

**INDIANA STATE DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH DIVISION**

**Appendix H
Indiana's Early Start Program
Service Standard**

Program Description

Through Indiana's Early Start program, Indiana State Department of Health Maternal Child Health Division (ISDH MCH) seeks to fund local agencies to provide supportive services to women in order to reduce barriers to accessing early care in the first trimester of pregnancy or preconception counseling to women who identify as not pregnant.

Applicants are required to provide access or referrals to medical, social, educational, and other services to women of childbearing age. Indiana's Early Start program components include, but are not limited to, outreach, assessment, time-limited care plan development and monitoring, prenatal health education, contraceptive education, nutrition counseling and social service referral.

In order to ensure coordination with local support services to women early in pregnancy, **Letters of Support** with the local WIC office and local Division of Family Resources (DFR) Office are essential to the success of this program.

Provider/Staff Qualifications

A competent staff is vital to the success of the Early Start program. Each site has the ability to integrate the program in the departments or areas of their organization that best serve the participants.

Indiana's Early Start programs are required to have a service coordinator capable of completing a basic health assessment (i.e. - a community health worker or nurse).

A facilitator must possess a bachelor's degree in health, health education, nursing, social work, public health or a related field, hold a Community Health Worker certification, or the ability to document previous experience in women's health.

The project must have access to a physician or nurse practitioner to provide appropriate care to the identified population.

Outreach

Outreach to all women of childbearing age is a priority. Outreach includes offering pregnancy tests at no cost to the patient, community engagement such as participating in community health fairs, and linking all women of childbearing age to a medical home and community resources for optimal reproductive care.

Required Components of Service or Program

Throughout the service, program staff directly connect with pregnant women and provide positive supportive services. Staff also work with other local partners to assist eligible patients through the enrollment process for Medicaid, WIC, and other relevant community resources.

This program aims to provide support services for pregnant women through:

- Direct Services
- Referrals/linkages to care
- Navigation and enrollment in health insurance
- Outreach
- Follow-up

Eligible Population

All women of childbearing age who is sexually active, believes she may be pregnant or are pregnant, but not yet being seen regularly by a primary care provider for prenatal care are eligible to participate in this program.

Required Service Components

At the first visit, every woman enrolled in the Early Start program will receive:

- Pregnancy Testing
- Sexually Transmitted Disease (STD) / Sexually Transmitted Infection (STI) Testing
- Health and Pregnancy History
- Overall Women's or Prenatal Risk Assessment
- Social Determinates of Health Assessment Nutrition Assessment
- Height/Weight/ BMI
- Prenatal Labs, if applicable
- Dispense Women's Multi or Prenatal Vitamin
- Trimester Education, if pregnant
- Contraceptive Education, if not currently pregnant.
- Discussion of Non-Healthy Habits with referrals
- Medicaid Enrollment, if eligible
- WIC Referral, if applicable
- Social Services Referrals

Prenatal Care Coordination Referral, if applicable. The visits following the first, are dependent on the needs of each woman.

Pregnant women, regardless of risk, are referred to a sponsoring physician within 1-2 weeks. The Early Start Coordinator will schedule regular check in appointments with the woman until Medicaid is obtained or a warm hand off to prenatal care physician takes place. Women who are identified as not being pregnant should be referred to a local family physician to assist her in finding a medical home.

Women of childbearing age that may qualify for Medicaid but are not already enrolled, must be assisted through the process of presumptive eligibility, completing the Medicaid application, finding a provider that meets their needs, and any support needed for completing this process and making it to the first appointment. Indiana's Early Start providers are encouraged to link

pregnant women in need of assistance in obtaining Medicaid or healthcare insurance to the MOMs Helpline (go to <http://www.in.gov/isdh/21047.htm> for additional information).

The grantee shall maintain communication with all pregnant participants throughout the duration of their pregnancy and up to three months following delivery to offer supportive referrals and document pregnancy outcomes.

Regular face-to-face visits with pregnant women are a requirement of the program, whether in the participant's home, at a provider's office, or another community setting. Visits and communications for pregnant women are scheduled monthly with the participant throughout their pregnancy and until three months post-delivery.

If a woman identifies as not pregnant, contraceptive counseling should be provided. While the Early Start Coordinator is not responsible for writing a prescription, insertion, or placement,, educating on methods such as hormonal, barrier, or fertility awareness, and long-acting reversible contraceptives (LARCs). Women's multi-vitamins that contain folic acid should be provided.

Early Start programs are required to provide additional follow-up telephonically or with web-based technology to remind members of appointments, and to convey additional information.

An annual site visit will be conducted by one or more ISDH MCH staff within the grant period. During this visit, the grantee will be asked to present current program activities, emerging issues, outreach efforts, and data. Additionally, one time during the grant cycle each site will be asked to attend an Indiana Early Start meeting with other grantees. This meeting will allow grantees to network, learn from others and provide insight to ISDH MCH for the Title V Needs Assessment. Expenses for travel are allowable and may be included in the proposed budget.

Data Collection Methods/Reporting

The grantee is required to implement a standardized process for data collection that meets the requirements for data reporting.

The expected number of participants enrolled will be a stated objective and monthly and quarterly reporting will be used to measure ongoing performance.

The grantee will be required to report to ISDH the following:

- Number of pregnancy tests
- Number of positive and negative test results
- Number of women who participated in contraceptive counseling, if identified as not pregnant
- Participant engagement and retention
- Prenatal assessment indicators
- Type of social service referrals
- Demographics of participants
- Hand-written comments and success stories
- Birth outcomes

Expected Outcomes (detail of goal, outcomes, and measurements)

Primary goal of Early Start is 1) the early identification of pregnant women and their early entrance into prenatal care (within the first 12 weeks of gestation) and 2) health education to women who are not pregnant.

Program success will be assessed through the following performance measures and their corresponding data points:

- Increase the percent of pregnant women receiving prenatal care in the first trimester.
- 100% of women receiving Early Start services will have a BMI assessment and education on appropriate weight gain and nutrition
- Prenatal education will be provided to 100% of all women at the initial appointment
- 100% of participants that use tobacco products will be provided with information and referral to a cessation program
- 100% of women receiving Early Start services will receive education about folic acid
- 100% of all pregnant women found to be at high-risk at the time of the Early Start assessment will be seen by a physician within two weeks of referral
- 100% of women who are not pregnant are counseled on birth control options