University of Southern Maine
USM Digital Commons

Children, Youth, & Families
Cutler Institute

5-2023

Early Childhood Support Specialist Evaluation Report

Emilie Swenson MSW
University of Southern Maine, Cutler Institute

Rachel Gallo MPH
University of Southern Maine, Cutler Institute

Follow this and additional works at: https://digitalcommons.usm.maine.edu/cyf

Part of the Community Health and Preventive Medicine Commons, Maternal and Child Health Commons, and the Social Work Commons

Recommended Citation

Swenson, Emilie MSW and Gallo, Rachel MPH, "Early Childhood Support Specialist Evaluation Report" (2023). *Children, Youth, & Families*. 45.
https://digitalcommons.usm.maine.edu/cyf/45

This Report is brought to you for free and open access by the Cutler Institute at USM Digital Commons. It has been accepted for inclusion in Children, Youth, & Families by an authorized administrator of USM Digital Commons. For more information, please contact jessica.c.hovey@maine.edu.

Early Childhood Support Specialist Evaluation Report

Prepared by the Data Innovation Project
Catherine Cutler Institute of Health and Social Policy
University of Southern Maine
Rachel Gallo, MPH and Emilie Swenson, MSW
May 2023

Acknowledgments

Thank you to the Early Childhood Support Specialists for their incredible work and input for this project – Annette Burns, April Fournier, and Cate Donatelli. Additionally, thank you to the whole MaineHealth team, especially Dr. Steve DiGiovanni and Angela Mowatt for facilitating this process and giving the Data Innovation Project the opportunity to learn more about your work and contribute to your efforts to best serve the families who entrust their children's care with MaineHealth. This project would not have been possible without the input and skills of Maine Access Immigrant Network's team of Community Health Workers. We thank them for their caring communication with families and willingness to help us all to understand more about the Early Childhood Support Specialist role. Thank you to the John T. Gorman Foundation for funding this work and supporting Maine children and families.

This report was written by Rachel Gallo, MPH, and Emilie Swenson, MSW, with support from Olivia Eckert, and reviewed and informed by conversations with MAIN Community Health Workers, Simane Ibrahim and Cristina Nzumba, as well as Sarah Lewis.

Cover Photo by Markus Spiske on Unsplash

Table of Contents

Introduction 1
Background and Purpose 2
ECSS Locations 2
The Current ECSS Role 3
Tiers of ECSS Support 4
Evaluation Methods 6
Interviews with Early Childhood Support Specialists 6
Interviews with Families Served by the Early Childhood Support Specialists 6
Limitations 7
Findings Part I: The Structure of the ECSS Role within MaineHealth 8
Findings Part II: Direct Impact on Families 12
Building Trust is a Key Component of Success 12
Connecting Patients to MaineHealth 14
Reducing Time Burdens 14
Supporting Networks within the Community 15
Connecting Families to Social Determinant of Health Supports 17
Parenting Support 19
Challenges of the Current ECSS Model 23
Recommendations for Improvements 25
Streamlining Aspects of the Role 25
Additional Recommendations for the ECSS Model 26
Recommendations for Systemic Improvements 28
Create a network of community-based organizations to support the ECSS model 28
Explore possibilities for reimbursement and service delivery models 28
Determine how additional staff or if new staffing roles could support the ECSS model 29
Conclusion 30
References 31
Appendix — Interview Protocols 32
Parent Interview Guide 32
ECSS Interview Guide 34

Introduction

An Early Childhood Support Specialist (ECSS) builds relationships with families who have children aged birth to three, a timeframe when infants and toddlers are rapidly developing, learning, and benefiting from family and community connections. The ECSS assesses a family's strengths and needs to understand how that family can be supported and connected. The ECSS connects families to resources, provides referrals, coaches families on children's social and emotional development, and generally serves as a point of contact to assist families with social, emotional, and medical needs. Ultimately, the intended outcome of this model is to increase family connections, decrease family stress, and support parents to be the best parents they can be for their children so that in this rapid phase of development, children can flourish and be set on a pathway for good health.

This report highlights the impact of the ECSS role, the potential it has as well as the intense needs that so many families in Maine are experiencing. Many families in Maine are challenged on a daily basis to access and maintain access to basic needs such as housing, food, and even diapers. For families who may not face as many daily challenges, the ECSS offers a friendly and supportive presence and a warm connection to the pediatric clinic. No matter the intensity of needs, the ECSS model sets families up to be more resilient and prepared for whatever they may face while raising young children.

While there are many similarities in the challenges that families face across clinics, it is important to note that the ECSS model is being implemented in two very different geographic locations within Maine – each serving different peoples and cultures, and with different accesses to services and supports. As with all evaluations, there is always more data that could be collected and more stories that could be told. Our hope is that this evaluation report gives all stakeholders a better understanding of the ECSS role, including the successes and challenges, and leads to fruitful conversations as to how the model can be supported, improved, and expanded.

Background and Purpose

In 2022, MaineHealth requested support from the Data Innovation Project (DIP) to evaluate the grant-funded Early Childhood Support Specialist (ECSS) model that works within Maine Medical Partners Pediatric Clinic in Portland and Pen Bay Pediatrics in Rockport. Specifically, this project sought to evaluate how the integration of this role at the pediatric practices impacts outcomes for families through speaking with a small sample of the target population and interviewing those in the ECSS position. Additionally, the DIP reviewed Epic electronic health record data and de-identified ECSS patient tracking spreadsheets to inform this report and add greater depth to the understanding of the model.

Throughout this project, the DIP worked collaboratively with the Maine Access Immigrant Network (MAIN). The DIP consulted with MAIN on culturally appropriate data collection practices, which included reviews of evaluation questions and processes. MAIN Community Health Workers conducted interviews with families who spoke languages other than English and provided additional context and information for this report.

The primary **research questions for this evaluation** included:

For families accessing MaineHealth's ECSS:

- What has been the overall experience of families interacting with the ECSS?
- How has the ECSS role impacted families?
    - Has ECSS support helped parents to improve parenting skills?
    - Has ECSS support helped improve socioeconomic supports to families?
    - Do families feel more supported by their pediatric provider?

For the Early Childhood Support Specialists:

- What are the strengths and challenges of providing the ECSS support within MaineHealth's systems?
- What are lessons learned and opportunities for refinement?
- In what ways has this role supported families?

ECSS Locations

Since 2021, the ECSS role has been integrated into two MaineHealth locations – Pen Bay Pediatrics in Rockport and the Maine Medical Partners Pediatric Clinic in Portland. Over 3,000 newborns and children are served across the two locations and the ECSS role has interacted with just over 20% of these patients. Compared to Portland, Pen Bay serves more rural families. For 2022, the breakdown of patients between the two practices are shown in Table 1.

Table 1. ECSS Visit Metrics (2022)

Location	Age Category	Number of ECSS Patients	Total Number of Patients at Practice	Percent of Patients Interacting with ECSS
Portland	**Child** (2 mo. – 3 yr.)	292	1,235	24%
	Newborn* (<2 mo.)	126	515	25%
Pen Bay	**Child** (2 mo. – 3 yr.)	196	1,264	16%
	Newborn* (<2 mo.)	72	289	25%

* newborns who had a visit with the ECSS prior to two months

The Current ECSS Role

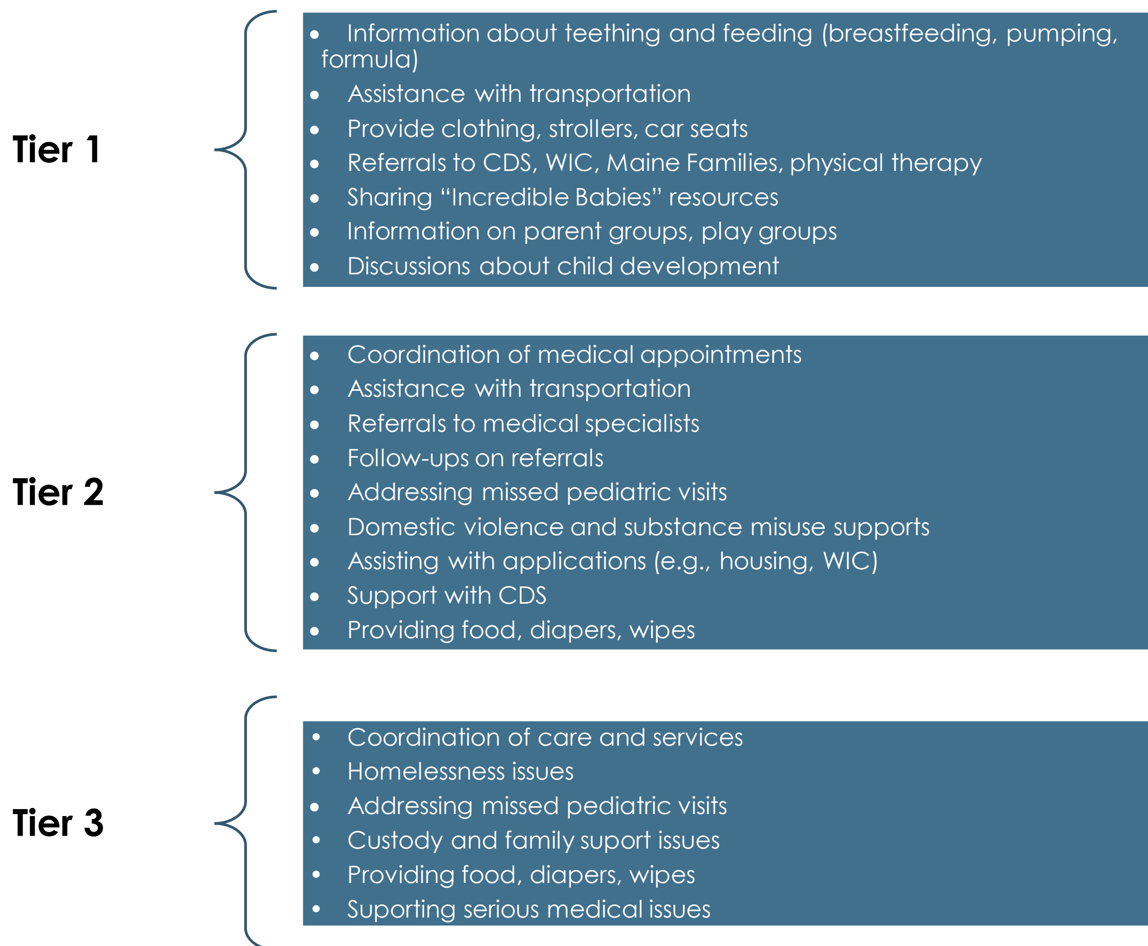
All pediatric patients three and under (and their families) who receive care at the two clinic locations are eligible for assistance from an ECSS. As one ECSS explained, "not needing to be MaineCare eligible or meet certain income guidelines has opened the door for some families who are double income and still struggling." The ECSS supports children and families in a multitude of ways (see Figure 1 below). On any given day, an ECSS may help a family with parenting skills, answer questions from families, act as a sounding board to coach parents through medical needs, support families with basic needs, or coordinate transportation to medical appointments. One ECSS explained that part of their role was to support "parents to show up as their best selves and be fully present for kids." A person in the role needs to be flexible and able to quickly switch gears from family to family, issue to issue, and recognize the ever-changing nature of family experience. As one ECSS stated "a family could be fine with a visit one day, having no particular needs and then being told they need to move in a month the next."

All staff hired into the ECSS role had previous professional experience in early childhood education and/or work with community-based organizations and were enthusiastic about working in a setting attempting to connect clinical work with the needs of families. The ECSSs were optimistic about providing opportunities for families to build on their strengths. Each of the ECSSs acknowledged that the ECSS role was new and that it would take effort and iterations to make it successful.

Tiers of ECSS Support

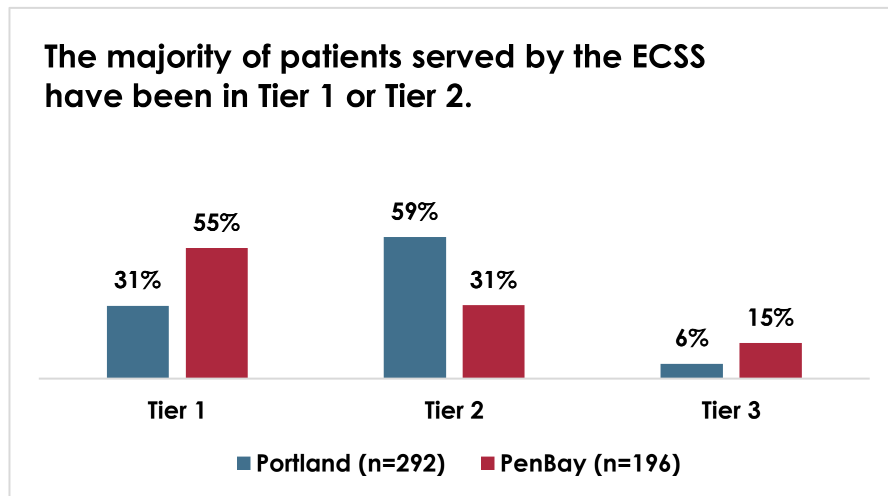
Families receiving support from an ECSS are categorized into one of three tiers, with some families moving up or down in tiers as their needs change. Families in Tier 1 typically only need a brief intervention (e.g., connection with a basic need or brief parenting support). Tier 2 families often face more significant health challenges, complex diagnoses, or developmental delays, or are experiencing social determinants of health barriers, or experiencing challenges or adverse childhood experiences (ACEs). Tier 3 families include those who may be experiencing more significant risk factors, including high ACE scores, parent mental health challenges, or families who would generally be in Tier 2, however are struggling to connect to care and resources. For this evaluation, the focus was on families in Tier 2, as they were the most likely to have three or more visits or interactions with the ECSS and were not currently experiencing a high level of need or in crisis. See Figure 1 for examples of ECSS Support by Tier extracted from ECSS client tracker spreadsheets from Portland and Pen Bay.

Figure 1. Examples of ECSS Support by Tier



Most patients served by the ECSS have been in Tier 1 or Tier 2. Portland serves a higher percentage of families needing Tier 2 support and Pen Bay serves a higher percentage of patients needing Tier 3 support. However, a Portland ECSS discussed in conversations how even Tier 1 families could be in crisis – showing the acute need for support many families experience in the Greater Portland area. In Figure 2 the distribution of tiers is shown by the highest tier a patient may have ever been categorized into. For example, an individual categorized into Tier 3 may have been moved down to Tier 2 during the year, however will be counted in Tier 3 in the chart below.

Figure 2. Distribution of Patients by Tier (2022)



Evaluation Methods

Interviews with Early Childhood Support Specialists

Three ECSS staff were interviewed for this evaluation to document perceived outcomes for families, lessons learned, best practices, examples of family engagement with the role, and generate ideas for opportunities for continuous quality improvement for both the role and the pediatric practice. At the time of the interviews, all ECSSs had been in their role for at least eight months. It should be noted that two Portland-based ECSS were interviewed – one shortly after leaving the role and one shortly before leaving the role. Interviews were conducted over Zoom by one DIP staff member and were recorded for qualitative data analysis.

Interviews with Families Served by the Early Childhood Support Specialists

To learn about the experiences parents have had with the ECSS and how this role has supported their family, interviews with families served by the ECSS were conducted. These interviews also provided an opportunity for families to share any additional feedback for the ECSS, their pediatrician, and/or their pediatric office.

Participants were selected to be interviewed by ECSS and DIP staff based on criteria that included:

- The family had met the ECSS three or more times;
- The family had experienced some degree of change as identified by the ECSS;
- The family had an upcoming visit in the time period that data was to be collected or they met the previous two criteria and the ECSS was able to contact them to obtain consent to be contacted by DIP or MAIN staff.

Participants consented to participate either in person or over the phone. Interviews lasted from 15 to 30 minutes and participants received either a $25 Hannaford or Walmart gift card. Most families were in Tier 2.

Community Health Workers (CHWs) from MAIN conducted four interviews with families served by the Portland clinic in French and Portuguese in Spring 2023. DIP staff conducted eight interviews with families served by Pen Bay in Rockport in English in Fall 2022. English language interviews were recorded and transcribed; extensive notes were taken by MAIN staff for French and Portuguese interviews and debriefed with DIP staff after the interview to review and document the process.

Interview protocols for both the ECSS and families can be found in the Appendix on page 30.

Limitations

The original evaluation plan was to conduct eight parent interviews for each clinic location or a total of 16. Ultimately, a total of 12 interviews were collected. Some Pen Bay families were interested in participating in interviews but had to cancel due to unforeseen family situations or scheduling challenges. The evaluation team experienced some additional barriers to obtaining consent to contact parents for interviews during the recruitment process in Portland. The Portland ECSS reached out to families to obtain their consent for interviews, primarily through the usage of Google translate and texting via WhatsApp and some confusion arose from families regarding the purpose of the interviews and if they were being asked to participate in another program or support service. These experiences in Portland highlight the need for bringing in people who speak multiple languages to work with families from both a program and evaluation perspective.

Interviews were limited to the languages of the CHWs at MAIN, which are wide ranging (Arabic, Somali, French, Portuguese, Lingala, English). MAIN CHWs were chosen to complete the interviews due to their strong relationships in the community and interview skills. Additionally, CHWs can have conversations with families in their preferred language rather than working with an interviewer and an interpreter. Their skills in building connection with and comfort for families also allow for good communication with families. The CHWs community connections allow them to consider the needs of families as they hear them and offer other suggestions at the end of the interview if the parent is open to hearing more. While this project was limited in the number of total interviews conducted, the evaluation team believes that CHWs should be members of any public health evaluation team and in data collection efforts with immigrant, refugee, and asylum-seeking families and are crucial team members to ensuring quality data.

Epic and ECSS Excel spreadsheet records were reviewed and analyzed for this project. While these are important sources of information, it is relevant to note some limitations of the data, including the categorical options in the system that do not always align with the nuances of patient care. Therefore, this data must be interpreted with some care as it does not capture the full picture of the entire ECSS-patient experience. Additionally, due to differences between the Portland and Pen Bay sites, these data systems are used in slightly different ways and therefore data might look slightly different because of this. As stated in the recommendations section, honing these systems will be helpful for reporting in the future.

Findings Part I: The Structure of the ECSS Role within MaineHealth

Overall, parents were satisfied and appreciative of the care they receive at Pen Bay and in Portland. Parents expressed how welcoming and accommodating the staff at both clinics are and provided numerous positive examples of how the ECSS had supported their family. The ECSSs also shared many examples of how the model works well and benefits families along with sharing ideas of opportunities to shift the model to make improvements.

Numerous strengths of working within the MaineHealth system were identified through interviews with the three ECSSs and are described in the section below. Identified challenges and opportunities for innovation can be found later in the report.

Integration of the ECSS into the MaineHealth System is a Strength of the Model

The Early Childhood Support Specialists interviewed as a part of this evaluation and many of the interviewed parents noted that having the ECSS embedded in the MaineHealth system was an asset to the model. By having the ECSS integrated into the care team, the person in this role can hear the concerns and needs of parents while also learning the perspectives of clinicians, which may differ. The ECSS can interpret and prioritize the needs of the family, decide on next steps, and ensure there is clear communication with the family around any goals or recommendations that are provided. The ECSS is also able to continue conversations that began with a doctor but may have been cut short due to time constraints or a lack of knowledge of the availability of resources.

> **"It's amazing what, what the care team, and what we can get done together every day, because… we need to make sure these families can be seen. We want to create that health equity, so getting them there... supporting these babies, supporting these families, it's amazing how we can all pull together and make that happen every day."**
>
> **-ECSS**

Strong Internal Communication and Support from Clinical Teams

Communication between providers and support staff in each pediatric office has been essential to the success of the integration of the ECSS role. For example, at Pen Bay the ECSS attends provider meetings twice monthly to provide updates on Tier 2 and Tier 3 families. This provides an opportunity for brainstorming around "best courses of action for high needs or crisis situations." One ECSS discussed how patient services representatives were "instrumental…with scheduling and assisting with high no show rate clients," while the medical assistants and nurses were also "go to

partners" for well child checks. Weekly check-ins with clinical supervision and collaboration between residents and the ECSS were also noted as strengths of the current model.

Each ECSS acknowledged that the work of the ECSS is a team effort within the pediatric offices. Having close collaboration with doctors allows the ECSS to "enhance messaging of the doctors" and therefore strengthen not only trust with the pediatricians but also with the practice. One ECSS stated knowing the rotating schedules of pediatricians and vacation days for members of the team was helpful for ensuring consistent communication.

"I know at the end of the day, what I've provided, and what the team can provide with me in it, is significant, and it's changed a lot of these families' trajectories to being able to access the care they need, and the services, that can be provided for them. They just need some of that education, and some of that support. That is going to have to take an extra person like me in the clinic, or, or a few of them to be able to support that."

- ECSS

Epic

Utilizing MaineHealth's electronic medical record system, Epic, is a helpful way to keep track of requests related to social determinants of health, adverse childhood experiences, Child Development Services (CDS) referrals, and direct patient care. The system allows an ECSS to pull data based on common areas of need and keep records of what is provided to families. One ECSS noted that providers use Epic's chat feature during appointments as soon as they think a family might benefit from a visit from the ECSS. The provider can message the ECSS and the ECSS can show up to that visit to talk with the family further. Utilizing this technology enabled a seamless coordination of care in real-time.

Connections to MaineHealth

A clear benefit to having the ECSS embedded within the MaineHealth system is the ability for families to have a consistent and accessible way to connect to the pediatric office. Whether the family wants to reach out because they have questions or need to make an appointment, having a connection to the ECSS provides a direct connection to the practice. This direct connection adds a much-needed level of support for families, especially for those who are hesitant to interact with the health care system. Additionally, ECSS staff have provided much support to families in arranging and teaching families how to arrange transportation for medical appointments. This enables families to have consistent access to care.

Pathways for Referrals, Interventions, and Community Connections

During well-child visits, a clinician may not have time to answer or address all the questions and concerns a family might have. It can be overwhelming for a family to think of their concerns or questions related to referrals, child development, and engagement with early intervention services and supports during an appointment. While it is not likely all of this will be covered during a well-child visit, it is possible for an ECSS to assist a family with navigation through each of these areas during additional appointments or phone calls. An ECSS can provide parenting advice or support, help navigate referrals, and follow-up on the outcomes of referrals – whether the original referral was from them or a provider.

One ECSS explained how many families can be resistant to referrals, especially those to CDS for testing or evaluations upon a doctor making this recommendation. If the family is uncomfortable, an ECSS can continue the conversation and provide support so the family can focus on building up the skills before their next well child visit. For the families who feel hesitant to follow-through with referrals, having an ECSS who can help them is a great intermediate step to ensure a child is being supported before either a referral is necessary or before a family is ready to engage with additional supports.

Additionally, an ECSS discussed how the role was enhanced by interacting with experienced clinicians, therapists, and other support specialists who were easily accessible and available for brainstorming solutions on best ways to support families. Due to the integration into the care team and into the MaineHealth system, the ECSS was able to do warm hand-offs to other providers and to programs like MaineCare and SNAP via the Access to Care program. As will be discussed in the next section on the impact on families, these interactions all build connections and trust, ultimately supporting families to access the care they need.

"One of the biggest roles is to partner with these community agencies to help provide…that referral process or those closing of the loops. So those, that communication is huge… another big task on the ECSS"

- ECSS

A Connected Community Health Approach

An ECSS is not only assisting families with issues or questions related to other clinical support or child development or behavior, but may help a family in several other ways. The ECSSs discussed the importance of having connections with local community organizations and resources so they could provide holistic family support.

The ECSSs named a multitude of organizations that they connect with, including assistance programs, childcare facilities, parenting groups, nutrition programs, heating/fuel programs, food pantries, housing agencies, community coalitions, Head Start, diaper banks, DHHS offices, WIC, Maine Families, Public Health Nurses, and CDS. Connecting with these

organizations allows the ECSSs to remain aware of existing resources in the community and "to have specific people [they] can email, [they] can follow up with, making that communication a little bit more seamless." Having awareness of long-term assistance programs along with local resources is fundamental in ensuring families can get the support they need.

The ECSSs also joined provider groups and advisory committees. Joining a committee enabled one of the ECSSs to provide some education to community organizations around accessing community resources (e.g., health care, education) from the views of parents, providers, and community organizations. For example, a Portland ECSS provided education on how to work through language barriers and provided insight as to why families may not be answering the phone when providers call. Thus, the ECSS serves as a conduit for information exchange in local communities and adds value to the community beyond the immediate families in their patient panel.

Findings Part II: Direct Impact on Families

Parents from both practices felt the ECSS had positive impacts on their family, some even noting they are treated as family when they are with the ECSS. They appreciate the ECSSs' interactions with their children and look forward to having visits from the ECSS. One parent in Portland described how their other children even want to stay home from school when they know the ECSS has a planned visit so they could be sure to greet them.

> **"It's really been an overall great experience that I'm not sure that I would have been able to be a successful parent otherwise."**
>
> **– Pen Bay Pediatrics Parent**

Building Trust is a Key Component of Success

Before even considering the impact of the ECSS on patient care, the importance of trust must first be addressed. **ECSSs in both locations felt building trust with families was the most important component leading to the success of the model.** This was echoed by parents as well. In one interview, a parent explained how they were skeptical of the ECSS model at first because she had never had someone join her at an appointment offering help in the way that the ECSS did. While parents may approach a new interaction with some uncertainty or skepticism, the ECSS' ability to show up and find ways to support families, ultimately leads to increased comfort and understanding about their pediatric visits, as well as more knowledge on parenting and how to access services.

> **"Supporting New Mainer families with the process of where to intervene, who to send referrals to and everything, and I think the biggest takeaway was, it was to understand the family, the child holistically…holding space for them, hearing their voice, hearing their story, and then hearing how we can then support. We may not be able to support with everything. We're not going to be able to fix the housing crisis. We may not be able to provide them the perfect food. But what can we support with?"**
>
> **- ECSS**

Meeting Immediate Needs

Trust is also established when the ECSS can help with "just in time" assistance for a variety of needs – whether it be a car seat, crib sheets, medical supplies, diapers, or a listening ear. Many parents spoke about how they appreciated that the ECSS was someone who could just listen to their concerns or provide some parenting advice. One parent provided an example of the ECSS finding a new crib for the family after learning the crib they were using was broken. Another parent spoke about how

they were trying to find a car seat and two days after contacting the ECSS, one was brought to their house. Another family spoke about how the ECSS was able to find formula for them during the shortage in 2022, while another family described how the ECSS knew of a local company to purchase feeding tube supplies from when they "didn't know that was even an option."

Families also described how the ECSS connected them to food, clothing, and transportation. All families interviewed in Portland spoke about how the ECSS helped them get connected to food – whether it was direct access to food (i.e., not a referral) during a pediatric appointment or having food directly sent to a hotel. One parent said, "[The ECSS] was always doing her best. She would sometimes say, I don't have experience with this, but I will try." Another parent echoed that, stating the ECSS was helpful and caring, and always getting what they need. Parents also shared that the ECSS was quickly responsive to their questions or concerns.

Modeling Parenting Skills while Interacting with Children

Building trust with a family can take time, especially when a family has interacted with multiple programs or is not familiar with the health care system. When an ECSS has more time and communication with a family, they are more likely to open up and reach out when they need support. ECSSs discussed how spending time positively interacting with children was essential in building trust with families and many of the parents interviewed spoke joyously about the interactions the ECSSs had with their child or children.

Many families discussed how helpful and motivating it was to watch the ECSS interact with their children. The ECSSs described how they model "developmentally appropriate practices within the home or community visits." This includes getting on the floor with a child or looking at the things that already exist in the home in order to make the environment more conducive to child development, such as setting up a gross motor area or sensory area for children with autism. The ECSSs work goes beyond providing recommendations and referrals. For example, upon learning that a child had not been brought outside in the snow yet, the ECSS found snow pants and jackets for the whole family.

> **"If I'm seeing mom and baby talking, or doing that serve and return, you know, pointing that out and praising it and explaining what's happening in the baby's brain when that's happening, and how wonderful that is, and the connections that are being made when you're doing that to the baby"**
>
> **- ECSS**

Beyond modeling parenting skills, one ECSS mentioned how when she would see a parent interacting with their child, she would provide some education on how important that interaction was for the baby's

development. Noting the positive interaction between the parent and child, while providing some education on the benefits of that interaction provides the family with positive reinforcement. During home visits, an ECSS will observe feeding, give recommendations for child proofing, and talk about (or sing) culturally relevant songs and poems. All of these activities provide opportunities for families and the ECSS to learn from each other.

Connecting Patients to MaineHealth

Parents spoke about how responsive the ECSSs were and how they always do their best to help them in any way that they can. Parents also learned more about the United States medical system, the importance and relevance of well child visits, how to make and reschedule appointments (including support from the ECSS to do that), how to connect to valuable community and health care resources, and how to arrange travel to and from appointments on their own.

Positive Feelings About Their Child's Pediatric Office

ECSSs in both locations believed the ECSS role leads to families having more feelings of support by their pediatric provider. Even if a family doesn't have immediate needs, they know that if something should arise, they will be supported because the relationship with the ECSS has already been established.

> **"I think they're doing amazing. I think they're doing everything they can. I can't really think of anything else that that they could do better with."**
>
> **-Pen Bay Pediatrics Parent**

Parents noted decreased stress, nervousness, and worry related to pediatric appointments. Working with the ECSS helped parents know what to expect in appointments, which led to feeling more comfortable at visits and increased knowledge and confidence. Additionally, the ECSS provided support through sharing reminders of things they need to bring (e.g., paperwork) or things they should follow-up on. Parents felt increased levels of trust with the pediatric office, as they had more support in place because of working with the ECSS and felt there was increased communication and coordination between providers. One parent discussed how they were able to feel calm and comfortable during an appointment because they met with the ECSS prior to their interaction with the pediatrician.

Reducing Time Burdens

Working with an ECSS allows families to focus less on things that take away the time and energy needed for parenting. For example, the ECSS can support a family to coordinate appointments between providers, support parents in successfully filling out paperwork, and ensure enrollment in helpful programs. Some parents discussed how the ECSS helped them with some administrative tasks (e.g., transportation paperwork) they could easily forget to

do. A few parents also described how the ECSS assisted with coordinating medical appointments outside of the state, which can be stressful and overwhelming.

Supporting Networks within the Community

Informal sharing of information often takes place between families and as often happens in immigrant and rural communities, word of mouth and networking are important ways that information travels. Positive experiences with the ECSS and the clinic have much broader implications for community health as parents share those positive experiences with others. One Portland parent discussed how she felt supported and connected to services after her interactions with the ECSS. She commented on how the ECSS would sit on the floor with her child and gave her new ideas of how to play with her child. Subsequently, a neighbor was curious as to how they could also get connected to an ECSS. Similarly, another Portland parent shared that they "pass on my experience and tell them [other parents] – you don't need to be afraid." The same parent went on to share more about her positive experience with the nurses and pediatrician and that she trusts them, saying that she speaks "with other moms who are in a similar situation. If they can help the same way they help me…I pass on my experience and tell them." When an ECSS (and other clinicians) have a positive interaction with one family, it is likely that other families will learn about it.

Although interviews did not probe around whether parents discussed what they learned from the ECSS with others in their social networks, it is highly likely that information is shared among families in small communities. As the Community Health Workers who conducted the interviews shared, oftentimes families operate with the mentality of "What's good for you is good for me." When one family is advised to do something to keep their family safe and healthy, it is likely other families will do the same. Families are likely to share information on child development or other parenting topics, however they also may share information about medical topics – such as when it is appropriate to call the pediatrician or when it is appropriate to visit the emergency department. The potential for the return on investment in this model is huge when thinking about outcomes such as reduced avoidable emergency department utilization, injury prevention, and increased trust in the medical system.

Case Example: Building Trust Takes Time

During their interview, a Portland-based ECSS described a Tier 3 family that was not highly engaged with the pediatric team for their children. They had a significant need for intervention and upon the ECSS learning "it was going to be seven of them in a hotel room…with newborn babies" they knew they needed to build a "relationship of meeting them where they were at…no judgment."

Over time, the ECSS built enough of a trusting relationship with them so that they would allow her to help. This required a significant amount of checking in with "no strings attached." Much of this checking in took place via translated WhatsApp texts, as the family did not speak English. However, short visits to the family led to longer conversations and more opportunities to provide them assistance, offer "nuggets of parent coaching…**and just like little bits of, little seeds of knowledge you can plant that grew over time and you would start to see some differences** and it was, it was like a year-long relationship [we] created."

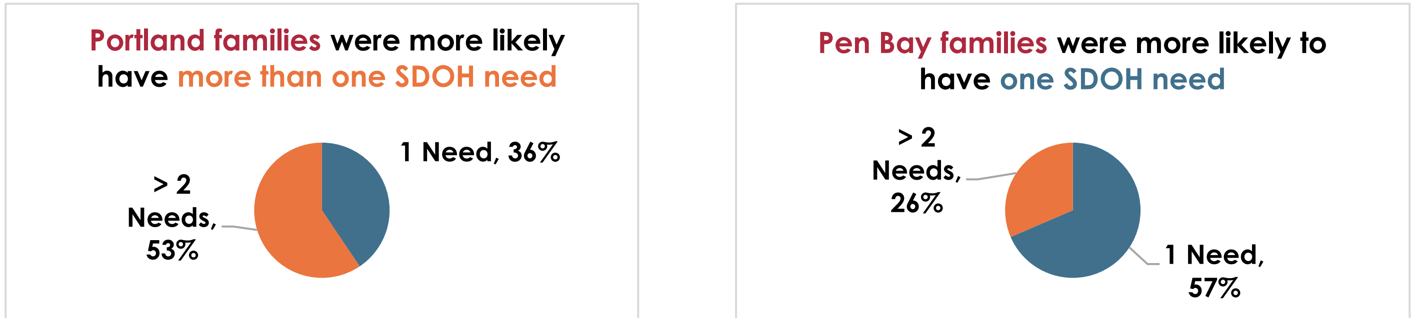
Eventually the family allowed a physical therapist to come into the home to work with one of the babies. The physical therapist did not like what she saw and called DHHS. When DHHS arrived at the home, the mom called the ECSS because she felt the ECSS could provide a more accurate picture of what had been going on in the home. The ECSS was indeed able to "paint this picture of a six-month relationship of increasing responsibility in the family."

This example shows the importance of trust building in relationships and the benefits of increasing understanding between parents and providers as well as across providers. As other reports have found, racism, classism, and other bias and stigma can lead to further divide and misunderstanding and potential harm. Time to build relationships and trust is something that unfortunately most providers, whether they are in the medical or social service or child welfare fields, do not have. However, as highlighted here, those relationships and trust, built in a non-judgmental and caring way are key to understanding the full picture of safety, health, needs, and possibilities for families.

Connecting Families to Social Determinant of Health Supports

There are no income criteria for family participation with the ECSS. In Portland, most ECSS patients identified more than one SDOH need (53%), while most Pen Bay patients were identified as having one SDOH need (57%) (Figure 3).

Figure 3. Social Determinants of Health Needs by Location (2022)



The needs varied by location, however requests for essential supplies (clothing, diapers, car seats, crib) were the most frequent in both locations – 62% of patients in Portland and 24% of patients at Pen Bay. In Portland, the next most frequent support needs were for food (38%), State/Federal programs (29%), and transportation (24%). At Pen Bay, the next most frequent support needs were for assistance with State/Federal Programs (22%) and transportation (16%). Patient identified SDOH needs are shown in Table 2.

Table 2. Patient Identified Social Determinant of Health Needs (2022)

	Portland	Pen Bay
Essential Supplies *(Clothing, Diapers, Care Seats, Crib)*	62%	24%
Food	38%	10%
Housing	21%	7%
Legal	2%	1%
Medical Costs/Insurance	16%	4%
State/Federal Programs	29%	22%
Transportation	24%	16%
None	20%	47%

ECSSs Provide Connections to Essential Services, Programs, and Resources

The ECSSs routinely connect families to essential services, programs, and resources – which vary based on location. For example, the transportation infrastructure varies greatly by location, as well as the availability of housing and resources for individuals who may be experiencing housing instability.

Over the course of 2022, most ECSS patients were provided one or more SDOH interventions during their visits with the ECSS — 95% in Portland and 89% at Pen Bay. The SDOH interventions include information about community resources, transportation, diapers, food, and referrals (see Table 3). While most of these interactions were categorized into "Other" (67% in Portland and 70% at Pen Bay), providing diapers was the most frequent intervention in Portland (51%) and giving written information about community resources was the most common at Pen Bay (29%). However, several Pen Bay families stated the ECSS referred them to local diaper banks which shows the overall need for diapers in both locations. Some ECSS patients were provided with direct support via gift cards to Cumberland Farms (gas station), Hannaford (grocery store) and Uber (transportation). Additional SDOH interventions provided are show in Table 3.

Table 3. SDOH Interventions by Location (2022)

	Portland	Pen Bay
Given written information about community resources	32%	29%
Provided transportation support (taxi/bus pass, logisticare)	15%	12%
Provided with diapers	51%	26%
Provided with emergency food bag	22%	2%
Referred to patient assistance line	20%	6%
Referred to social work care manager	1%	2%
Referred via Aunt Bertha platform to community resource(s)	23%	4%

Most Pen Bay parents felt they had more supports in place because of working with the ECSS and Portland parents were more likely to speak to how they feel more comfortable with the health care system. Parents noted that the ECSS helped line up socioeconomic supports in the form of basic needs (e.g., food, diapers) and essential services or programs (e.g., WIC, CDS, Maine Families). ECSSs in both locations spoke about supplying car seats for families. In Portland, the ECSS reflected upon supplying and installing car seats for families upon getting calls from the Emergency Department about families that did not have car seats. The ECSS also visited shelters to support with car seats and would get families set up with pediatric appointments at the same time.

The ECSSs also assisted with MaineCare enrollment, coordinating hotel stays for medical appointments out of state, and finding medical supplies. Multiple parents mentioned being connected to resources that they did not know existed. The ECSS also helped parents feel comfortable asking for help and subsequently receiving it.

Most Pen Bay parents did not encounter challenges or barriers when getting connected to resources. However, parents noted that the ECSS helped alleviate barriers related to completing paperwork for getting reimbursement for DHHS mileage, researching programs that would assist families when they make just enough income to not be eligible for certain programs, and getting on wait lists for childcare.

Parents in both locations noted that the books provided by the ECSS, whether for the parents or the children, were useful. One Pen Bay parent noted the usefulness of having access to childhood development books, while a family in Portland talked about the importance of getting books for her child from the ECSS.

Parenting Support

Parenting Support and Guidance

Parenting support and guidance is not limited to providing resources and support to families. All ECSSs discussed the importance of seeing families holistically and taking the time to acknowledge and celebrate parents and all the work they do – something that does not often happen for many parents. Pen Bay parents felt they could easily reach and ask questions of the ECSS, which made them feel more confident and comfortable with the healthcare system. The ECSS at Pen Bay made families feel like they weren't being judged for asking questions or making certain decisions and served as an advocate for them.

> **"Being stressed out about diapers or formula or anything along…It was a big stressor and when you've got somebody who's there to tell you that you that not only are they there but there are programs and resources to be utilized for such reasons. My stress level dwindled immensely."**
>
> **-Pen Bay Pediatrics Parent**

Most Pen Bay parents said the ECSS helped them feel different about parenting. The ECSS improved their understanding of their child's milestones, demonstrated and gave ideas about how to interact with their children (e.g., singing, reading), and provided solutions for some difficult components of parenting (e.g., consoling colicky infants). In Portland, families were more likely to talk about how the ECSS made them feel more connected and comfortable, as well as how the ECSS would teach them new things—whether it was suggestions of how to play with their baby or how the United States health care system

works. Several Portland families noted how the ECSS provided guidance around limiting screen time and having meaningful interactions with their children.

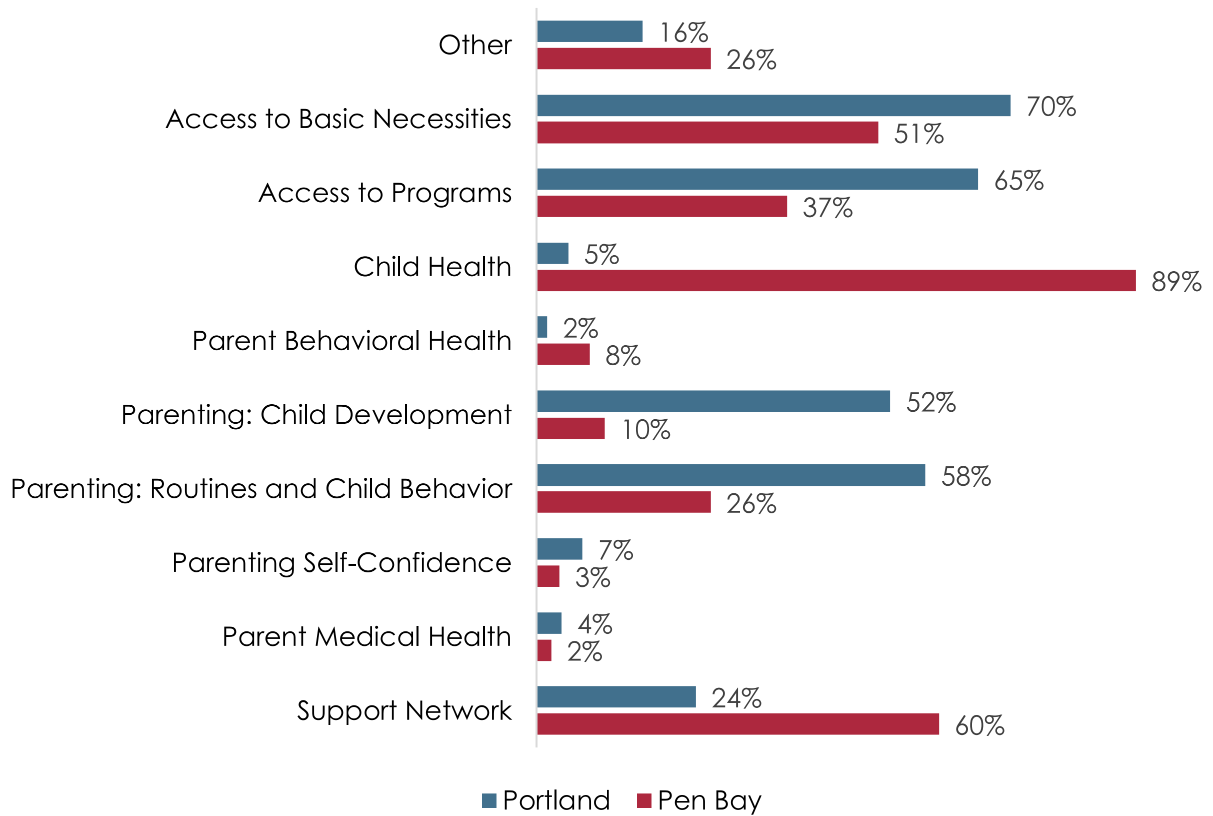
Parenting Education

Despite the high prevalence of parents who need assistance in both locations, the ECSS still educated parents during ECSS visits. Parent education can facilitate shared decision making and advocacy. A Portland family explained that in each interaction they had with the ECSS, they learned something new, and this made them feel closer to their baby. Parent education was noted in 78% of ECSS visits in Portland and in 30% of visits at Pen Bay. Parent education was most likely to occur for Portland families in Tier 2 (52%), of which 19% were in Tier 1 and only 6% were in Tier 3. Pen Bay families were just as likely to have a parental education component to their ECSS visit if they were in Tier 2 (13%) or Tier 3 (13%). For both locations, only 5% of ECSS visits with Tier 1 families had a parent education component.

Parenting Goals

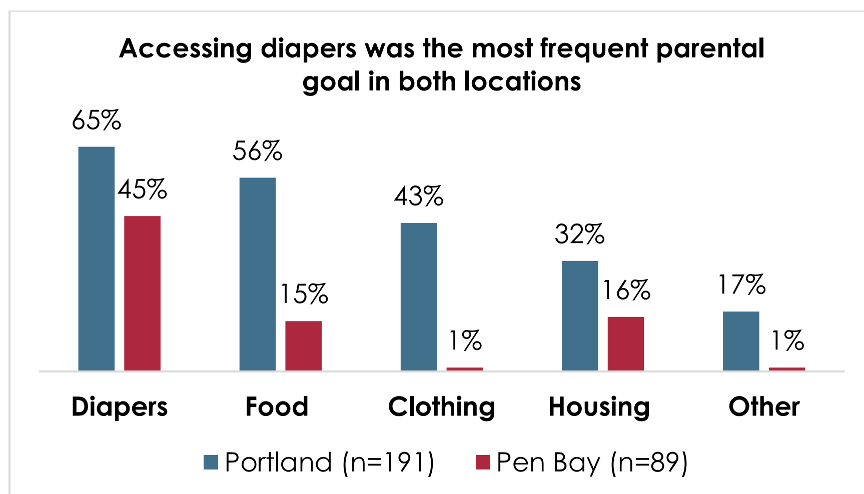
Parenting goals were set for families in both locations who were in Tiers 2 or 3. Most families had more than one parenting goal over the course of their interactions with the ECSS — 77% in Portland and 81% at Pen Bay. There were nearly twice as many Tier 2 and Tier 3 patients in Portland compared to Pen Bay. Goals were categorized into ten categories (including one for other) and the frequency of these categories varied by location. In Portland, 70% of Tier 2 or 3 parents had goals related to accessing basic necessities and 65% had goals related to accessing programs. At Pen Bay, 89% of the Tier 2 and 3 parents had goals related to child health and 60% had goals related to support networks. The breakdown of parental goals is shown in Figure 4. It is important to note that there may have been families where it would be appropriate to have more parental goals, however the ECSS was tasked with determining which goal(s) should be prioritized.

Figure 4. Parental Goals by Category (2022)



Parental goals for Tier 2 and 3 families were subcategorized into basic necessities, child development, child behavior, and programs. In the basic necessities category, goals related to accessing diapers were the most frequent in both locations. Food and clothing goals were common in Portland (Figure 5).

Figure 5. Basic Necessities Goals by Location (2022)



Child development goals were common for both locations. In Portland, nearly half of parents had child development goals related to attunement, attachment, and serve & return interactions. At Pen Bay, nearly two-thirds of Tier 2 and Tier 3 families had goals related to soothing (Figure 6).

Figure 6. Child Development Goals by Location (2022)

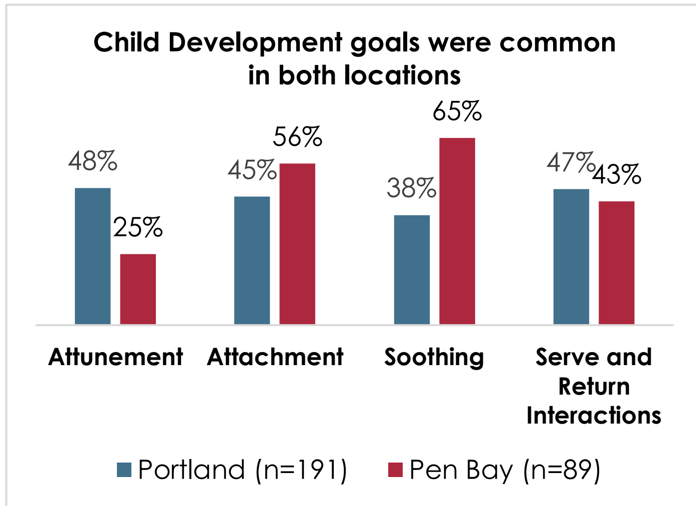
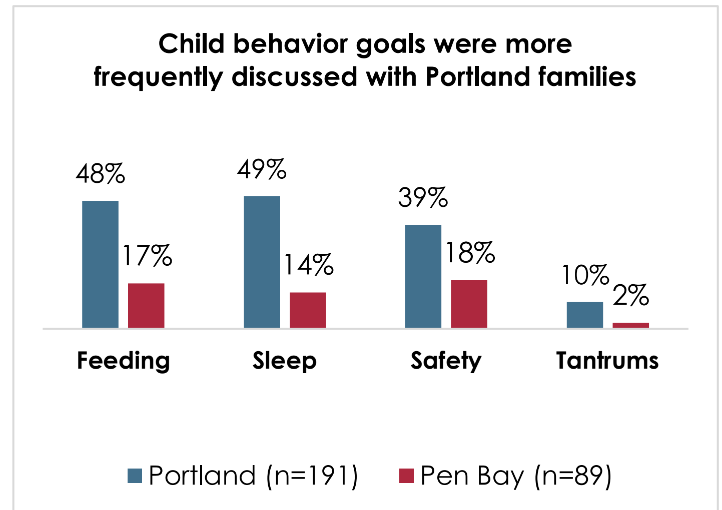


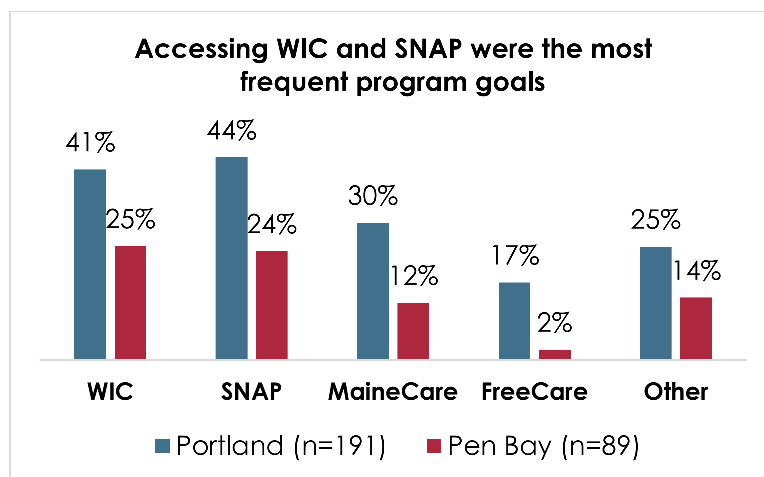
Figure 7. Child Behavior Goals by Location (2022)



Portland parents were more likely to have child behavior goals. Goals related to feeding, sleep, and safety were the most common, with sleep being the most frequent in Portland and safety being the most common at Pen Bay (Figure 7).

Accessing WIC and SNAP were the most frequent program goals for both Portland and Pen Bay, with a higher percentage of families needing assistance in Portland. Nearly a third of patients in Portland had goals related to MaineCare (Figure 8).

Figure 8. Program Goals by Location (2022)



Challenges of the Current ECSS Model

While there were numerous strengths of the current model as noted previously, the ECSS staff interviewed noted several challenges with the integration of the ECSS role into MaineHealth and general concerns with the current model. None of the parents interviewed provided any critical feedback regarding the ECSS model.

Time Barriers

As with many health care interventions, time is a barrier. Even if a clinician understands what is going on with a family, one ECSS explained how it is the responsibility of the ECSS "to figure out exactly where the support is needed, and that can take a lot of time in a very short timeframe." When there is insufficient time to spend with a family, "things start to feel transactional." All of the ECSSs discussed how when they had the time to connect with families and build relationships, the work was rewarding because it was easier to see progress.

"[Providers] often do not have the time to follow through on referrals and certainly not the time to make sure children are able to make it to specialists or multiple evaluation appointments. This part of the ECSS position is extremely helpful in making sure these things happen."

-ECSS

Unique Needs of New Mainers, Asylum Seekers, Refugees

Both ECSSs who worked in Portland emphasized the unique and acute challenges New Mainers, asylum seekers, refugees, and immigrants face. One ECSS who worked in Portland stated, "There's a unique set of needs that that population [asylum seekers] has that they're not even ready to work on parenting or, you know, feeding or anything like that, because they're still just trying to survive." Another ECSS shared, "There's a lot of very significant needs that myself, one person, struggles to support in such a large clinic, and in such a growing clinic, with so many families with SDOH needs, on top of the development, on top of…potentially other higher up case management needs, and there just being one person to be able to support and kind of navigate that for families is a huge challenge."

"The pediatric office is so busy because a lot of these families are there for hours… we take all walk ins, so I never know if I have 3 minutes with the family, or if I am going to be with them for a couple of hours."

-ECSS

Size and Scope of Patient Panel

As shown in Table 1, the ECSS patient panel in Portland is large. Both Portland ECSSs discussed the need for either more staff in their role or for the role to be more focused. It was difficult for them to balance the different aspects of the position – whether it be making sure a family successfully obtained transportation to different appointments, providing parental education, attending well-child visits, and/or ensuring families receive other forms of support. Follow-ups with patients are difficult when the patient panel is large, and often follow-ups are being done via Google Translate and texting via WhatsApp.

> **"There's not enough of me to kind of go around, and the need is just so great for our clinic, with so many families experiencing so many different needs."**
>
> **-ECSS**

Diversity of Family Needs

All families with children aged birth to three have needs for support. Sometimes those needs are focused on the baby and center on sleeping and eating or the parent-child attachment and attunement, however many of the families receiving support from an ECSS also have other acute needs. Many ECSS families need SDOH support (e.g., essential supplies, housing, food) and are interacting or attempting to engage with large systems of care such as DHHS/Office of Child and Family Services or CDS. For the one person in the ECSS role in a clinic, the diversity and various levels of support needed for families can be overwhelming.

Recommendations for Improvements

The three people serving in the ECSS role acknowledged that the role is new and that in serving in the role, there would be some level of uncertainty in how the model would be implemented. They each provided recommendations for improvements, including the refinement of the job responsibilities in Portland.

Streamlining Aspects of the Role

The ECSS role has been designed to support families in many ways, however with the current level of staffing allocated, particularly in Portland, it may not be sustainable to have just one ECSS per practice to fully support families with parenting skills, connections to community resources, referrals, transportation, SDOH support, and other forms of support. While all three ECSS provided recommendations for improvements, ECSS in Portland provided their thoughts on how the role could be streamlined for Portland. It was suggested that if the transportation coordination components and some of the specific needs of families who need support related to resettlement were shifted to others, then there could be more focus on the work related to early childhood development and parental support.

"The idea of building something, really from the ground up, was also super exciting because…[you] get to design it and test it and see what works and what doesn't work and then… start to perfect it towards what it's really intended to do"
-ECSS

Transportation

Transportation to medical appointments is a barrier for many families. Arranging and assisting with transportation is detail-oriented work that takes away time an ECSS could be spending with a family. As shown in Table 3, 12-15% of the ECSS' patients are provided with transportation support. One recommendation is to have one (or more than one) person dedicated to addressing transportation coordination within the pediatric practice as there is the need for "someone to actually be making sure families are catching the ride that they booked and not retrospectively see if they got it, because they probably will have forgotten about the appointment because they have so much going on." Both persons in the Portland ECSS role talked about how reliant families were on transportation coordination, which often was not just booking rides but also messaging via WhatsApp to remind them that a ride was coming soon. Families also utilize MANA and Motivcare for transportation.

"Being able to support whatever family that walks in the door with whatever need they have, for one person, it is not sustainable"

-ECSS

Services for Asylum Seekers and Refugees

Many asylum seekers and refugees in the Greater Portland area were living in hotels during the time of ECSS interviews. Both Portland ECSSs touched upon the many acute needs persons in these situations have, which typically go beyond supports related to early childhood development. Many families who were designated as Tier 1 in Portland were still experiencing high levels of need. Having a person or team dedicated to serving asylum seekers and refugees may streamline efforts to serve this population and may ensure that efforts are not being duplicated with other organizations.

Additional Recommendations for the ECSS Model

Improvements to Caseload and Referral Tracking

While several of the ECSS interviewed noted that utilizing Epic was helpful, the ECSSs in Portland and Pen Bay also use an Excel spreadsheet as a client tracker to track upcoming appointments, topics that were discussed in a previous appointment, and family movements among tiers. One concern was that with the combination of Epic and Excel, things could be missed. Determining how to integrate the information from the Excel sheets into Epic may lead to better visibility of the ECSS' caseload and outcomes of the program.

Additionally, one ECSS discussed how there are times when they would put in a referral but would be unsure if the family was assisted. Determining how to ensure referrals are successful and tracking the outcomes of referrals would strengthen the continuity of care and ensure there is not a duplication of services with other organizations.

Implementing Culturally Responsive Programming

Across cultures, there are differences in how parents raise their children and perceive how they should raise their children. This can be anything from feeding and sleep routines to perspectives on reaching childhood developmental milestones. ECSSs should be encouraged to talk with families about their perceptions of child development and learn more from their perspectives on what parenting, child development, and relationship norms are like in their culture. This helps to bridge understanding and find ways to equalize the experience of learning from one another and sharing information with the opportunity to meet families where they are at.

Figure 9.

***Incredible Years'* Five Principles of Delivering Culturally Sensitive Evidence-Based Programs within the Community**

1. Respecting and affirming cultural differences
2. Exploring, understanding and addressing possible cultural barriers to intervention content
3. Helping parents apply strategies to their goals
4. Working collaboratively with interpreters
5. Promoting a supportive group and empowering parents

As a component of this model, the evidence-based *Incredible Years* program is integrated. AS shown in Figure 9, this program has articulated five "principles" embedded within it that can guide "a culturally responsive structure for delivering the program to diverse populations" (Webster-Stratton, 2009). These principles pertain the delivering the entire *Incredible Years* program to groups, however they are still relevant and can be used as guidance (e.g., utilizing community health workers instead of interpreters would be beneficial). While the ECSS interviews did not explicitly ask about how they interacted with families with different cultures than their own, the persons in this role did provide examples of how they were successful in working with families from many different backgrounds, cultures, and who speak languages that are not in common between the ECSS and family. A person in the ECSS role, who is serving diverse populations, may benefit from ongoing training in these areas and from a continued sharing of best practices.

Provide Support to the ECSS

During interviews and discussions with the ECSSs, it was noted that aspects of the role could be overwhelming. One ECSS discussed how families would reach out during emergency situations and another ECSS noted that one of the hardest things about being in the role was working with three families who had each lost a child under the age of one. An ECSS recommended that those in this role have training and/or experience in grief and trauma, as persons with backgrounds in early intervention or education may not have previous experience with cases that are as intense. To protect the well-being of the ECSSs, exploring options of how-to best support ECSS through difficult situations may prevent burnout from the role.

While financial compensation was not discussed with the three ECSSs who were interviewed, it did come up in one instance. With a role like this, which requires a person to excel in both hard and soft skills, a person in the ECSS role should be well compensated for their time. This role requires someone to be working many hours, have the flexibility to meet clients in the office and at their homes, be trained in culturally competent ways to implement evidence-based interventions, have a strong background and experience in early childhood and working with families, and have the personality and drive to connect with families in many different situations and about many different topics.

"So we would alternate group supervision and individual supervision, but that I think was just such an important component to it because it allowed for the decompressing about families. Not necessarily, it wasn't always just like "I'm not sure what to do with this family," it was more like "this is weighing, you know, so heavily on my heart, I just need to, like, talk about it and get it out, and then I feel like "okay, cool, I've processed, now I can move on and do the next thing."

-ECSS

Recommendations for Systemic Improvements

The following three recommendations are broad and will need to be further developed if MaineHealth decides to make systemic improvements to the ECSS model.

Create a network of community-based organizations to support the ECSS model

Pen Bay and Portland ECSSs discussed the importance of having strong relationships with community partners to ensure they were aware of resources in the community and to ensure the success of referrals. While the ECSSs spoke about how they have connections to other agencies, formalizing and leveraging these partnerships can only strengthen the ECSS model. One recommendation is to create a formal network of community-based organizations (CBOs) and social service providers who are well versed in the needs and available supports/resources. Similar models of care are being developed and tested. For example, in Canada a modified hub and spoke model was implemented where a Nurse Practitioner "functions as a clinical key worker coordinating services in concert with medical specialists, allied health professionals, home and community care coordinators and community hospital physicians" (Lin, 2021). In 2019, the California Children's Trust proposed a "whole-family wellness hub-and-spoke model would address the current realities young children and their families face" (California Children's Trust and the First 5 Center for Children's Policy, 2019).

Within the pediatric offices, the ECSS could serve as a navigator to others in their networks who may be able support a family more effectively – whether it is a community health worker who can speak the preferred language of the family or to a transportation specialist who has the resources to ensure a family obtains transportation to medical appointments. MaineHealth's FindHelp platform could support the development of referral pathways. When applicable, the ECSS could also refer to other programs, such as Help Me Grow Maine or MaineMOM.

The CBOs in this network would need to be formally introduced to the ECSS model and referral pathways would need to be set so that there would be "no wrong door" to accessing services from the ECSS or other partners. To formalize the partnerships, the CBOs could be financially supported to take on a pre-determined number of referrals.

Explore possibilities for reimbursement and service delivery models

MaineHealth can continue to advocate for reimbursement of ECSS services through MaineCare for qualified families. However, in moving away from the fee for service model, MaineHealth may want to determine if ECSS services could fall under the new MaineCare Primary Care Plus structure, as outcomes of the families participating in the ECSS model are

likely have beneficial cost and quality related outcomes. For example, families who interact with an ECSS are more likely to attend medical visits, reschedule visits that they may have missed, and may be less likely to inappropriately utilize the emergency department. There are several Primary Care Plus quality measures that are directly related to the work of the ECSS (MaineCare-Delivery System Reform Unit). Families with positive pediatric interactions in the first three years will be more likely attend child and adolescent well care visits in the following years (child and adolescent well care quality measure). ECSSs can also work with families if they are hesitant to have developmental or lead screenings completed, which both have associated quality measures.

Determine how additional staff or if new staffing roles could support the ECSS model

As mentioned previously in this report, transportation coordination is a big task for the ECSS, especially in Portland. Having a transportation specialist or coordinator at each clinic could be beneficial to ensuring families can get to and from medical appointments.

The pediatric offices may also want to consider how others in the office (e.g., Medical Assistants) or others in the MaineHealth system could support the ECSS. Additionally, the pediatric clinics may want to further explore the possibility of integrating social workers into the clinic setting to support care coordination, conduct family assessments, and provide clinical social work support to families. Health care social workers in pediatric settings can be conduits for care coordination (Ross A, 2019). Health care or pediatric social workers may also have more experience or training in working with families who are dealing with grief and loss and may also serve a role on a clinical care team to be able to provide additional support to other staff when children are experiencing severe medical concerns or when a child dies. Additionally, because social workers are also trained in assessment and family systems, they may be able to provide other supports to families experiencing family violence, have trauma histories, or are dealing with substance use disorder (Seattle Children's, 2023; Boston Children's Hospital, 2023). This additional level of resource may be a role that could work in tandem with an ECSS and the clinical care team.

Conclusion

The findings of this evaluation show the intense and wide-ranging adversity and barriers faced by many families with young children who access two pediatric primary care sites – Maine Medical Partners Pediatric Clinic in Portland and Pen Bay Pediatrics in Rockport. Having an Early Childhood Support Specialist integrated into pediatric primary care provides exceptional opportunities for improving parent-child relationships, strengthening parent-community resource connections, and fostering comfort and understanding between families and health care providers. Essential components to the success of the program include integration within the MaineHealth system, creating strong community connections, meeting immediate family needs and building trust with families.

Considering that there is only one ECSS at each clinic, the wide variety of supports that are provided and the connections that are fostered is impressive and the depth of knowledge that is shared is invaluable. Many of the challenges identified in this evaluation were related to the characteristics of the communities served and general challenges associated with the health care system. The evaluation also found multiple areas for refinement to improve patient outcomes and ECSS job satisfaction. MaineHealth should continue to reflect on this model, iterate, and innovate to continue to provide high quality care for families in Maine. The ECSS model demonstrates a method for improving care for children and families and already shows incredible impact on many of the families who have worked with an ECSS.

References

Boston Children's Hospital. (2023). *Social Work Program*. Retrieved from Boston Children's Hospital: https://www.childrenshospital.org/programs/social-work

California Children's Trust and the First 5 Center for Children's Policy. (2019, September 24). *Whole-Family Wellness for Early Childhood: A New Model for Medi-Cal Delivery and Financing.* Retrieved from First 5 Cetner for Childen's Policy: https://first5center.org/publications/whole-family-wellness-for-early-childhood-a-new-model-for-medi-cal-delivery-and-financing

Lin, J. L. (2021). Process Evaluation of a Hub-and-Spoke Model to Deliver Coordinated Care for Children with Medical Complexity across Ontario: Facilitators, Barriers and Lessons Learned. *Healthcare policy = Politiques de sante,*, 17(1), 104-122.

MaineCare-Delivery System Reform Unit. (n.d.). *Department of Health and Human Services.* Retrieved from Primary Care: https://www.maine.gov/dhhs/sites/maine.gov.dhhs/files/inline-files/PCPlus%20Website%20Measures%20_0.pdf

Ross A, A. J. (2019). Care coordination in pediatric health care settings: the critical role of social work. Soc Work Health Care. *Social Work Health Care*, 1-13.

Seattle Children's. (2023). *Seattle Children's Social Work*. Retrieved from Seattle Children's Hospital: https://www.seattlechildrens.org/clinics/social-work/

Webster-Stratton, C. (2009). Affirming diversity: Multi-cultural collaboration to deliver the incredible yearse parent programs. *International Journal of Child Health and Human Development*, 17-32.

Appendix — Interview Protocols

Parent Interview Guide

Introduction

Thank you for agreeing to speak with me today. My name is ________, I am a Community Health Worker with Maine Access Immigrant Network. I am working with MaineHealth to help evaluate the impact and effectiveness of the Early Childhood Support Specialist (ECSS) role. We will be interviewing families who have worked with an ECSS in Portland. We will share a final report with findings and recommendations with MaineHealth, who will likely share it with their funders, other MaineHealth staff, and interested stakeholders.

Before we begin, I have a brief statement to read to you about your participation in this interview.

Verbal Consent

We are conducting these interviews to help us understand more about the ECSS role and its potential impact on the outcomes of families. The results of these interviews will inform any needed changes or expansion of the program.

You have experiences and perceptions that are unique. Your honest point of view is very important to us. Anything you tell us will be kept confidential by the research team. That means that when we write a report based on what we've talked about today, nothing you say will be linked back to you and we will make all efforts to remove any identifying information.

Your participation in this interview is voluntary. You can end the interview at any time. You can skip any question at any time. Your decision to participate has no impact on your relationship with me, MaineHealth or any of its partners. I think this conversation will last about 30 minutes.

Are you willing to participate? Please say yes if you are. [pause for person to say yes]

Are you willing to have this interview recorded? The purpose of the recording will be to help me with notetaking. The recording will not be shared with anyone and will be deleted after it has been reviewed to ensure notes taken were accurate.

Is this all right with you? Please say yes if that is ok. [pause for person to say yes]

Do you have any questions before we begin?

[If consented for recording] I will begin the recording now.

Interview Questions

1. Can you share a little bit about your experience with [name of ECSS]*, the Early Childhood Support Specialist*?
    - Did they connect you to resources or programs for you and/or your family?
        i. If so, can you share more about the helpful resources or programs?
        ii. Were there any barriers or challenges you experienced with trying to connect to resources?

2. What has been most helpful about [name of ECSS]?

3. Is there anything you have learned from [name of ECSS] that you have incorporated into your parenting?
    i. If so, can you share an example of you have used this information or skill in your parenting?

4. Has working with [name of ECSS] changed how you experience or feel about your visits to the pediatrician?
    - For example, do you feel like you trust the health care providers more, do you feel more comfortable? Do you feel more or less stressed?
    - Are there any specific reasons why you feel this way? [more/less comfortable, more/less stressed]
    - Is there anything else you would like to share about your experiences with visits to the pediatrician?

5. Has working with [name of ECSS] changed how you feel about parenting?
    - Do you feel more connected with your child/children?
    - Do you feel more confident as a parent?
    - Do you feel like you have more supports in place for you and/or your child/children?

6. What could [name of ECSS] or the pediatrician's office do better to support your family?

7. Is there anything else you'd like to share about your experiences with [name of ECSS]?

Conclusion

Thank you so much for your time today. You have shared experiences and insights that are invaluable. If there is anything further that comes to mind that you would like to share, please e-mail or call me.

Gather gift card information – Do you have a preference for Hannaford or Walmart gift card as a thank you for your time today?

ECSS Interview Guide

Introduction

Thank you for agreeing to speak with me today. My name is XX, I am a Research Associate with the Data Innovation Project at the University of Southern Maine. MaineHealth is contracting with us to help evaluate the impact and effectiveness of the ECSS role, specifically how the role impacts outcomes for families. In addition to speaking with you and the other ECSS, we will be interviewing families who have worked with an ECSS at either the Portland or PenBay clinic, and MaineHealth will be conducting a focus group with members of the pediatric care team. We will share a final report with findings and recommendations with MaineHealth, who will likely share it with their funders, other MaineHealth staff, and interested stakeholders.

Before we begin, I have a brief statement to read to you about your participation in this interview.

Verbal Consent

The DIP is conducting these interviews to help us understand more about the ECSS role and its potential impact on the outcomes of families. The results of these interviews with the ECSSs, families, and the focus group with MaineHealth's care team are intended to inform any needed refinements or expansion of the program at both the Portland and Rockport clinic.

You have experiences and perceptions that are unique. Your honest point of view is very important to us. Anything you tell us will be kept confidential by the research team. That means that when we write a report based on what we've talked about today, nothing you say will be linked back to you and we will make all efforts to remove any identifying information.

Your participation in this interview is voluntary. You can end the interview at any time. You can skip any question at any time. Your decision to participate has no impact on your relationship with me, MaineHealth or any of its partners. I anticipate this conversation will last about 45 minutes. To thank you for your time, MaineHealth will mail you a $25 gift card.

Are you willing to participate? Please say yes if you are. [pause for person to say yes]

Do you have any questions before we begin?

Questions

1. How long were you in this role and what drew you to it?

2. From your perspective, what are the strengths and challenges of providing the ECSS support within MaineHealth's systems?
    a. What about specifically considering integrating into the pediatric care team?

3. What are lessons learned and opportunities for refinement?
    a. Any specific lessons learned or successes of working with community organizations?

4. In what ways has this role supported families? Please consider,
    a. Parenting skills
    b. Socioeconomic supports

    Can you provide specific examples of what that looked like for families?

5. Do you think this role helps families feel more supported by their pediatric provider?

6. If you had to boil it down, what are the key components of the program that are essential to its success?

7. Do you have anything else to share?

Conclusion

Thank you so much for your time today. You have shared experiences and insights that are invaluable. If there is anything further that comes to mind that you would like to share, please e-mail or call me.

End