My Healthy Baby

Connecting Indiana Families to Pregnancy & Infant Support

Indiana Department of Health

Indiana Family & Social Services Administration

Indiana Department of Child Services

My Healthy Baby Home Visiting Standards

Version 3, November 2024

Introduction and Purpose

My Healthy Baby is a collaboration between the Indiana Department of Health, the Indiana Family and Social Services Administration, and the Indiana Department of Child Services. The program was established by House Enrolled Act 1007, which was signed into law by Gov. Eric Holcomb in 2019.

The goal of this program is to identify women early in their pregnancies and connect them with home visiting (HV) programs that will provide personalized guidance and support to a woman during her pregnancy and at least the first 12 months after her baby's birth.

The My Healthy Baby Initiative partners with perinatal home visiting programs from various models in the State of Indiana to provide services to eligible pregnant and postpartum women.

These standards identify and define commonalities across program types and lay out core expectations for programs that participate in My Healthy Baby. This ensures that clients referred by My Healthy Baby will have access to a core set of resources and support, regardless of what model the participating agency follows.

The Indiana My Healthy Baby program acknowledges the work of the New Mexico Children, Youth and Families Department, whose New Mexico Home Visiting Standards (October, 2014, available at https://cyfd.org/docs/Home_Visiting_Program_Standards_October_2014.pdf) created a foundation for our conversations. This document draws heavily on their work.

HV Standard Area 1: Program Participation

This standard addresses target population, prioritization, recruitment requirements and periodicity, duration and intensity. Programs are required to be voluntary and free.

1.1 Eligibility

1.1.a. The program has written protocols that guide program admission, length of stay, and discharge criteria.

1.1.b. The program's written eligibility criteria include families and children prenatal to at least 12 months postpartum, as defined by model and funding source.

1.1.c. Services are always provided at no cost to each family and are voluntary.

1.1.d. The program has a defined, written procedure for situations when the demand for services exceeds service capacity.

1.1.e. The program has a defined, written procedure for assessing whether a family is already enrolled in another home visiting program, and for minimizing duplication of services.

1.1.f. The program maintains documentation of the number of families not accepted for home visiting services and the reasons why this determination was made, and referrals made to other service programs (if applicable).

1.2 Recruitment

1.2.a. The program has a written recruitment plan that ensures early identification of pregnant women and families who may benefit from home visiting services.

1.2.b. The program actively considers how to reach all eligible populations and groups within their community with a special focus on groups that experience disparities or higher risks for adverse outcomes.

1.3 Program Participation

1.3.a. The program procedures and practices ensure a continuum of services is provided to families based on family preferences, needs, strengths and risk factors. Services are designed to be flexible to meet the needs of each family within their community.

1.3.b. If the program implements an evidence-based model or promising approach, program procedures and practices ensure adherence to model fidelity, within the context of the Indiana My Healthy Baby Home Visiting Standards.

1.3.c Program will document consent from the client agreeing to voluntarily participate in the program.

1.3.d Programs will provide an opportunity for client and families to give feedback on their experience within the home visiting program.

1.3.e. Programs will provide information on where clients can easily report any negative experiences they have within the program.

1.3.f. Program procedures and practices ensure that the majority of visits are spent in direct contact (face-to-face) in the home with families. In addition, each family must have at least one visit in direct contact during each quarter. Justification for other types of visits (e.g., telehealth) must be documented, in line with the program model.

1.4 Disenrollment & Transition

1.4.a. The program has written procedures for the disenrollment of families. Reasons for planned and unplanned disenrollment are documented.

1.4.b. Program procedures and practices ensure that transition planning occurs with families and is documented. Planned disenrollment must include a documented transition plan.

HV Standard Area 2: Culturally Responsive and Relevant Practices

This standard relates to the service delivery practices necessary to work effectively and equitably with people from a variety of abilities, languages, identities, realities as well as ethnic, cultural, political, economic, and religious backgrounds. Culturally responsive and relevant service delivery practices are implemented while taking into consideration the dynamics and structure of each family as they define themselves.

2.1. When possible, home visitors should reflect the community they are serving, culturally, linguistically, ethnically, or through lived experience.

2.2. The program ensures that each home visitor is trained and supported to implement culturally responsive and linguistically appropriate practices to communicate effectively and demonstrate respect for the uniqueness of each family's culture.

2.3. Program procedures and the materials used with families are relevant to the population being served. Reasonable accommodations are made as necessary to support the individual culture and circumstances of each family.

HV Standard Area 3: Relationship-based Practices

This standard establishes the process, tools, and strategies to focus on parent-child bonding and healthy emotional attachment and work with all members of the family who want to participate.

3.1. Program procedures and practices ensure that home visitors are trained and supported to view relationships as the focus of the work.

3.2. Programs include father engagement strategies.

3.3. Home visitors utilize validated screenings, assessments and/or curricula that focus on strengthening the parent-child relationship.

3.4. Home visitors utilize a validated tool to screen for postpartum depression.

> 3.4.a. If a client screens positive for postpartum depression, the home visitor provides a referral to the appropriate services.

3.5. Program's parent satisfaction survey will contain a measure to indicate if the family feels they have a positive relationship with their home visitor.

HV Standard Area 4: Family Goal Setting

This standard describes individualized goal setting with the family.

4.1. Goals must be established and revisited regularly with each family and be individualized and clearly reflect what each family hopes to accomplish for their child and themselves by participating in home visiting services. Elements used in developing goals may include family input, supporting the parent-child relationship and results of screenings.

4.2. Home visitors will complete an individualized plan to assist clients in achieving their goals, needs, and hopes; and will monitor progress toward goal achievement.

4.3. Programs must include at least one question on their family satisfaction survey related to how their home visitor worked with them to develop and/or achieve their goals.

HV Standard Area 5: Curriculum and Program Implementation (Service Delivery Approach)

This standard relates to the curriculum/model/approach to home visiting the program has adopted.

5.1. Program selects a model/curriculum/approach that ensures that the following visits are accommodated:

- prenatal visits
- post-partum visits
- visits with families of children up to at least 12 months

5.2. Each program will ensure that home visitors receive the training appropriate to the selected curriculum/model/approach.

5.3 Program procedures and practices ensure that home visits include, at a minimum, the following components:

- informed consent
- support of parent-child relationship
- support and assistance to access health care
- assessment for social determinants of health and possible risk factors
- addressing safety concerns and high-risk scores with families
- providing developmental guidance
- referral and follow-up to formal and informal community resources

5.3.a. Program procedures and practices ensure that when a safety risk is identified or suspected for the family, the program: assesses immediate safety risks, refers to other community providers as appropriate, and supports linkages and collaboration with other needed services to minimize the risk.

5.3.b Staff must be trained on mandatory reporting requirements.

HV Standard Area 6: Program Management Systems

This standard outlines the systems that must be in place for strategic planning and continuous quality improvement.

6.1 Strategic Planning

6.1.a. Program must develop a written plan that includes, at a minimum, provisions for:

- Ongoing recruitment of families
- Selection and enrollment of children and families
- Service delivery area
- Collaborative relationships and activities
- Expansion priorities, if any
- Staff recruitment and retention
- Short- and long-term goals for implementing quality services

6.1.b. The plan is reviewed at least annually and revised as needed

6.2 Continuous Quality Improvement

6.2.a. Programs will implement a continuous quality improvement process to improve program quality.

6.2.b. Program procedures and practices ensure that in addition to other tools, data is utilized for Continuous Quality Improvement.

HV Standard Area 7: Staffing and Supervision

This standard delineates the requirements for staff education level, experience and ongoing training, reflective practices, supervision, and professional development needed to fulfill their responsibilities.

7.1 Program Staff

7.1.a. Program procedures and practices define accepted caseload and ensure that the program hires adequate numbers of qualified personnel to be able to provide services.

7.1.b. Program procedures and practices ensure that all staff and contractors who have direct contact with clients or client records undergo at a minimum a background check, including a Child Protective Index (CPI) check.

7.1.c. Program staffing procedures ensure the existence of a home visiting team that is composed of knowledgeable and trained individuals. Individuals must hold a minimum of a high school diploma/GED and meet any other program- or model-specific requirements.

7.2 Staff Training

7.2.a. Program procedures and practices ensure that home visiting program staff are trained to effectively implement the model/curriculum/approach adopted.

7.2.b. The program maintains documentation that all home visiting staff are trained, at a minimum, in the following topic areas:

- Relationship-based practice
- Pregnancy and early parenthood, including:
- Breastfeeding
- Safe sleep
- Tobacco cessation
- Birth spacing
- Postpartum depression and mental health
- Parent child interaction
- Infant/child growth and development
- Infant/early childhood mental health
- Cultural responsiveness
- Community resources
- Use of validated screening tools
- Documentation/data entry
- Provisions and requirements of relevant federal and state laws including mandated reporting of child abuse and neglect
- Client rights

- Privacy and confidentiality, including data security and protection (e.g., HIPAA, cyber security, etc.)
- Personal safety

7.3 Ongoing Professional Development

7.3.a. Program policies, procedures and practices support continued professional development for staff in all roles, including home visiting staff and supervisors.

7.3.b. Program procedures and practices ensure that each home visiting staff member receives ongoing training and support to promote professional development, strength identification, and skill building.

7.4 Supervision Requirements

7.4.a. Program procedures and practices ensure home visiting staff receive supervision from a qualified and experienced supervisor, ideally with personal experience in home visiting programs, and with knowledge of the following areas: pregnancy and postpartum issues, early childhood and family development (including social and emotional development), and family-centered care.

7.4.b. Program procedures and practices ensure that supervisors support home visitors to integrate and implement information from trainings to help build skill and competence.

7.4.c. Program procedures and practices ensure that supervision includes clinical, administrative, and reflective components. Reflective components include providing opportunities for home visitors to reflect on the impact their work is having on them.

HV Standard Area 8: Community Engagement

This standard specifies requirements for programs to partner with agencies and groups that may work with the same families to ensure collaboration and avoid unnecessary duplication, and to work with community partners to ensure each family's access to the necessary continuum of family support services.

8.1 Collaboration

8.1.a. Programs cultivate community connections that they can collaborate with to assist in meeting goals or otherwise addressing the needs of families.

8.1.b. The program has a system for making referrals and tracking follow-up when the families are referred to community services, and documenting follow-up on referrals.

8.2 Community Education

8.2.a. The program participates in community meetings and events to raise awareness of program services.

HV Standard Area 9: Data Management

This standard relates to data collection and sharing to support collaboration, evaluation, and continuous quality improvement at the local and state levels.

9.1 Confidentiality

9.1.a. The program will maintain confidentiality of client information and maintain data protection and confidentiality policies.

9.1.b. The program will not disclose confidential information to any third party without client consent.

9.2 Consent

9.2.a. Program procedures and practices ensure that specific consent is obtained before sharing any identified data with other service providers. This consent is for a specified reason, a specifically identified provider and is time limited.

9.2.b. Program procedures and practices ensure that consent is obtained from every client allowing for data about their program experiences to be shared for defined purposes.

9.2.c. Clients must be able to revoke consent to share data and be aware of how to revoke consent. (Revocation may impact their ability to receive services.)