



# Program Site Training Guide

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Version: October 2010

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This guide will provide an orientation for program site staff.  
If viewing this guide electronically, please click on any of the headings below.



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# Program Site Training Guide

## National Healthy Start Association

### Vision, Mission, Goals and Objectives

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## Vision & Mission

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### I. Vision

A recognized leader in and advocate for reducing infant mortality and perinatal disparities and the hub for maternal and child health programs and services.

### II. Mission

The mission of the National Healthy Start Association is to promote the development of community-based maternal and child health programs, particularly those addressing the issues of infant mortality, low birthweight and racial disparities in perinatal outcomes.

As part of its mission, the NHSA supports the expansion of a wide range of activities and efforts that are rooted in the community and actively involve community residents in their design and implementation.



## Goals and Objectives

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- I. Educate its members, the public at large, federal, state and local policymakers and elected officials on the need for and effectiveness of community-based programs to reduce **infant mortality, low birth weight, and racial disparities** in perinatal outcomes.
- II. Provide a nationwide communications and technical assistance network for the exchange and dissemination of "models that work."
- III. Increase public awareness concerning the needs of pregnant women, infants, children and families.
- IV. Identify common factors that impact maternal and child health status and develop strategies to sustain Healthy Start and other community-based maternal and child health programs.
- V. Collect and analyze data and publish reports on evaluation findings and lessons learned from Healthy Start programs.

For more information, visit <http://www.healthystartassoc.org/>



## Program Site Training Guide Data on Infant Mortality State & Local Data

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### Minnesota Department of Health Data

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#### I. Disparities in Infant Mortality Report

Please review the report at

<http://www.health.state.mn.us/divs/chs/infantmortality/infantmortality09.pdf>.

#### II. American Indian Infant Mortality Review Project Report

Please view the report at

<http://www.health.state.mn.us/divs/fh/mch/mortality/documents/amindianreport.pdf>.



### Minneapolis Department of Health & Family Support Data

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#### I. Infant Mortality Report

Please review the Monitoring Infant Mortality in Minneapolis and St. Paul report at

<http://www.ci.minneapolis.mn.us/dhfs/TCHS.pdf>.



### TCHS Data

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#### I. 2009-2014 Twin Cities Healthy Start Eligible Project Area and Eligible Populations Report

The data in this report made TCHS eligible for the 2009 – 2014 grant based on the rates among the African American and American Indian communities. Please review the report at <http://www.ci.minneapolis.mn.us/dhfs/TCHSEligibility.pdf>.

#### II. Current Site Reports

Please review data on who has been served at the TCHS program sites is at

<http://www.ci.minneapolis.mn.us/dhfs/TCHSSiteSource.asp>



## Program Site Training Guide

MDHFS

Vision, Mission, The Way We Work and Goals

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### Vision & Mission

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#### I. Vision

Health, equity, and well-being for all people in their communities

#### II. Mission

To promote health equity in Minneapolis and meet the unique needs of our urban population by providing leadership and fostering partnerships.



### The Way We Work

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- I. We build on our urban community's cultural diversity, wisdom, strengths, and resilience.
- II. We support individual health within the context of families and communities across the lifespan.
- III. To achieve health equity, we invest in the social and physical environments of our residents.
- IV. We bring people and resources together to achieve our common health goals.
- V. Sound research and promising strategies inform our activities and decisions.
- VI. We promote health as the interconnection of physical, mental, social, and spiritual well-being.



## Program Site Training Guide

MDHFS

Vision, Mission, The Way We Work and Goals

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## Goals 2015 - 2015

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### I. Strong Urban Public Health Infrastructure

- a. City and community prepared for emergencies – now and in the future
- b. Health care safety net for everyone who needs it
- c. Staff .... Diverse, engaged, skilled

### II. Healthy Weight Through Active Living and Healthy Eating

- a. Affordable and accessible healthy choices for all ages and abilities
- b. Opportunities to grow, prepare and distribute food locally
- c. Communities informed and engaged for healthy environments

### III. Healthy Sexuality and Relationships

- a. Prevent teen pregnancy
- b. Sexually Transmitted Infections/HIV rates declining

### IV. Thriving and Violence Free Youth

- a. Communities engaged in parenting & mentoring youth
- b. Invest in activities that promote skills, strengths & contributions of youth
- c. Re-engaging disengaged youth

### V. A Healthy Start to Life and Learning

- a. Healthy homes – lead and smoke-free
- b. Thriving babies
- c. School-ready children



# Program Site Training Guide

## TCHS: Program Framework

### Mission, Purpose & Facts

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## Mission & Purpose

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### I. Mission

To reduce the infant mortality rates in the Minneapolis and St. Paul African American and American Indian communities.

### II. Purpose

- a. To establish a comprehensive and coordinated approach to reduce infant mortality throughout Minneapolis and St. Paul among the African American and American Indian communities.
- b. To enable and empower these communities to create permanent institutional responses to the problem of infant mortality.
- c. To improve access to health care and social services for women and their families.

### III. Beneficiaries

- a. All women residing in Minneapolis and St. Paul regardless of race/ethnicity who are defined by program criteria as at risk psychosocially for poor birth outcomes.



## Program Site Training Guide

### TCHS: Program Framework

#### Mission, Purpose & Facts

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### Facts

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- I. The average infant mortality rate from 2006 to 2008 was 7.9% (up from 6.1% for the previous three-year period). The total number of deaths from 2006 to 2008 was 149 compared with 113 from 2003 to 2005. Deaths are highest in the African American and American Indian communities.
- II. In 2009, 878 pregnant women were screened at TCHS sites and 478 women were provided case management services.
- III. Core services are provided for pregnant women through their baby's second year of life. Activities include case management, health education, community based consortium and a plan that mobilizes community-based organizations and local, state, public and private providers to identify and eliminate barriers to quality, family-centered services.
- IV. Directed by a community-based consortium comprised of local health departments, social and health providers, educational institutions, community based agencies, faith based agencies and community members.
- V. TCHS has provided services since 1999 and is one of 100+ projects nationwide.
- VI. Founded in 1991, the National Healthy Start Initiative was established on the premise that community driven strategies were needed to address the cause of infant mortality and low birth weight, especially among high risk populations. Focus is on strengthening community systems knowledge of maternal and infant care and work with communities to address the medical, behavioral, social services and cultural needs of women and infants.



# Twin Cities Healthy Start Program Framework

## Core Services

- Program Participant Recruitment
- Eligibility Screening (Prenatal Risk Overview)
- Assuring Medical Home
- Case Management and Referrals
- Depression Screening (PRO and PPRO)
- Health Education
  - Smoking Cessation
  - Prevention, Testing and Treatment for STDs
  - Preterm Labor
  - Safe Infant Sleep Practices
  - Substance Abuse Prevention
  - Other Risk Behaviors as Needed
- Inter-conception Services

## Community Connections

- Community Participant Health Education
- Linkages with Community Health Care Centers and Social Service Agencies

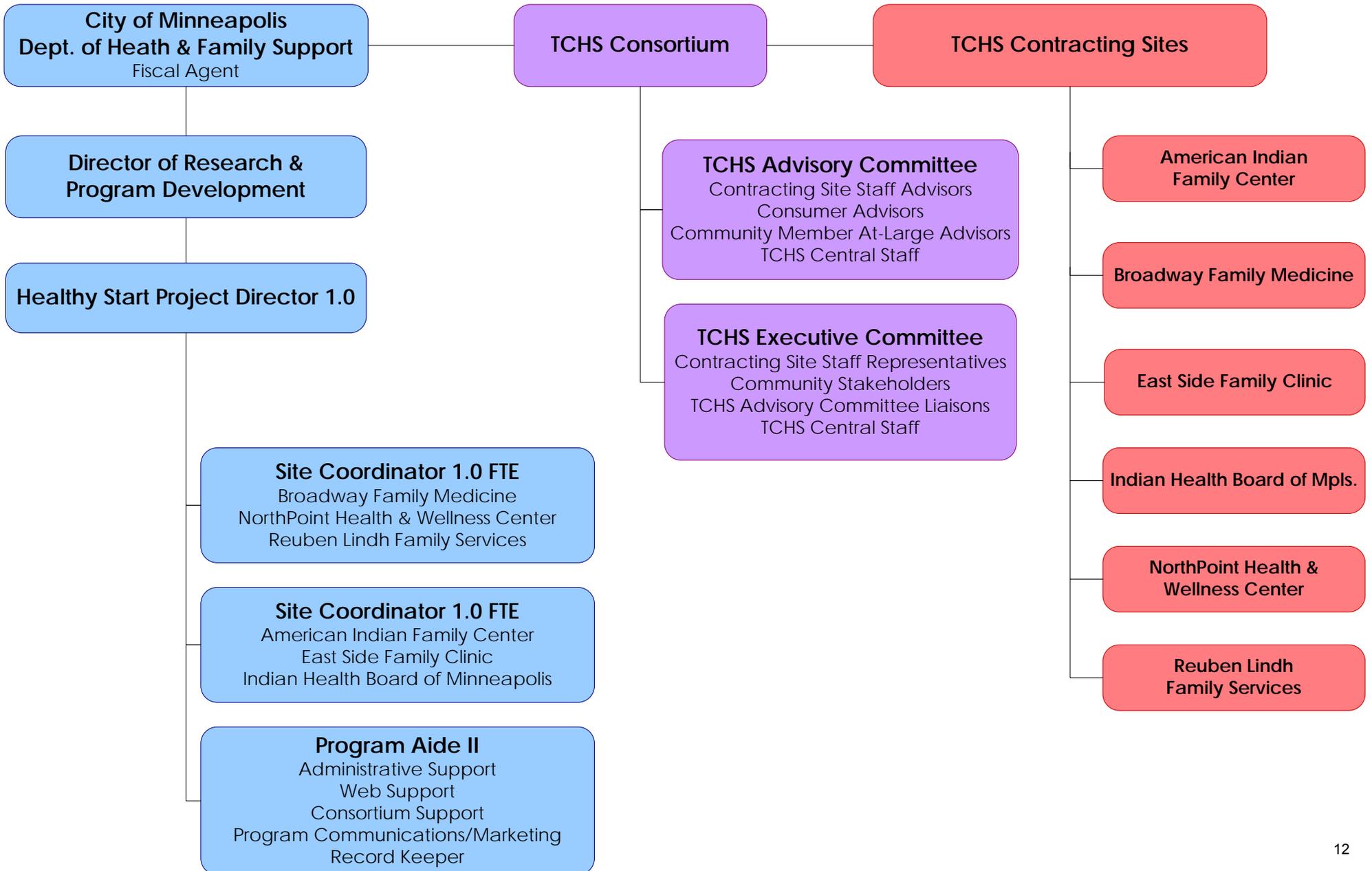
## Core Systems

- Development & Implementation of Local Health System Action Plan
- Consortium
- Collaboration with Title V, MCH, Title X, Family Planning and other Federal and State Programs
- Sustainability Plan



# Twin Cities Healthy Start Organization Chart

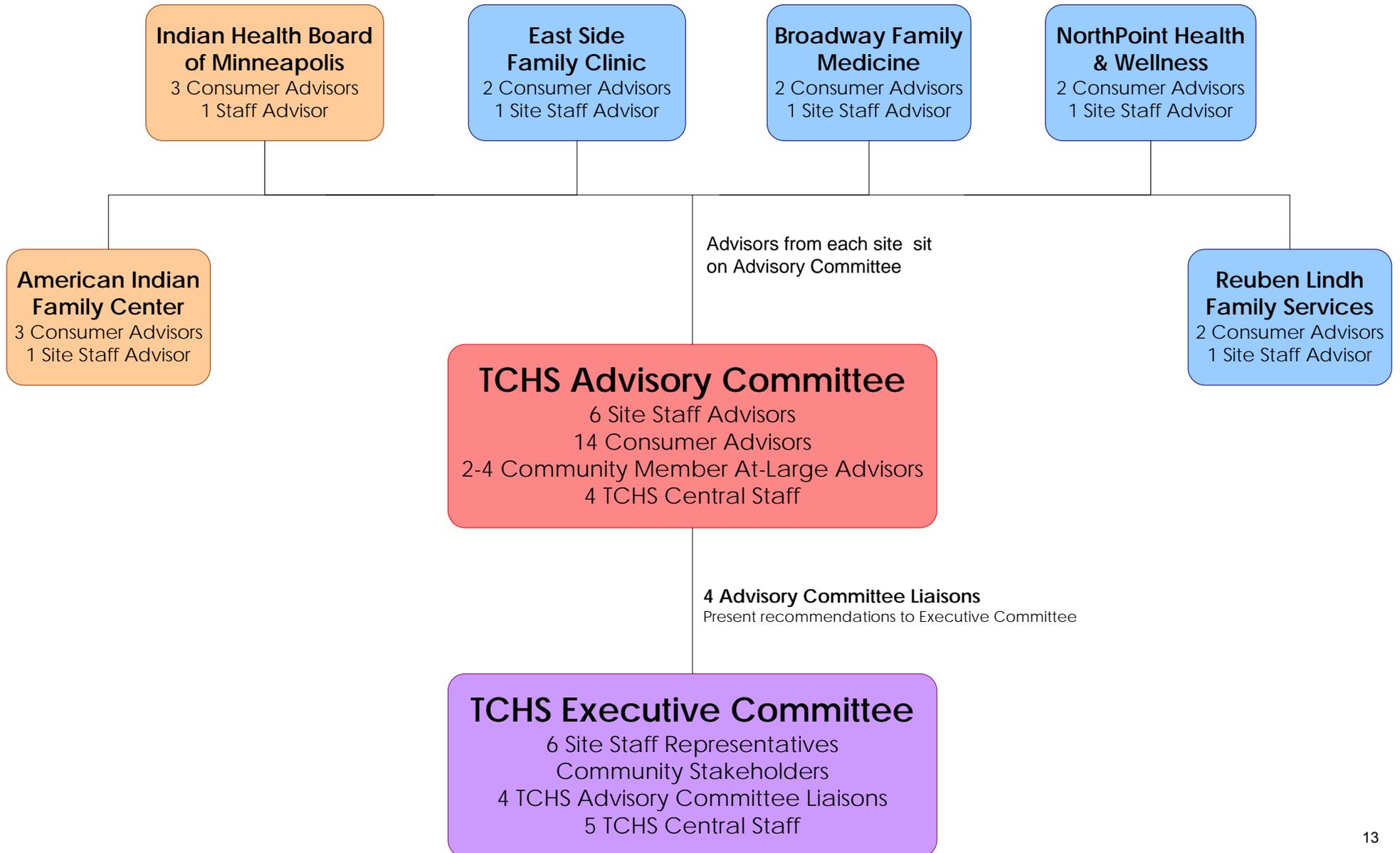
6/7/2010





# Twin Cities Healthy Start Consortium Model

Approved by Executive Committee 3/23/10, Updated 6/7/10





## **TWIN CITIES HEALTHY START INITIATIVE BY LAWS**

### **MISSION STATEMENT**

The mission of Twin Cities Healthy Start (TCHS) is to reduce infant mortality and improve birth outcomes among the Minneapolis and St. Paul African-American and American Indian communities.

### **ARTICLE I: Name**

The name of this project is Twin Cities Healthy Start (TCHS)

### **ARTICLE II: Purpose and Strategies**

The purpose of the TCHS is to establish a comprehensive and coordinated approach to reduce the disparities in infant mortality throughout Minneapolis and St. Paul among the African American and American Indian communities, to enable and empower these communities to create permanent institutional responses to the problem of infant mortality, and to improve access to health care and social services for women and their families.

The project operates by contracting with community-based health centers and social service agencies to provide direct services to program participants, and by collaborating with government and community partners to advocate for and implement changes in the service delivery system to better meet the needs of pregnant women, mothers of infants, and their families.

To achieve the program goal, the program will:

1. Utilize a consortium of stakeholders in the communities to discuss, plan, and provide unique community activities and training that strengthen and empower perinatal health in the African American and American Indian communities, and establish perinatal health standards that will be shared throughout the community;
2. Assure that seamless, unduplicated services from multiple service providers meet each consumer's and family needs in a respectful, culturally competent manner that promotes each family's strengths and self-care capabilities.
3. Provide respectful, culturally appropriate education that promotes healthy perinatal beliefs and self-care, through messaging at sites frequented by the target population and through selected mass media outlets;
4. Provide holistic, respectful, culturally competent perinatal services that can be replicated throughout the Minneapolis and St. Paul perinatal system;



### **ARTICLE III: Organizational Structure**

#### **THE GRANTEE AGENCY**

The Minneapolis Department of Health and Family Support (MDHFS) is the grantee agency for TCHS. It is responsible for administering the project and is accountable for allocation and expenditure of grant funds. It has primary responsibility for monitoring the progress of the project toward its goals and objectives, including reducing the disproportionately high rates of infant mortality among Minneapolis and St. Paul's African American and American Indian communities. MDHFS hires Project Management staff, is responsible for establishing and supporting the Consortium, and coordinates the preparation and submission of all required reports and continuation applications.

The grantee agency will assure that Twin Cities Healthy Start Consortium's plans reflects the particular interests and comprehensive needs of the constituents in the identified target areas, and that these families are major stakeholders in the success of the project.

#### **PROJECT MANAGEMENT**

TCHS Project Management is responsible to the grantee agency and performs functions and tasks in support of the grantee and the TCHS Consortium. TCHS Project Management reports directly to the Director of Research and Program Development, Minneapolis Department of Health and Family Support.

#### **THE CONSORTIUM**

The Consortium is an expert resource for the grantee agency and the project on community engagement, program development and systems needs.

The Consortium consists of the Executive Committee and the Program Participant and Community Member Advisory Committee.



# Program Site Training Guide

## TCHS: Program Framework

By Laws (Version 10/10)

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### **EXECUTIVE COMMITTEE**

#### **Purpose and Functions**

The Executive Committee relates directly to Project Management, providing program oversight and assisting with policy development and program implementation activities.

Specific functions include:

- Reviewing project performance and making recommendations for improvements or program modifications.
- Developing an annual infant mortality-related community health education work plan;
- Contributing to the development, revision, and implementation of the Local Health Systems Action Plan;
- Reviewing the annual program budget and making recommendations regarding the allocation of resources, selection of subcontractors, and budgeting of grant funds;
- Establishing and overseeing the membership requirements and operations of the Program Participant and Community Member Advisory Committee.
- Establishing and overseeing the membership requirements and operations of ad hoc committees.

#### **Leadership**

The Executive Committee will be led by two co-chairpersons. One chairperson will represent the African American target population and one will represent the American Indian target population.

- Co-chairs may be nominated by voting members of the Executive Committee.
- Co-Chairs will serve a one-year term (June – May) with the option to renew for additional terms.
- The Co-chairs will be elected by a majority vote of the Executive Committee.



# Program Site Training Guide

## TCHS: Program Framework

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### **Membership**

Voting members serving indefinite terms include the following:

- One representative from each program site providing direct services under a TCHS contract.
- One representative from Hennepin County Human Services and Public Health department
- One representative from St. Paul-Ramsey County Department of Public Health
- One representative from Minnesota Department of Health and Minnesota Department of Human Services.
- Four liaisons from the Program Participant and Community Member Advisory Committee elected to fill this role by the advisory committee.
- One representative from any of the Minnesota Health Care Program prepaid health plans that serve the target populations in Minneapolis and St. Paul.
- Representatives of community-based agencies that serve program participants or advocate on behalf of infant mortality reduction and healthy birth outcomes shall be nominated and approved as deemed relevant to reducing infant mortality by the Executive Committee.
- Other community stakeholders as nominated and approved by the Executive Committee. These members shall serve a term of no longer than two years.

Non-Voting members include the following:

- Twin Cities Healthy Start project director
- Twin Cities Healthy Start program staff

### **Quorum**

Quorum for the Executive Committee shall be majority of voting members.



## Program Site Training Guide TCHS: Program Framework By Laws (Version 10/10)

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### **PROGRAM PARTICIPANT AND COMMUNITY MEMBER ADVISORY COMMITTEE**

#### **Purpose and Functions**

The Program Participant and Community Member Advisory Committee (known as the TCHS Advisory Committee) will serve as a forum for community-based agencies, consumers, community members and site staff to enhance and develop programming and resources for Healthy Start participants. The committee will also develop and review, marketing materials and outreach strategies to help reduce infant mortality.

The Advisory Committee will serve as advisory to the Executive Committee by identifying gaps in perinatal services, presenting concerns and ideas on how to enhance the Twin Cities Healthy Start program, recommending policy for the development of the Twin Cities Healthy Start program, including the identification of issues and services, and establishing priorities for those activities in Minneapolis and St. Paul

Members will also encourage eligible people to enroll in the program and help identify groups or organizations in the project area to respond to Requests for Proposal (RFP) that will increase or enhance services that are needed.

#### **Leadership**

Leadership will be shared by the Project Participant and Community Member At-Large Advisors. This will be done on a voluntary, rotating basis to encourage participation and leadership from all advisory committee members. TCHS program staff will guide the meeting and provide a food supplement and child care, as well as assume all administrative duties.

The advisory committee will elect four (two African American representatives and two American Indian representatives) liaisons to the Executive Committee. These liaisons will be voting members of the Executive Committee and present the advisory committee's recommendations. These liaisons may be nominated by members of the advisory committee and selected by a majority vote.



# Program Site Training Guide

## TCHS: Program Framework

### By Laws (Version 10/10)

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### **Membership**

Voting members in the Advisory Committee are limited to the following roles:

- **Program Participant Advisors** who act as a representatives for all program participants from their program sites. These advisors are selected through an application and interview process administered by the TCHS program sites.
- **Community Member At-Large Advisors** provide cumulative experience and knowledge of the impact on infant mortality in the Twin Cities community. A maximum of four community member at-large advisors are allowed on the committee.

Community member at-large Advisors must be residents of Minneapolis or St. Paul. These advisors will submit applications and be interviewed by the Twin Cities Healthy Start project management staff. Project management staff will then nominate candidates to the advisory committee. Community member at-large advisors are then selected by a majority vote by the advisory committee.

- **One staff member from each program site.**

Non-Voting members include:

- **TCHS project management staff**

The exact composition of the Advisory Group membership will be subject to a vote by the Executive Committee.

### **Quorum**

Quorum for the Program Participant and Community Member Advisory Committee shall be majority of voting members.

### **ARTICLE IV: Amendments**

The grantee agency upon the recommendation of the Executive Committee, and in consultation with the Program Participant and Community Member advisory Committee may amend these by-laws.



**Program Site Training Guide**  
**TCHS: Advisory Committee**  
 Description of Committee and Roles

The following model is being presented based upon feedback received from TCHS contracting sites, central staff and program consumers.



**Advisory Committee Representation: Consumer Advisors**

**I. Introduction**

- Each TCHS contracting site will have two – three consumer advisors for the TCHS Advisory Committee. Sites with three advisors will be those sites who primarily work with Native American consumers in order to balance out representation from other sites. The representation will be as follows:

Site	# of Consumer Advisors
American Indian Family Center	3
Indian Health Board of Minneapolis	3
Health Start @ Westside Community Clinic	2
Broadway Family Medicine	2
NorthPoint Health & Wellness Center	2
Open Cities Health Center	2
Reuben Lindh Family Services	2

- Consumer advisors will be asked for a commitment to serve for six meetings including an orientation, working meetings and orientation for new advisors.
- Consumer advisors are responsible for cultivating the next advisors within the site they represent. This can be done through site-organized programming and activities.
- TCHS central staff will provide job descriptions for the consumer advisors



# Program Site Training Guide

## TCHS: Advisory Committee

### Description of Committee and Roles

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#### II. Application Process

- The application process will take place over a two-week period.
- TCHS central staff will provide sites with advisory committee consumer advisor applications for distribution.
- Case Managers at the sites will extend invitations to consumers to represent their site on the advisory committee.
- Consumer advisor applicants must meet the following qualifications:
  - i. Enrolled in Twin Cities Healthy Start. All participants are welcome to apply to be a consumer advisor (including fathers).
  - ii. Must either be pregnant or your child must be 12 months or younger.
  - iii. Must either retain primary care giver status of her child/ren under the age of two or be actively seeking reunification assisted by her case manager throughout the six required meetings.

#### III. Interview Process

- Interview process will immediately follow the application process.
- All interviews must be conducted within a two-week period.
- All interviews will be conducted by the sites so that advisors best represent the site.
- TCHS central staff may provide suggested interview questions to sites, but they will not participate in the interviews.
- At the end of the interview process, each site will offer the consumer advisor position to the best candidates. In order to accept the position, each candidate will need to sign a commitment contract provided by TCHS central staff.
- Sites must announce their consumer advisors at the end of the two-week interview process to TCHS central staff. If a site receives many qualified candidates, they may name one or two alternates in the event any of their advisors must leave the advisory committee prior to the end of their six-meeting term.



**Program Site Training Guide**  
**TCHS: Advisory Committee**  
 Description of Committee and Roles

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- The following is the proposed timeline for 2010:

Process	Date(s)
Application Process	Friday, April 2 – Friday, April 16
Interview Process	Monday, April 19 – Mon., May 3
Consumer Advisor Announcement	Tuesday, May 4
Advisory Committee Orientation	Thursday, June 10

- If a consumer advisor must leave the committee before his/her six-meeting term ends, the representing site will call-up the selected alternate or begin the application and interview processes immediately. The above guidelines must still be followed.



**Advisory Committee Representation: Site Staff Advisors**

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- Each TCHS contracting site will have one site staff advisor for the TCHS Advisory Committee.
- Sites can be flexible as to who this person is for each meeting. The same person does not need to attend each advisory meeting.
- Site staff advisors will be encouraged to meet with their consumer advisors as a site council prior to each advisory meeting. This is not required, but will help to make each advisory meeting more productive.



**Advisory Committee Representation:  
 Community Member At-Large Advisors**

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**I. Introduction**

- Past consumers and community members will have an opportunity to serve on the advisory committee to provide mentorship to current participants and provide historical relevance to the program.
- Up to four community member at-large advisors will be allowed to be on the committee.
- Community member at-large advisors will serve a one-year term and are eligible to re-apply for one additional term.



# Program Site Training Guide

## TCHS: Advisory Committee

### Description of Committee and Roles

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#### II. Application Process

- The application process will take place over the same two-week period as the consumer advisor process.
- TCHS central staff will provide advisory committee community member at-large advisor applications for distribution.
- TCHS Program Aid will collect applications.
- Community member at-large advisor applicants must meet the following qualifications:
  - i. Actively committed to the Twin Cities Healthy Start Mission
  - ii. Is not a current Twin Cities Healthy Start consumer
  - iii. Resident of Minneapolis or St. Paul

#### III. Election Process

- TCHS central staff will pre-screen the community member at-large advisor applicants that meet the above qualifications. Central staff will then present the top candidates as nominees to the TCHS advisory committee at either the orientation or first meeting of the year.
- The advisory committee will then conduct a vote to approve these nominations. If approved, the nominees will join the committee on the spot after signing a commitment contract. Up to four community member at-large advisors can hold positions on the committee.
- If a community member at-large advisor must leave the committee before his/her one-year term ends, TCHS central staff will then conduct a special application process similar to the process above.



# Program Site Training Guide

## TCHS: Advisory Committee

### Description of Committee and Roles

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## Advisory Committee Meetings

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### I. Introduction to Meeting Format

- TCHS central staff will provide the following for committee meetings:
  - i. Meeting announcements/reminders
  - ii. Agendas/sign-in sheets
  - iii. Food supplement
  - iv. Arrangement of transportation for consumer advisors as needed.
  - v. Facilitation of meeting guided by agenda (time keeping, announcement of next agenda item, note taking, etc).
  - vi. Incentives for consumer advisors – total of \$20 in gift cards per meeting.
  - vii. On-site childcare during the meeting.
- TCHS *will not* oversee every agenda item. This will promote participation by all committee members.
- Every meeting will begin with a welcome and ice-breaker coordinated by a consumer or consumer at-large advisor. Coordination will be on a voluntary basis and set at the previous advisory committee meeting.
- Meeting norms will be reviewed at each meeting. Meetings are to be a safe and comfortable place to present concerns and ideas.
- Meetings should not adhere to a regimented format.

### II. Orientation Meeting

- The advisory committee orientation meeting will take place when advisors have been selected and after the previous advisors have served their six-meeting term.
- Four advisory committee liaisons will be elected. These liaisons will present recommendations and content brought forth from the advisory committee to the executive committee.



# Program Site Training Guide

## TCHS: Advisory Committee

### Description of Committee and Roles

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#### III. First Working Meeting

- The chief task of the first meeting of the year is to approve the content of a consumer programming survey. TCHS central staff will provide suggestions for the survey. The committee will then discuss and approve a version.
- TCHS central staff will then administer the survey and process the data received prior to the second advisory committee meeting of the year.

#### IV. Second Working Meeting

- TCHS will present the data collected from the consumer programming survey to the committee.
- Based on this data, the advisory committee will discuss ideas on how to change current programming or practices and what new programming and practices should be implemented.
- The advisory committee liaisons will then present these recommendations to the executive committee at the next executive committee meeting.

#### V. Third Working Meeting

- The advisory committee liaisons will bring back decisions the executive committee made based on the recommendations presented. Timelines and expectations for implementation of new programming and practices should be included in this presentation.

#### VI. Other Agenda Items

- Other agenda items for meetings will include, but are not limited to, the following:
  - i. NHTSA Conference attendees. Advisory committee will review nominations for the NHTSA conference and vote on who the attendees will be for that year based on the guidelines presented by TCHS central staff.
  - ii. Attendees for other conferences. Advisory committee will review nominations for each conference and vote on who the attendees will be based on the guidelines presented by TCHS central staff.



## Program Site Training Guide

### TCHS: Executive Committee

#### Description of Committee, Roles & Nomination Process

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## Executive Committee Overview

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### I. Description

The Twin Cities Healthy Start Executive Committee serves in an advisory capacity to the Twin Cities Healthy Start (TCHS) program staff and the Minneapolis Department of Health and Family Support (MDHFS).

### II. Function Responsibilities

- a. Reviewing project performance and making recommendations for improvements or program modifications.
- b. Developing an annual infant mortality-related community health education work plan
- c. Contributing to the development, revision, and implementation of the Local Health Systems Action Plan
- d. Reviewing the annual program budget and making recommendations regarding the allocation of resources, selection of subcontractors, and budgeting of grant funds
- e. Establishing and overseeing the membership requirements and operations of the TCHS Advisory Committee
- f. Establishing and overseeing the membership requirements and operations of ad hoc committees.
- g. Identifying ways to improve or change social and political systems that affect infant mortality in the Twin Cities.
- h. Fostering partnerships and linkages with other community organizations, health plans and the greater community in order to reduce infant mortality.



# Program Site Training Guide

## TCHS: Executive Committee

### Description of Committee, Roles & Nomination Process

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## Membership

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It is the clear intent that the composition of the TCHS Executive Committee reflects the diverse interests and perspectives of the TCHS participants. It is the expectation that all parties responsible for the recruitment, recommendations to and approval of members shall make every effort to ensure the realization of this intent. The Executive Committee seats are filled by the following representatives

### I. Program Sites

- a. Currently there are six program sites. Each site has one representative on the committee. Program site representatives should have decision-making responsibilities at their program sites and be familiar with TCHS. Representatives are chosen by the program site staff.

### II. Public Health

- a. One representative from Hennepin County Human Services and Public Health department
- b. One representative from St. Paul-Ramsey County Department of Public Health
- c. One representative from Minnesota Department of Health and Minnesota Department of Human Services

### III. TCHS Advisory Committee

- a. Four liaisons share recommendations from the TCHS Advisory Committee with the TCHS Executive Committee. They also serve as spokespersons for TCHS participants. These liaisons are elected by the TCHS Advisory Committee.

### IV. Health Plans

- a. One representative from any of the Minnesota Health Care Program prepaid health plans that serve the target populations in Minneapolis and St. Paul.

### V. Community Based Organizations

- a. One representative from any organization that serves program participants or advocates on behalf of infant mortality reduction and healthy birth outcomes shall be nominated and approved as deemed relevant to reducing infant mortality by the Executive Committee.



## Program Site Training Guide

### TCHS: Executive Committee

#### Description of Committee, Roles & Nomination Process

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#### VI. Community Stakeholders

- a. Other community stakeholders as nominated and approved by the Executive Committee. These members shall serve a term of no longer than two years.

#### VII. Ex-Officio, Non-voting Members

- a. TCHS Program Director

#### VIII. Executive Committee Co-Chairs

- a. Two Co-Chairs are voted on by the Executive Committee from within the current membership.

#### IX. Support Staff, Non-voting attendees

- a. TCHS central staff



## Application & Nomination Process

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**All members – except program site representatives and TCHS Advisory Committee Liaisons – must be voted on by the Executive Committee in order to fill any seat.**

#### I. Program Background

- a. Persons interested in completing the application process for membership are asked to peruse the Twin Cities Healthy Start Web site at [www.ci.minneapolis.mn.us/dhfs/healthy-start.asp](http://www.ci.minneapolis.mn.us/dhfs/healthy-start.asp) and visit the related links.

#### II. Application and Nomination Process

- a. Nominee completes the nomination packet including the application form and submission of résumé
- b. Nomination packet is reviewed by TCHS Program Director and committee co-chairs
- c. Co-chairs bring accepted applicants to the next TCHS Executive Committee meeting for nomination and vote by members
- d. All new committee members attend on-boarding orientation
- e. Newly appointed committee member attends first executive committee meeting



## **Twin Cities Healthy Start Sites Scope of Services Phase I/Phase II sites**

### **Target population and services**

The target populations for the Twin Cities Healthy Start program are African American and American Indian pregnant women residing in Minneapolis and St. Paul. All women residing within the two cities, regardless of race/ethnicity, national origin, or English language proficiency, defined by program criteria as at risk psychosocially for poor birth outcomes and/or under the age of 18 years, are eligible to receive Twin Cities Healthy Start program services.

Required program services span the participant's pregnancy to the infant's second birthday and include on-site program marketing, screening to identify psychosocial risk factors, health education, case management activities to address identified risks, and participation of staff and program participants in Consortium activities.

### **Federal grant requirements**

**Healthy Start funds may not be used for entertainment costs.** Trips and/or activities for Healthy Start clients must relate to both the goal of reducing infant mortality and the approved project objectives.

**Fund raising costs are unallowable.** Healthy Start funds, e.g., staff salary, contract personnel, consultants or costs for items to be sold or raffled, may not be used for fund raising activities.

### **City Contractor requirements**

Project staff traveling for Twin Cities Healthy Start will be required to adhere to City travel policies, including attendance at all conference sessions, securing economical airfare and hotel fares, and submitting receipts for all travel expenses, including meals and transportation.

## **PHASE I REQUIREMENTS**

### **A. Recruitment, psychosocial screening, eligibility determination, and consent process**

1. Develop and implement a program participant recruitment and enrollment plan.
2. Develop and implement a client consent form for data sharing that conforms to the HIPAA Privacy Rule and Minnesota Data Practices Act requirements.
3. Administer the Prenatal Risk Overview (PRO) to assess psychosocial risk factors and determine eligibility for the TCHS program. Ensure that interpreters use the translated version of the PRO provided by the TCHS Central Office for women who speak Hmong, Somali, or Spanish.
4. Identify pregnant women who are eligible for TCHS based on young age, psychosocial risk factors identified through the PRO, and residency.



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5. Explain TCHS to eligible pregnant women and encourage them to participate.
6. Explain that TCHS services are available to eligible women through pregnancy to the infant's second birthday.
7. Explain the data-sharing requirements for participation in TCHS and get informed, signed consent from program participants.
8. Document enrollment in the TCHS Screening and Case Management System.
9. Enter all requested data on the Client Information Page in the TCHS Screening and Case Management System, and update the information as needed.

#### **B. Case management and health education activities**

10. Develop and implement prenatal case management protocols approved by the assigned TCHS Site Coordinator.
11. Work with each prenatal participant to prepare a case management plan based on identified risk factors and her cultural and personal preferences.
12. Assist program participants with enrolling in public health care programs, as needed.
12. Provide required prenatal health education components (See Attachment A) or ensure that program participant receives education elsewhere.
13. Document required health education components, prenatal participant encounters, and case management services in the TCHS Screening and Case Management System.
14. Record risk factor status at delivery, birth outcome and other requested data in the TCHS Screening and Case Management System.
15. Accept referrals from TCHS Central Office, health plans, community-based agencies or other TCHS contractors for potentially eligible clients for TCHS services.
16. Work with Central Staff to facilitate transfer of a program participant to another site if the transfer is requested by the participant or in her best interest.

#### **PHASE II REQUIREMENTS (availability of phase II services is required until the infant's second birthday)**

##### **A. Psychosocial screening**

13. Administer the Postpartum Risk Overview (PPRO) to assess psychosocial risk factors approximately 6-8 weeks after delivery. Ensure that interpreters use the translated version of the PPRO provided by the TCHS Central Office for women who speak Hmong, Somali, or Spanish.



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#### **B. Case management and health education activities**

14. Develop and implement postpartum case management protocols approved by the assigned TCHS Site Coordinator.
15. Work with each postpartum participant to prepare a case management plan based on identified risk factors and her cultural and personal preferences.
16. Provide required postpartum/interconception health education components (see Attachment A) or ensure that program participant receives education elsewhere.
17. Document required health education components, program participant encounters and status, and case management services in the TCHS Screening and Case Management System at required intervals.
18. Refer for provision of contraceptive services when needed.
19. Encourage and monitor adherence to recommended well-child visits and infant immunizations.
20. Assist the program participant with enrolling in public health care programs, when considered necessary.
21. Encourage and assist the program participant with identifying a medical home for her and family members, when necessary.

#### **ADMINISTRATIVE REQUIREMENTS**

1. Designate one staff member as contract manager to be responsible for all aspects of TCHS program implementation.
2. Submit to Central Staff a roster of all staff members working with TCHS, including mailing address, e-mail address, telephone numbers, fax, cell phone number and pager numbers, if applicable. Notify TCHS Site Coordinator of staff changes as soon as possible.
3. Maintain a record of all items distributed to program participants purchased with TCHS Funds. The record must include program participant name, item(s) and date of receipt, and name of staff person distributing the item(s). For gift cards, portable cribs and car seats, the recipient must sign a receipt, and the staff member distributing the item must sign as a witness. Provide the record for Central Staff on a quarterly basis.
4. Participate in the following meetings or training sessions:
  - a. Orientation to TCHS for new contractors/staff
  - b. Executive Committee, bi monthly meetings (one agency representative who can cast a vote for the agency).
  - c. Advisory Committee, optional attendance at 1-3 meetings annually as assigned (one staff member).
  - d. Training on use of the Prenatal and Postpartum Risk Overviews and the Twin Cities Screening and Case Management System (all staff as necessary).
  - e. Case managers meeting (twice annually).
5. Recruit a program participant to apply for membership of the Advisory Committee when a Consumer Advisor vacancy occurs for your site.



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6. Include the following language on all marketing, public relations, or educational materials developed to market your TCHS project: “A project of the Minneapolis Department of Health and Family Support and the Maternal and Child Health Bureau of the federal Health Resources and Services Administration.” Submit marketing materials to Site Coordinators for review and approval prior to distribution.
7. Provide access to a personal computer and the Internet for program staff members who conduct screening and/or case management activities.
8. Provide space, computer and Internet access as needed to accommodate the Site Coordinator assigned to your site.
9. Make initial contact with Public Health Nurses (when practicable) to provide case review in multi-disciplinary team meetings.
10. Provide annually at the TCHS Director’s request a record of the number of prenatal clients served based on administrative clinic data sources for purposes of determining the proportion of clients screened by the PRO.
11. Ensure that all food and beverages purchased with TCHS funds for program participants are nutritious and set an example for healthy eating (fruits and vegetables available; selections low in fat, sugar, salt; desserts in small portions).
12. Ensure the distribution of Super America gift cards to participants is monitored, recorded and include program participant name and signature, reason for need, date of receipt and signature of staff person distributing the gift card/cards. Provide the record for Central Staff upon request. (SA gift cards are a one time only distribution to contracted sites)

#### **Reporting requirements**

1. All fields in the TCHS Screening and Case Management System should be completed. Program Participants should be terminated if they cannot be contacted to obtain required data.
2. A program progress report describing achievements and challenges related to work plan activities and measurable objectives should be submitted by January 31, 2011 for activities completed between June 1 and December 31, 2010, and by June 30, 2011 for activities completed between January 1 and May 31, 2011. If preferred, sites may request that the Central Staff Site Coordinator interview program site staff to get the information for this report.
3. Any income generated by program activities must be reported at the end of the project period.

#### **TCHS enrollment, service, and retention goals for Phase I**

1. 100% of prenatal participants who reside in Minneapolis or St Paul will be administered the Prenatal Risk Overview interview.
2. 95% of screened clients will consent to share their screening results and personal identifiers with the Minneapolis Department of Health and Family Support for purposes of program evaluation.



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3. 75% of eligible prenatal participants will be enrolled in TCHS.
4. Receipt of all required health education components will be documented for 75% of program participants.
5. Actions taken to reduce or resolve risk areas will be documented on the Prenatal Eligibility Case Management page for 75% of the risk factors identified as high or moderate. (Required actions are identified in the case management protocol.)
6. Contact will be maintained with 50% of program participants through pregnancy and delivery, excluding participants who choose to disenroll from the program or move out of the service area.

#### **TCHS enrollment and retention goals for Phase II**

7. 75% of Phase I participants for whom delivery information is available will be administered the Postpartum Risk Overview interview.
8. Postpartum family planning method will be identified by 80% of Phase II participants approximately 6-8 weeks after delivery.
9. Receipt of all required health education components will be documented for 50% of PHASE II participants.
10. Actions taken to reduce or resolve risk areas will be documented on the Postpartum Case Management page for 75% of the risk factors identified as high or moderate. (Required actions are identified in the case management protocol.)

#### **Other Performance Measures**

Contract performance will be measured by:

1. Complete entry of all information in the TCHS Screening and Case Management System.
2. Staff and program participant attendance at required meetings and activities.
3. Sound fiscal management.



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#### **Responsibilities of the Twin Cities Healthy Start administrative staff**

1. Assist contractors with the development and implementation of TCHS program protocols.
2. Provide orientation to new staff about TCHS, service guidelines, documentation and data collection requirements.
3. Provide training and ongoing technical assistance.
4. Manage phone calls received on the Central Office referral line, and refer accordingly.
5. Serve as a liaison between contractors and the program evaluator.
6. Stay well informed of current information related to maternal child health and represent the TCHS project's interests on a national, state, and local level.
7. Maintain communication with federal and other funding avenues to coordinate any technical assistance available.
8. Assist contractors with access to the TCHS Screening and Case Management System and prepare routine data reports.
9. Produce customized data analysis on request.
10. Provide contractors with educational resources for program participants.
11. Provide contractors with electronic versions of the TCH Logo for use on marketing materials



# Program Site Training Guide

## TCHS: Role of the Program Site

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#### ATTACHMENT A

#### REQUIRED HEALTH EDUCATION TOPICS

##### Phase I

- Prenatal care
- Childbirth
- The use of folic acid before and during pregnancy
- Nutrition
- The benefits of breastfeeding
- Preterm labor
- Tobacco cessation
- Fetal alcohol and drugs use effect on preterm labor
- Safe infant sleep practices
- Family planning methods
- Early identification and treatment for HIV and STDs.

##### Phase II

- Interconceptional health
- The use of folic acid before and during pregnancy
- Nutrition
- The benefits of breastfeeding
- Nutrition
- Safe infant sleep practices
- Tobacco cessation
- The harmful effects of secondhand smoke on children
- Effects of maternal alcohol and drug use
- Family planning methods
- Early identification and treatment for HIV and STDs,
- Parenting and child development.

Health education will be culturally relevant (when practical).

Education may be provided:

- on site individually or in a group setting
- during a home visit, or
- through a referral to another community agency

A face-to-face conversation with opportunities for discussion is preferred but education can be supplemented through written materials, videotapes, DVDs, or on-line resources.

A program participant's statement that she attended training elsewhere or read/viewed materials is sufficient documentation of off-site compliance with this requirement.



## Program Site Training Guide

### TCHS: Role of the Program Site

#### Working with the Site Coordinator

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## TCHS Site Coordinator Roles & Responsibilities

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The Site Coordinator is responsible for providing technical assistance and training to Healthy Start contract staff. They are responsible for providing the following activities:

### I. Contract Management

- a. Provide on site monitoring of contracted services in the areas of case management, health education, interconception care, depression screening and outreach activities.
- b. Develops and manages contracts with program sites and service providers as required. Monitors project deliverables, timelines, budgets and program expenditures.
- c. To improve access to health care and social services for women and their families.

### II. Technical Assistance

- a. Assist TCHS sites with the development and implementation of TCHS care coordination protocols.
- b. Participates in Healthy Start multidisciplinary team meetings at contract agency sites as required.
- c. Works with TCHS program staff and project evaluator to communicate quality assurance protocols to service providers and make recommendations for improving performance as needed.

### III. Training

- a. Provide orientation to new staff about TCHS service guidelines, effective documentation and data collection requirements.
- b. Training on identifying community resources or other culturally sensitive supportive services.



## Program Site Training Guide

### TCHS: Forms

#### Consent and Operating Forms

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## Data Privacy and Consent Forms

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### I. Consent Form: Mother

This form should be filled out by any woman before she is screened for PRO:  
<http://www.ci.minneapolis.mn.us/dhfs/Tennesseeconsent.pdf>

### II. Consent Form: Baby

Once the baby is born, the mother must fill out a consent form for the baby:  
[http://www.ci.minneapolis.mn.us/dhfs/Tennesseeconsent\\_baby.pdf](http://www.ci.minneapolis.mn.us/dhfs/Tennesseeconsent_baby.pdf)



## Material & Incentives Request and Tracking

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### I. Material Request Form

To order educational materials, program marketing and participant incentives, please use this online form:

### II. Basic Needs and Incentives Tracking Form

All incentives and program materials given out to participants and non-participants must be tracked on this form for each grant year:

<http://www.ci.minneapolis.mn.us/dhfs/BasicNeedsDistributionList.xls>

For more training and information, please visit

<http://www.ci.minneapolis.mn.us/dhfs/TCHSSiteSource.asp>