The West Virginia Right From The Start Project
Domestic Violence Intervention
June 1, 2007 – June 5, 2008

Few social programs can boast of professional, highly qualified, specially trained staff who are experienced in providing home based care coordination services to high risk pregnant women and their infants. Even fewer have demonstrated multi-generational outcomes that benefit society economically and reduce long-term social service expenditures. The Right From The Start Project (RFTS) is such a program, committed to producing enduring improvements in the health and well being of low-income parents and their infants. This voluntary home visiting preventive health focused program is delivered by educated and experienced registered nurses and licensed social workers known as Designated Care Coordinators (DCCs).

Right From The Start works with approximately 78 community agencies throughout West Virginia under contract to provide care coordination and enhanced education services to high risk pregnant women through 60 days postpartum and infants up to age one year. The State is divided into eight (8) regions for management of RFTS. Each region has a Regional Care Coordinator (RCC), a registered nurse, overseeing the activities of DCCs. In addition to assigning patient referrals and promoting the Project, the RCC coordinates training and education for DCC staff, and recruits obstetrical care providers and designated care coordination agencies. The Prenatal Risk Screening Instrument (PRSI) is completed upon referral to RFTS and identifies prenatal risk factors. The risk factors for the program include, but are not limited to, medical complications, nutritional needs, and psychosocial factors which include domestic violence.

The 184 DCCs are dedicated to the core public health function of assisting with access to early and adequate prenatal health care. In addition to RFTS DCCs, there are many obstetricians, nurse practitioners, nurse midwives and family practice physicians in West Virginia and bordering states who have working relationship agreements with the RFTS Project to provide quality obstetrical and delivery care to pregnant women. The medical practitioners serving pregnant women participating in RFTS and the DCCs share care plan activities and information.

Right From The Start care coordination components include an in-home assessment to identify barriers to health care, an individually designed care plan to meet the patient's needs, community referrals as necessary, follow-up and monitoring. Care coordination services are provided to families in the privacy of their own homes or other agreed upon locations. Another crucial component of RFTS is health education which includes preventive self-care such as the signs of pregnancy complication, smoking cessation, childbirth education, parenting education and nutrition counseling. The RFTS Project also assists women in accessing transportation to medical appointments through a community-based initiative called the Access to Rural Transportation (ART) Project, which provides money to defray transportation expenses for medical care.

Nationally, federal health agencies, insurance companies, health researchers, and policy groups promote the need for a "continuum of care" with patients. It is recognized that continuity of coordinated, quality care is the best model of care for patients and a cost effective method for providing and paying for services. A continuum of care is best achieved through consistent access to quality health providers and services. Gaps in care result in increased need for intensive and crisis care, which results in higher costs for health care services. Research supports greater patient compliance with care plans when positive relationships with health care providers are well established, and in the instance of RFTS, the caring relationship includes the DCC and the medical prenatal practitioner.

The Right From The Start Project has utilized the established DCC network of registered nurses and licensed social workers to provide this model of care since the 1980's. Because of this strong network, West Virginia's access to first trimester prenatal care rate has improved from 60-70% in the 1980s to 81.5% in 2006 (West Virginia Vital Statistics 2006). The nationwide percent for first trimester prenatal care access was 86.1% in 2005 (latest data available). This correlates with intense care coordination and support provided by Right From The Start staff to families in rural West Virginia.

West Virginia has struggled with the incidence of low birth weight infants. Birth weight is the single most important predictor of survival. Low birth weight is defined as a weight of less than 5 ½ pounds (2,500 grams) at birth and may result from preterm birth (before 37 weeks) or poor fetal growth for a given duration of pregnancy (intrauterine growth retardation) or both. In the United States, most infant deaths are associated with low birth weight. Risk factors for preterm birth and low birth weight include: previous preterm and/or low birth weight birth, multiple births, smoking, unplanned pregnancy, infections, poor nutrition, lack of access to adequate and early prenatal care, harmful substance abuse, and domestic violence.

WV Health Statistics Center data prove that although access to first trimester prenatal care in West Virginia is approximately 82%, the State continues to experience a higher than average number of babies born preterm and/or low birth weight. In 2006 there were 2,020 low birth weight infants born to WV residents or 9.7% of all births.

West Virginia has serious perinatal health care issues such as smoking among pregnant women, premature deliveries, and low birth weight infants. To respond to these issues, the Office of Maternal, Child and Family Health has woven together a patchwork of funding streams to create a system of health care for women, infants and children. OMCFH maintains strong partnerships across the State with the medical community and private sectors, as well as community health centers and local health departments, in an effort to assure continued access to quality care.

The OMCFH and West Virginia University collaborate to provide services to high-risk pregnant women and infants through the Healthy Start, Helping Appalachian Parents and Infants (HAPI) Project. The HAPI Project focuses on helping women become healthier before becoming pregnant, encourages spacing of pregnancies, and focuses on mental health issues such as postpartum depression. A companion project to RFTS, the HAPI Project, uses the existing RFTS DCC network to assess needs and deliver services to at-risk women and infants in accordance with standard RFTS Project protocols, but services are expanded to include the preconception phase as well. Initially started in four (4) West Virginia counties, the HAPI Project has been expanded to eight (8) counties, with the addition of new service components (oral health services, substance abuse screening and referral, and outreach services utilizing former consumers).

In 2005, a total of 13,661 domestic violence allegations or incidents were reported in West Virginia, with thirty-three of the incidents resulting in death. West Virginia Uniform Crime Reports consistently show that approximately 33% of all homicides in the state are related to domestic violence. An average of two domestic violence homicides occur each month in West Virginia, an average that has held steady since the late 1970's. Domestic violence is a precursor of child abuse and neglect.

Spousal domestic violence is more prevalent during the time that a couple experiences pregnancy. Data obtained from the Prenatal Risk Screening Instrument (PRSI) for 2006 listed domestic violence as one of the top four risk factors for the first time in RFTS data collection history. Data for the Project for 2007 list domestic violence as the 5th top client-reported risk factor. This suggests that RFTS DCCs establish trusting relationships with pregnant women, which elicits disclosure of this sensitive issue. The RFTS DCCs are experienced in recognizing signs and symptoms of domestic violence among pregnant women, are trained on how to interview women in a safe environment and to refer to community resources for intervention when indicated.

Depression among mothers in the months after delivery has surfaced as an important maternal and child health concern. Many West Virginia pregnant women are at risk for postpartum depression, since the population includes a large number of women who are low-income, medically indigent, uninsured/underinsured, have less than a high school education, lack resources, experience domestic violence, and use harmful substances. The RFTS Project screens pregnant women for depression at or near the time of delivery and then again prior to sixty (60) days postpartum. The RFTS Project has clear guidelines for referral criteria, based on scores obtained on the depression screening tool.

When women are discharged from the RFTS Project at sixty (60) days postpartum, protocol mandates referral to a family planning resource if the client has not chosen a method of contraception. WV Family Planning Program clinics offer counseling, birth control specific to future planned pregnancies, management of current pregnancies, or other individual concerns (i.e., nutrition, sexual concerns, substance use and abuse, sexual abuse, domestic violence, or genetic issues), as well as free or reduced cost contraception.

RFTS Project data for 2007 show 64% of enrolled pregnant women qualify for Intensive Level of Care. According to Project protocol for assigning levels of care triggers qualifying a pregnant woman for "Intensive Level" include great conflict with significant other, a history of family violence/physical abuse and lacking a support system in times of stress.

Attachments A, B, and C contain 2007 RFTS Project patient self reported data of women who said they experienced conflict in the home and/or abuse in the past year. The data are reported either by a prenatal client or the mother of an infant client at the time of completion of the RFTS Initial Assessment and development of the Service Care Plan. It is reasonable to assume the number of Project participants who reported conflict and/or abuse in comparison to the true number of client experiences is lower. This assumption can be made because the Designated Care Coordinator completes the assessment with the client on the first home visit and client trust/rapport has not yet been established.

Attachment A lists statewide Project data collected between June 1, 2007 and June 5, 2008. Out of 4,404 Initial Assessments, 444 women reported physical, verbal, sexual or some other type of abuse. Attachments B and C list the number of women who reported either conflict in the home or abuse in the past year and list the types reported.

The Right From The Start Project staff and community partners understand and embrace the philosophy that meeting the health care needs of women requires a comprehensive, multidisciplinary approach to include social, cultural, economic, and physical environments; financial and physical access to health care services; provider and partner awareness of the need for health services; and measurement of outcomes.

Attachment A

OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH

RIGHT FROM THE START PROJECT
REPORTED ABUSE
(at time of Initial Client Assessment)
June 1, 2007 to June 5, 2008
Types of Abuse: Physical/Verbal/Sexual/Other

HANCOCK
BROOKE
OHIO
MARSHALL
WETZEL
MONONGALIA
MARION
TYLER
PLEAS-ANTS
TAYLOR
PRESTON
WOOD
DODD-RIDGE
HARRISON
RITCHIE
BARBOUR
WIRT
TUCKER
GILMER
LEWIS
CAL-HOUN
UPSHUR
JACKSON
MASON
ROANE
RANDOLPH
BRAXTON
PUTNAM
WEBSTER
CLAY
CABELL
KANAWHA
NICHOLAS
POCAHONTAS
LINCOLN
WAYNE
BOONE
FAYETTE
GREENBRIER
MINGO
LOGAN
RALEIGH
WYOMING
SUMMERS
MONROE
MERCER
MCDOWELL
MORGAN
BERKELEY
JEFFERSON
HAMPSHIRE
MINERAL
GRANT
HARDY
PENDLETON

Region	Count
Region I	44
Region II	58
Region III	58
Region IV	44
Region V	38
Region VI	39
Region VII	144
Region VIII	19
Total	**444**

Total Client Assessments = 4404

WVDHHR/BPH/OMCFH/DPWH/PP/June 13, 2008

Right From The Start Project
Reported Abuse in the Past Year
(at time of Inital Client Assessment)
June 1, 2007 - June 5, 2008

140
120
100
80
60
40
20
0

67 61 11 25 131 121 28 10

Infant Assessments (Reported by mother of infant)
- Physical
- Verbal
- Sexual
- Other

Prenatal Assessments
- Physical
- Verbal
- Sexual
- Other

Right From The Start Project
Reported Current Conflict in Home
(at time of Intital Client Assessment)
June 1, 2007 - June 5, 2008

Current Conflict in Home	Parents	Partner	Others
Infant Assessments (Reported by mother of infant)	73	63	54
Prenatal Assessments	72	113	68

Y-axis: 0, 20, 40, 60, 80, 100, 120

Current Conflict in Home:
Infant Assessments (Reported by mother of infant)
- Parents
- Partner
- Others

Current Conflict in Home:
Prenatal Assessments
- Parents
- Partner
- Others

WVDHHR/BPH/OMCFH/DPWH/PP/RFTS/6-10-08