises and then we were able to help ensure that those – they were followed through on."

– HCPP supervisor

Several acute care and community partners noted that the flexibility and partnership allowed workers to meet and support participants during transitions in ways that are not possible when working in more traditional work structure.

"[Being] highly mobile in that sense has really worked well for our clients. And that's then helped with being able to make transitions. So the transition between meeting that person first in a housing program, where a client was flagged as being high risk, transitioning into a tertiary-level acute care setting, then transitioning into a bed-based community program as well. The sort of thing that sometimes I think historically we would lose clients in between those transitions, if they didn't have that person walking alongside them at those points of transition."

– HCPP supervisor

Compared to existing programming, supervisors, acute care contacts, and community organization partners noted that HCPP facilitates meeting participants earlier and in a preventative manner.

"I don't know if it's the difference with the relationship with our inreach worker, but it's almost more preventative, it's 'how can we keep families together and how can we support people to be the best parents that they can absolutely be for these children.'"

– HCPP supervisor

"I have seen the benefits in this program in regard to pre-planning referrals being made before the patient is in labour allowing for planning, support and needs to be met in a timely manner. I believe this program assists in bringing women to care earlier because they have a trusted individual to bring them to the hospital."

– Acute care contact

Inreach workers support and facilitate connection in transitional moments where participants may have historically been lost, including transitions from pregnancy to postpartum but also across systems such as housing, acute care settings, bed-based programming, etc. This has been particularly salient during the COVID-19 pandemic where there have been increased gaps in care.

2. The Importance of Dedicated Programming For Complex Participants And Families

While programming has existed that supports pregnant people throughout the perinatal period, HCPP supports pregnant and postpartum people who use substances while addressing their acute medical complexities and social determinants of health.

Having HCPP in communities has allowed sites to reach clients who otherwise may have not received adequate support because of different program objectives and guidelines. One supervisor noted:

"We were doing all of these and we were trying to do all of these objectives, when we had, say, higher-risk clients come in – for lack of a better word right at the moment – and do that five or six hours that it might take, over a day or two days, every week, but it was the off the side of the desk kind of thing. So being able to be in a [pregnancy outreach program], have that – I call slippery boundary, soft edges – and then be able to finagle and have that happening. But again, it wasn't proper."

– HCPP supervisor

Inreach workers are attending to the complex needs of participants and families, including participants that are unhoused, transitioning across treatment settings, experiencing and/or fleeing violence. Inreach workers are helping participants navigate these moments while pregnant and postpartum.

"During that transition I'm basically always there. I'm on call, checking in with them on a daily basis… these are things that are a regular [pregnant outreach program] don't have the resources to do."

– Inreach worker

With increased level of complexity during the COVID-19 pandemic and with changing and increasing lethal drug supply, participants are entering the HCPP with more complex issues than before the pilot began. However, the importance to identify gaps in services and identify opportunities to bridge them has never been more pivotal.

"The role is multi-faceted, meaning that we're not just focusing on acute medical complexities, acute care needs, things like that, but in fact, very holistically, how we're addressing that is, yes, we're dealing with the acute care, making sure that our participant is cared for medically, that all those needs are met, but also understanding that if they're homeless, if there is [sic] nutrition issues, if there's safety issues, that having a village of community partners to support them really takes away the burden on the person so they can focus more on their goal of sobriety."

– Inreach worker

"There's a lot behind a client that lead [sic] to that situation. Family, partner issues, money, income, lots of other – so see the client as – see the situation as a whole and see how I can support you to feel better, to get better, who are in the community that I connect you with. I will take you to each of your appointments since you do not have or you can't have someone to drive you to your appointment."

– Inreach worker

3. The Critical Need For Building Trust and Relationships

Building trust and relationships both with participants and across service providers and systems is pivotal to the success of HCPP.

WITH PARTICIPANTS

Building trust and relationships with participants is foundational to the program and ensures that pregnant, postpartum and parenting people are able to access services without stigma and other barriers to care.

"I think one thing I've found with the women that I've worked with is that they really fear the stigma that's in the system, and it's been very difficult for them. And they have – they don't want to engage and they resist engaging with the system. They resist going to doctor's appointments. And I don't want to lump all the clients together. But that's what I see a lot. And they even say, "Hey, I don't want to go to the hospital, I'm treated like a drug addict. I don't wanna go. It's the last thing I wanna do." And even though they really may need help. So I found my ability to pick them up and drive them to appointments has been a big help, and that has been where some of my referrals have come from."

– Inreach worker

Participants, inreach workers, supervisors, acute care and community partners alike described the importance of the relational approach, particularly one that is trauma- informed and culturally safe.

"But really the successes are having that [inreach worker] that walks with the family through their pregnancy, challenges the racism and discrimination and stigma that's happening every moment and lowers the barriers, so that this family can experience a beautiful thing, right? And at whatever stage they're ready to experience it at."

– Community partner

Inreach workers acted as a friend, cheerleader, and someone who provided continuous, non-judgmental support. One supervisor, when describing a previously hard-to-reach participant noted:

"I would say within the last six weeks, she's a completely different person. The lights are back in her eyes. Right? The sparkle's in there. She's engaging with people."

– HCPP supervisor

"Needing someone to talk to was really important."

– Participant

However, inreach workers also acted as mediaries between clients and professionals. One acute care contact noted:

"[I] could see the importance of connection and someone who could hold your story so you don't need to repeat it again"

– Acute care contact

The flexibility of inreach workers and ability to support through difficult times including the transitions in and out of acute care and bed-based programs, during and after a relapse, and other high risk times made participants feel safe and 'really supported'. They continued to meet participants where they were at and without judgment.

"[The inreach worker" didn't make me feel guilty at all for slipping' up. She offered me a chance to go to treatment with my baby. I'm not ready to do that but with her support, and my counselor and mother, I can continue to stay sober."

– Participant

"Overreaching the practical support given was the non-judgmental approach, meeting clients where they were at, and focusing on clients' needs which enabled supportive relationships to be formed."

– Acute care contact

Participants described the ways in which providing meals and groceries, connecting participants to resources and services, taking participants to appointments – which also helped mitigate travel concerns during COVID-19 – were seen as important means of connection. The flexibility in how inreach workers were able to provide support, including the hours, allowed participants feeling 'really cared for'.

"[The inreach worker] visited me often and offered lots of support… she came to see me on weekends and in the evenings when nobody was around but her. My baby and I are safe and happy with family now."

– Participant

Inreach workers were able to wrap care around participants, including in moments of transition, to ensure participants' success.

"I think there was probably six or seven different community partners to support a mum going back home with her baby. And each day she had one of us go and support her in the home 'cause her partner worked out of town and it was just very, very overwhelming for her. And it worked. We're still supporting her, six months down the line, and it's still working really, really well, so we've had some really good outcome with this mum."

– Inreach worker

Systems navigation was also expressed to be critical and helped identify providers with similar practice approaches.

"I liked that the midwife already knew about you and it was easy for her to refer to you. I would have never gone looking for service providers on my own as I was so overwhelmed."

– Participant

ACROSS SERVICE PROVIDERS

Through supporting holistic wellness and identifying pressure points in the system of care, HCPP inreach workers must build relationships and collaborate with providers working in acute care and community-based settings.

"She's really able to create a village of support. And one of the benefits of the program is being able to accept referrals on an acute basis, and really run with some of the acute needs that some of these women are presenting with. And some of [the participants] are really at risk, and are trying to flee abusive relationships. They're also quite ill. And what we're finding is to hit the ground running with those needs is so critical. And the community engagement and support is great. And generally speaking the women who come into the program are very receptive."

– HCPP supervisor

Many acute care contacts and community partners mentioned that the inreach workers have done a phenomenal job of connecting with varied service agencies and across sectors. However, inreach workers, acute care contacts and community partners identified the need for further outreach and increased awareness of HCPP and how this was potentially hampered by the nature of HCPP being a pilot rather than sustainably funded program.

"I think there's a lot of – I have a lot of really good connections in the community but could be building more. And I think that would be really helpful, working together, collaborating. With all the different variety of situations that we end up with."

– Inreach worker

Fundamental to wrapping care around participants has been the development of partnerships and relationships across systems of care. One supervisor described a participant who had presented to the Emergency Department prior to HCPP, and the change that has taken place since the pilot began:

"She didn't have enough. Pregnant, going through withdrawal. And then it was still that – now that Emergency's getting to know her, able to call. They've set up, they've made an appointment. That wouldn't have happened before in that way. It would have been the handwringing. 'Oh, what do we do with these women who are coming in, and on methadone, and I don't know what we do!' So that's really exciting."

– HCPP supervisor

Through Healthy Care Pregnancy meetings, participants are able to identify their goals and what supports they need. With participants' consent, the documented plan is shared with participants – to monitor their goals via a journal – and other key service providers. This plan can be built on and inreach workers can further support participants in drafting safety, disposition, and family plans that align with their goals. This established planning has resulted in both community partners and acute care contacts describing that inreach workers has allowed them to better support participants.

"[I] could focus on medical stabilization and clinical support through one-on-one support and clinical counselling instead of being bogged down by thinking through research planning and management. It made my role truly my role."

– Acute care contact

Inreach workers advocate for participants across systems of care, which has facilitated referrals and connections to service providers in various sectors.

"So [the inreach workers has] been able to advocate not just in terms of perinatal care for the client, care for the infant, but also other factors such as housing. She's been able to attend housing meetings to advocate that a person doesn't lose their apartment in a housing program, and being able to advocate for that client when working with MCFD, or even to help the client get into a program."

– HCPP supervisor

Inreach workers noted that advocacy is crucial to supporting participants, as inreach workers can "see [participants] as who they are and not for what they have done."

"Once [the participant is] in the hospital, I try to be there every day. And when workers at the hospital sees [sic] these, they're always impressed, because they're saying they have never seen something like this before. In the hospital they're saying, I'm there – I'm there to support them."

– Inreach worker

Their advocacy has extended into the referral process, helping participants navigate wait lists and systems navigation. Many acute care contacts and community partners expressed that this was better facilitated because of the inreach workers professional designation, which helped elucidate trust from different service providers and a shared language across professions.

4. HCPP is a Key Approach to Achieve the Goal of Keeping Families Together

Inreach workers not only act as a trusted advocate by both community partners, such as child welfare agencies, as well as by participants.

"I was able to show to MCFD that I will be there to support her throughout this journey."

– Inreach worker

Inreach workers identified themselves as checkpoints for safety and accountability. They expressed having the capacity to do systems navigation and advocacy in a variety of settings where participants may be triggered.

"I've seen how helpful the program has been to participants in regard to advocacy, especially when it comes to mother-baby togetherness. Because most of these moms that I've been working with, that's their number one fear. Because of the substance use that is – you know, they're challenged, there's this big fear, huge fear, especially when it comes time to have the baby because they're fearing that MCFD is going to apprehend the baby."

– Inreach worker

Practically, inreach workers help participants identify and work towards achieving their goals through Healthy Care Pregnancy meetings and journals so that participants and their families are able to identify what can be done to keep families together or help reunite families that have been separated. One inreach worker identified that advocating for participants to have physical copies of their family and safety plans have helped participants gain confidence and self-efficacy when working towards their goals. As a result, community partners identified that, because of the program, they could focus on prevention and keeping families together.

"we had the potential to make a change before baby was born..."

– Community partner

The scope of the program was seen as being able to support pregnant people in having a healthy pregnancy as well as supports after birth. Support across the continuum of care has led to families being able to stay together for longer, survive more challenges together as a family unit, and then return home to a support system.

"We talked pretty much every other day, we went to the same MCFD meetings, I just attended by phone. And we surrounded them with enough support that they were able to come home as a family unit eventually, even though there was a lot of – you know, ups and downs. And so they're back here, where all their supports exist, instead of being now stuck in [another city] with their baby apprehended, not living in a hotel or on the street, and disconnected from everything. So that's one of the huge successes of this program, is that that type of continuum of care has led to families being able to stay together for longer, survive more challenges together as a family unit, and then actually for them to be able to return home where all their supports exist."

– Community partner

Successes and Ideas for Enhancement

HCPP supervisors inreach workers, community partners, acute care contacts and participants all expressed their gratitude to HCPP. The objectives underlying the program and the flexibility that inreach workers have to enact those objectives was seen as fundamental to enacting change and facilitating support for pregnant and postpartum participants with complex needs. Beyond the incredible work of the inreach workers and the support received by HCPP supervisors to pilot the program, there was also a deep appreciation to BCAPOP.

"One of the things that I think has made this process so successful has been the support that's come from [BCAPOP], for there to be coordination and for the inreach workers to be able to be talking to each other and supporting each other in that growth, and that there is some – there's some structure, there's some continuity, there's this training that's coming. We're not all just working in silos and isolation and doing our own thing, that there's something that's – a shared vision, there's guidance, there's training that goes along with it, there's all kind of support around practical clinical – all that – it's just been so incredibly supportive in that way, and I think that needs to continue, for sure. That's just so essential to this work, staying true, I think, to what the guiding principles of it are."

– HCPP supervisor

In addition to the successes in the approach and implementation of the pilot, HCPP supervisors, inreach workers, community partners, and acute care contacts identified ideas for enhancement. The following list summarizes opportunities for future growth of HCPP:

1. **Continue to build partnerships** – increasing the number of partnerships to increase connections in the community and opportunities for collaboration. Increasing advertising, presentations to service agencies, and referral pathways raise awareness of the HCPP, clarify the role of the inreach worker, and the supports that HCPP can provide.
2. **Increase staffing** – increasing the number of inreach workers will facilitate continued wrap around support and relational responses to complex client needs, allow for coverage when inreach workers take days off or vacation, address availability concerns, help mitigate burnout, and increase the wellbeing and sustainability of inreach workers' health and wellbeing.
3. **Expand to more sites** – several inreach workers travel between communities to support clients, which is challenging for inreach workers who have to navigate weather, and spend the increased time required for appointments. Further, with many participants having to travel for delivery, expanding HCPP to more sites would allow for continuity of in-person support.
4. **Integrate peer support** – while the professional designation of inreach workers was identified as a unique and important element of HCPP, HCPP supervisors also identified that peer support workers may encourage participation by prospective participants, provide emotional support to participants while in HCPP, and support transitions out of HCPP.
5. **Provide sustainable, long-term funding** – Most critically, inreach workers, supervisors, community partners, and acute care contacts all expressed the need for HCPP to have sustainable, long-term funding and be an on-going program. The nature of pilot programs decreases uptake of collaboration from community partners and also decreases job stability for inreach workers. Without sustainable funding, programs are unsure if and how participants will continue to be supported.

SUMMARY

HCPP is a unique addition to the system of care for pregnant, postpartum and parenting people who use substances. It is a much needed addition that provides intensive, tailored, individualized support to participants with complex needs so that they can access and equitably participate in the services they need and deserve, and yet which so often are not within their reach. Offering consistent and respectful emotional support, sharing options for care, making active connections to other providers, accompanying participants to appointments, providing access to nutrition, co-developing multiservice plans, listening to what Is doable, holding space as 'family' at delivery time - these are the simple and profound actions of HCPP inreach workers. These basic and time consuming activities mean the difference to recovery and being able to parent for HCPP program participants. It is through these small, individualized actions by compassionate inreach workers, brought together by BCAPOP to collectively define and enact their role, that broad system goals such as parent-baby togetherness can be achieved.

REFERENCES

1. Patton, M.Q., Developmental Evaluation Bricolage: Reflective practice, sensitizing concepts, action research, abduction, systems change and retrospective developmental evaluation in Developmental Evaluation: Applying Complexity Concepts to Enhance Innovation and Use, M.Q. Patton, Editor. 2011, Guilford: New York, NY.
2. Patton, M.Q., Developmental Evaluation: Applying Complexity Concepts to Enhance Innovation and Use. 2011, New York: Guilford.
3. Ghaye, T., Melander-Wikman, A., Kisare, M., et al., Participatory and appreciative action and reflection (PAAR) - democratizing reflective practices. Reflective Practice, 2008. **9**(4): p. 361-397.
4. Ludema, J., D., Cooperrider, D., L. and Barrett, F., J., Appreciative inquiry: The power of the unconditional positive question, in Handbook of Action Research: Participative Inquiry and Practice, P. Reason and H. Bradbury, Editors. 2001, Sage Publications: Thousand Oaks, CA.
5. Reed, J., Appreciative Inquiry: Research for Change. 2007, Thousand Oaks, CA: Sage.
6. Corbett, A.M., Francis, K. and Chapman, Y., Feminist-informed participatory action research: A methodology of choice for examining critical nursing issues. International Journal of Nursing Practice, 2007. **13**(2): p. 81-88.
7. Israel, B.A., Coombe, C.M., Cheezum, R.R., et al., Community-Based Participatory Research: A Capacity-Building Approach for Policy Advocacy Aimed at Eliminating Health Disparities. American Journal of Public Health, 2010. **100**(11): p. 2094-2102.
8. Reid, C. and Frisby, W., Continuing the journey: Articulating dimensions of feminist participatory action research (FPAR), in The SAGE Handbook of Action Research: Participatory Inquiry and Practice, P. Reason and H. Bradbury, Editors. 2008, SAGE: Thousand Oaks, CA. p. 93-106.
9. Madathil, S.C., Lopes, A.J. and Alfred, M., Patient Journey Mapping: A Literature Review. IIE Annual Conference. Proceedings, 2020: p. 937-942.
10. McCarthy, S., O'Raghallaigh, P., Woodworth, S., et al., An integrated patient journey mapping tool for embedding quality in healthcare service reform. Journal of decision systems, 2016. 2**5**(sup1): p. 354-368.
11. McCarthy, S., O'Raghallaigh, P., Woodworth, S., et al., Embedding the Pillars of Quality in Health Information Technology Solutions Using "Integrated Patient Journey Mapping" (IPJM): Case Study. JMIR human factors, 2020. **7**(3): p. e17416-e17416.
12. Trebble, T.M., Hansi, N., Hydes, T., et al., PRACTICE POINTER: Process mapping the patient journey through health care: an introduction. BMJ: British Medical Journal, 2010. **341**(7769): p. 394-397.

APPENDIX A

HCPP Sites for Evaluation

VANCOUVER ISLAND HEALTH REGION

Duncan
Organization: Hiiye'yu Lelum
(House of Friendship)
HCPP Supervisor: Laura Sjolie
HCPP Inreach Worker: Sarah Morrison
Acute care site: Cowichan District Hospital

Port Alberni
Organization: Port Alberni Friendship Centre
HCPP Supervisor: Jackie Wells
HCPP Inreach Worker: Christine Milligan
Acute care site: West Coast General Hospital

FRASER HEALTH REGION

Burnaby/New Westminster
Organization: Burnaby Family Life
HCPP Supervisor: Michelle Cheng
HCPP Inreach Worker: Gloria Tam
Acute care site: Royal Columbian Hospital

Surrey
Organization: Options Community Services
HCPP Supervisor: Jen Mantyka
HCPP Inreach Worker: Quinn Mykyte
Acute care site: Surrey Memorial Hospital

VANCOUVER COASTAL HEALTH REGION

Powell River
Organization: Lift Community Services
HCPP Supervisor: Jessica Colasanto
Acute care site: Power River General Hospital

Richmond
Organization: Elizabeth Fry Society
of Greater Vancouver
HCPP Supervisor: Michelle Moloney
HCPP Inreach Worker: Sita Piers
Acute care site: Richmond Hospital

INTERIOR HEALTH REGION

Kamloops
Organization: The Tree
HCPP Supervisor: Susan Wright
HCPP Inreach Worker: Misty Moonie
Acute care site: Royal Inland Hospital

Williams Lake/100 Mile House
Organization: Cariboo Family Enrichment Centre
HCPP Supervisor: Diva Vinciguerra
HCPP Inreach Worker: Tiova de Kok
Acute care site: Cariboo Memorial Hospital

NORTHERN HEALTH REGION

Prince George
Organization: Prince George &
District Elizabeth Fry Society
HCPP Supervisor: Katrina McGraw
HCPP Inreach Worker: Annazette Ofulue
Acute care site: University
Hospital of Northern BC

Smithers
Organization: Dze L K'ant Friendship Centre
HCPP Supervisor: Louise Kilby
HCPP Inreach Worker: Manal Sayed
Acute care site: Bulkley Valley District Hospital

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