Service Standards

Pregnancy Support Services

Purpose

Pregnancy Support Services help pregnant individuals learn about parenthood, make informed decisions about their pregnancies, improve their health and well-being, and promote positive life course development.

Definition

Pregnancy Support Services provide education, resources, support, and/or counseling to individuals who are pregnant and in need of assistance, consistent with the organization's mission and any applicable legal requirements.

Note: *Organizations providing only Pregnancy Options Counseling or Birth Options Counseling will complete: PS 1, PS 2, PS 3, PS 4, and PS 5.*

Note: *Please see PS Reference List for the research that informed the development of these standards.*

Note: *For information about changes made in the 2020 Edition, please see the PS Crosswalk.*

Table of Evidence

Self Study Evidence

No Self Study Evidence

Pregnancy Support Services

PS 1: Person-Centered Logic Model

Purpose

Pregnancy Support Services help pregnant individuals learn about parenthood, make informed decisions about their pregnancies, improve their health and well-being, and promote positive life course development.

The organization implements a program logic model that describes how resources and program activities will support the achievement of positive outcomes.

Note: *Please see the Logic Model Template for additional guidance on this standard.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

Logic models have been implemented for all programs and the organization has identified at least two outcomes for all its programs.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Logic models need improvement or clarification; or
- Logic models are still under development for some of its programs, but are completed for all high-risk programs such as protective services, foster care, residential treatment, etc.; or
- At least one desired outcome has been identified for all of its programs.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Logic models need significant improvement; or
- Logic models are still under development for a majority of programs; or
- A logic model has not been developed for one or more high-risk programs; or
- Outcomes have not been identified for one or more programs.

4

Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- Logic models have not been developed or implemented; or
- Outcomes have not been identified for any programs.

Table of Evidence

Self Study Evidence

*	• Program logic model that includes a list of outcomes being measured	
	• See program description completed during intake	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel

PS 1.01

A program logic model, or equivalent framework, identifies:

a. needs the program will address;
b. available human, financial, organizational, and community resources (i.e. inputs);
c. program activities intended to bring about desired results;
d. program outputs (i.e. the size and scope of services delivered);
e. desired outcomes (i.e. the changes you expect to see in persons served); and
f. expected long-term impact on the organization, community, and/or system.

Examples: *Please see the W.K. Kellogg Foundation Logic Model Development Guide and COA Accreditation's PQI Guide for more information on developing and using program logic models.*

Examples: *Information that may be used to inform the development of the program logic model includes, but is not limited to:*

1. *needs assessments and periodic reassessments;*
2. *risks assessments conducted for specific interventions; and*
3. *the best available evidence of service effectiveness.*

PS 1.02

The logic model identifies desired outcomes in at least two of the following areas:

a. change in clinical status;
b. change in functional status;
c. health, welfare, and safety;
d. permanency of life situation;
e. quality of life;
f. achievement of individual service goals; and
g. other outcomes as appropriate to the program or service population.

Interpretation: *Outcomes data should be disaggregated to identify patterns of disparity or inequity that can be masked by aggregate data reporting. See PQI 5.02 for more information on disaggregating data to track and monitor identified outcomes.*

Examples: *The decisions pregnant individuals make during service delivery may impact the outcomes they can be expected to achieve. For example, individuals who choose to continue their pregnancy may access prenatal care and, as a result, have a healthy baby. Individuals who decide to parent may use parent education services and thus be better prepared to care for their children, while individuals who plan for adoption may experience satisfaction with their decision as an outcome of service. Other desired outcomes, such as improved health and increased educational attainment, may be relevant regardless of the decisions made about the pregnancy.*

Pregnancy Support Services

PS 2: Personnel

Purpose

Pregnancy Support Services help pregnant individuals learn about parenthood, make informed decisions about their pregnancies, improve their health and well-being, and promote positive life course development.

Program personnel have the competency and support needed to provide services and meet the needs of individuals who are pregnant.
Interpretation: *Competency can be demonstrated through education, training, or experience. Support can be provided through supervision or other learning activities to improve understanding or skill development in specific areas.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, but the integrity of the service is not compromised; or
- Supervisors provide additional support and oversight, as needed, to the few staff without the listed qualifications; or
- Most staff who do not meet educational requirements are seeking to obtain them; or
- With few exceptions, staff have received required training, including applicable specialized training; or
- Training curricula are not fully developed or lack depth; or
- Training documentation is consistently maintained and kept up-to-date with some exceptions; or
- A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies when needed; or
- With few exceptions, caseload sizes are consistently maintained as required by the standards or as required by internal policy when caseload has not been set by a standard; or
- Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services and are adjusted as necessary; or
- Specialized services are obtained as required by the standards.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- A significant number of staff (direct service providers, supervisors, and program managers) do not possess the required qualifications and, as a result, the integrity of the service may be compromised; or
- Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur; or
- Supervisors do not typically provide additional support and oversight to staff without the listed qualifications; or
- A significant number of staff have not received required training, including applicable specialized training; or
- Training documentation is poorly maintained; or
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies; or
- There are numerous instances where caseload sizes exceed the standards' requirements or the requirements of internal policy when a caseload size is not set by the standard; or
- Workloads are excessive, and the integrity of the service may be compromised; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards.

Table of Evidence

Self Study Evidence

* • Table of contents of training curricula	
* • Procedures or other documentation relevant to continuity of care and case assignment	

* • List of program personnel that includes:
  • Title
  • Name
  • Employee, volunteer, or independent contractor
  • Degree or other qualifications
  • Time in current position
• See organizational chart submitted during application	

Site Visit Evidence

* • Sample job descriptions from across relevant job categories • Documentation tracking staff completion of required trainings and/or competencies • Training curricula • Caseload size requirements set by policy, regulation, or contract, when applicable • Documentation of current caseload size per worker

On-Site Activities

* • Interviews may include: 1. Program director 2. Relevant personnel • Review personnel files

PS 2.01

Personnel who provide pregnancy options counseling or birth options counseling are qualified by:

a. an advanced degree in social work or a comparable human service field and related experience; or
b. a bachelor's degree in social work or a comparable human service field and related experience, with supervision by a person with an advanced degree in social work or a comparable human service field.

NA: The organization does not provide counseling services designed to help individuals make decisions about their pregnancies.

Examples: *Related experience can include: (1) experience in options counseling; (2) experience in family and children's services and training in options counseling; or (3) experience in counseling and training in options counseling.*

PS 2.02

Supervisors of personnel providing education and/or support services are qualified by:

a. an advanced degree in a health or human service field; or
b. a bachelor's degree in a health or human service field and two years of related experience.

PS 2.03

All direct service personnel are trained on, or demonstrate competency in:

a. empowering and supporting individuals who are pregnant;
b. engaging and supporting the family members and significant others of persons served, including birth fathers;
c. helping individuals develop knowledge and skills that support maternal health, healthy births, appropriate caregiving, and/or positive personal development, as appropriate to the services provided;
d. linking individuals to, and collaborating with, healthcare providers;
e. understanding any laws that may impact service delivery, including laws relevant to service availability and access; and
f. counseling persons served in a nondirective and nonjudgmental manner when pregnancy options counseling or birth options counseling is provided.

PS 2.04

All direct service personnel providing services in a group setting are trained on, or demonstrate competency in:

a. establishing a supportive, nonjudgmental environment that promotes respectful interactions;
b. engaging and motivating group members;
c. understanding group dynamics;
d. leading discussions;
e. facilitating group activities; and
f. helping participants develop skills and/or understanding relevant to the group's area of focus.

NA: The organization does not provide services in a group setting.

PS 2.05

The organization minimizes the number of workers assigned to persons served over the course of their contact with the organization by:

a. assigning a worker at intake or early in the contact; and
b. avoiding the arbitrary or indiscriminate reassignment of direct service personnel.

PS 2.06

Employee workloads support the achievement of positive outcomes and are regularly reviewed.

Examples: *Factors that may be considered when determining employee workloads include, but are not limited to:*

1. *the qualifications, competencies, and experience of the worker, including the level of supervision needed;*
2. *the work and time required to accomplish assigned tasks and job responsibilities; and*
3. *service volume, accounting for assessed level of needs of persons served.*

Pregnancy Support Services

PS 3: Intake and Assessment

Purpose

Pregnancy Support Services help pregnant individuals learn about parenthood, make informed decisions about their pregnancies, improve their health and well-being, and promote positive life course development.

The organization ensures that pregnant individuals receive prompt and responsive access to appropriate services.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- In a few rare instances, urgent needs were not prioritized; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Urgent needs are often not prioritized; or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; or
- Assessment and reassessment timeframes are often missed; or
- Assessments are sometimes not sufficiently individualized; or
- Culturally responsive assessments are not the norm, and this is not being addressed in supervision or training; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent; or
- Intake or assessment is done by another organization or referral source and no documentation and/or summary of required information is present in case record.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Screening and intake procedures	
*	• Assessment procedures	
*	• Copy of assessment tool(s)	

Site Visit Evidence

*	• Outreach and informational materials • Community resource and referral list

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel 3. Persons served • Review case records

PS 3.01

To facilitate access to needed services, the organization:

a. collaborates with other providers, or conducts community outreach, to reach individuals in need of service as early in their pregnancy as possible; and
b. ensures that its outreach efforts and materials provide an accurate description of the services offered.

Interpretation: *If an organization providing counseling offers only Birth Options Counseling and thus does not provide counseling on termination, its outreach materials, including its website, should clearly convey this fact.*

Examples: *Reaching individuals early in their pregnancy can be important regardless of the services offered. For example, when an organization provides Pregnancy Options Counseling, the options available to the pregnant person may become more limited as their pregnancy progresses. When an organization provides general Pregnancy Support Services, beginning prenatal care early can promote both maternal and child health.*

PS 3.02

Individuals seeking services are screened and informed about:

a. how well their request matches the organization's services; and
b. what services will be available and when.

NA: Another organization is responsible for screening, as defined in a contract.

PS 3.03 (FP)

Prompt, responsive intake practices:

a. gather information necessary to identify critical service needs and/or determine when a more intensive service is necessary;

b. give priority to urgent needs and emergency situations;
c. support timely initiation of services; and
d. provide for referral to appropriate resources when individuals cannot be served or cannot be served promptly.

PS 3.04

Individuals participate in an individualized, culturally- and linguistically-responsive assessment that is:

a. completed within established timeframes;
b. updated as needed based on the needs of persons served; and
c. focused on information pertinent to meeting service requests and objectives.

Interpretation: *The Assessment Matrix - Private, Public, Canadian, Network determines which level of assessment is required for COA Accreditation's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

Pregnancy Support Services

PS 4: Service Planning and Monitoring

Purpose

Pregnancy Support Services help pregnant individuals learn about parenthood, make informed decisions about their pregnancies, improve their health and well-being, and promote positive life course development.

Each person participates in the development and ongoing review of a service plan that is the basis for delivery of appropriate services and support.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- With few exceptions, staff work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc.; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Case reviews are not being done consistently; or
- Level of care for some people is clearly inappropriate; or
- Service planning is often done without the full participation of persons served; or
- Appropriate family involvement is not documented; or
- Documentation is routinely incomplete and/or missing; or
- Individual staff members work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc., but this is the exception.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Service planning and monitoring procedures	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Persons served

- Review case records

PS 4.01

An assessment-based service plan is developed promptly with the full participation of persons served and includes:

a. agreed-upon goals, desired outcomes, and timeframes for achieving them;
b. services and supports to be provided, and by whom;
c. procedures for expedited service planning when crisis or urgent need is identified; and
d. documentation of the individual's participation in service planning.

PS 4.02

To accommodate the unique needs and circumstances of persons served:

a. pregnant individuals are helped to explore the potential benefits and any concerns about involving family members, significant others, and/or the birth father in service planning and provision; and
b. family members, significant others, and/or the birth father are involved in service planning and provision, when appropriate.

Interpretation: *When another person requests counseling and the pregnant individual is opposed, the organization should either make a referral or create a separate case, as addressed in PS 5.03.*

PS 4.03

The organization works in active partnership with persons served to:

a. assume a service coordination role, as appropriate, when the need has been identified and no other organization has assumed that responsibility;
b. ensure that they receive appropriate advocacy support;
c. assist with access to the full array of services to which they are eligible; and
d. mediate barriers to services within the service delivery system.

PS 4.04

The worker and a supervisor, or a clinical, service, or peer team, review the case at designated milestones during the pregnancy, or more frequently depending on the nature of services offered and the needs of persons served, to assess:

a. service plan implementation;
b. progress toward achieving service goals and desired outcomes; and
c. the continuing appropriateness of planned services and agreed-upon service goals.

Interpretation: *The organization will define what constitutes a milestone during the pregnancy. When providing Pregnancy Options Counseling or Birth Options Counseling, timeframes for review should be adjusted to reflect the length of time counseling services are offered.*

When experienced workers are conducting reviews of their own cases, the worker's supervisor must review a sample of the worker's evaluations as per the requirements of the standard.

PS 4.05

The worker, the individual, and others involved in services when appropriate:

a. review progress toward achievement of agreed-upon service goals; and
b. document revisions to service goals and plans.

PS 5: Pregnancy Options Counseling/Birth Options Counseling

Purpose

Pregnancy Support Services help pregnant individuals learn about parenthood, make informed decisions about their pregnancies, improve their health and well-being, and promote positive life course development.

Individuals receive nondirective counseling and information services that help them make decisions about their pregnancy.

NA: The organization does not provide counseling services designed to help individuals make decisions about their pregnancies.

Interpretation: *Organizations that offer counseling on all possible options for the pregnancy (i.e. parenting, adoption or kinship care, and termination) will be considered to provide Pregnancy Options Counseling. Organizations that do not offer counseling on termination will be considered to provide Birth Options Counseling and will be rated according to slightly different criteria for standards PS 5.01, PS 5.02, and PS 5.04. See those standards for further guidance.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Outreach materials describing the type of counseling offered	
*	• Procedures for maintaining confidentiality when involved parties are counseled separately	
*	• Procedures for referring individuals to services	

Site Visit Evidence

*	• Informational materials • Community resource and referral list

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel 3. Persons served • Review case records

PS 5.01 (FP)

Individuals have the option to be counseled and informed about all possible options for their pregnancy.

Interpretation: *Possible options for the pregnancy include parenting, planning for adoption or kinship care, and termination.*

When an organization offers only Birth Options Counseling, and thus does not provide counseling and information related to termination, the organization should:

1. *be transparent about the type of counseling services offered, as referenced in PS 3.01 and PS 3.02; and*
2. *be prepared to demonstrate that: (a) it is legally prohibited from providing counseling on termination; or (b) it carefully considered its mission, capacity, resources, influence on individuals' decision-making, and the community's needs when it decided not to provide counseling on termination.*

When an organization is legally permitted to offer counseling on termination but chooses not to do so, practice could include providing individuals with a comprehensive list of other community providers that offer pregnancy counseling, support, and education services.

PS 5.02

The organization empowers individuals to make the best decisions for their particular circumstances by:

a. providing accurate information;
b. ensuring counseling is nondirective and nonjudgmental;
c. allowing individuals to examine their thoughts, feelings, and beliefs about their pregnancy and their options;
d. helping individuals explore the pros and cons of different options; and
e. enabling individuals to envision how different options might impact their lives in the short- and long-term.

Interpretation: *Although organizations that offer only Birth Options Counseling will not provide counseling on termination, they should still implement all elements of the standard when they provide counseling regarding parenting, adoption, and kinship care.*

Examples: *Information and counseling regarding parenting can include attention to: (1) the responsibilities of parenthood, and whether the individual is ready and able to care for the child; (2) costs associated with raising a child; (3) relationship status, and the role that the birth father would play; (4) how parenting the child would impact goals and plans for the future; and (5) possible sources of support and assistance, including whether family or friends would be willing to help.*

Information and counseling regarding adoption and kinship care can include attention to: (1) types of adoption services and the rights and choices individuals have, including the range of openness in adoption; (2) types of kinship care, and the legal and financial ramifications of different arrangements; (3) financial assistance that may be available; and (4) the lifelong implications of adoption, and the possibility of experiencing grief and loss.

Information and counseling regarding termination can include attention to: (1) types of termination services available, and timeframes for accessing them; (2) costs of available termination services; (3) financial assistance that may be available; (4) legal issues for minors (such as parental notification, parental consent, and judicial bypass), if applicable; and (5) the finality of the decision and the possible emotional impact, including feelings of grief and loss.

PS 5.03 (FP)

When family members, significant others, and/or the birth father are involved in counseling services:

a. all parties have opportunities to explore their individual feelings and needs; and
b. confidentiality is protected at all times if parties are counseled separately.

Interpretation: *When another person requests counseling and the pregnant person is opposed, the organization should make a referral or create a separate case. When a separate case is created, confidentiality must be protected at all times.*

Examples: *When providing joint counseling, it may be appropriate to offer both joint and individual counseling to ensure that counseling parties together does not inhibit a full exploration of each individual's feelings.*

PS 5.04

Individuals are helped to carry out their decisions about their pregnancy promptly, either directly or by referral.

Interpretation: *Individuals may need prenatal care, parent education, adoption services, or termination services to carry out their decisions about their pregnancy. Organizations that offer only Birth Options Counseling, and thus do not provide linkages to termination services, should disclose this fact to persons served, as referenced in PS 5.01.*

Examples: *Facilitating prompt access to needed services can be important regardless of the decision made about the pregnancy. When an individual wishes to continue their pregnancy, beginning prenatal care early can promote both maternal and child health. When an individual is seeking termination services, the options available may become more limited as their pregnancy progresses.*

PS 5.05 (FP)

To help individuals stay healthy and prevent subsequent unintended pregnancies, the organization:

a. provides information and education about the prevention and treatment of diseases, including HIV/AIDS and other sexually transmitted infections/diseases;
b. provides information and education about fertility, pregnancy prevention, pregnancy planning, and optimal birth spacing; and
c. links individuals to family planning services.

Interpretation: *When an organization does not provide linkages to family planning services because doing so is counter to its mission or beliefs, the organization should disclose this fact to persons served and provide individuals with a list of other community providers that offer pregnancy support and education services.*

Note: *When an organization also provides Health Services to pregnant individuals, the implementation and rating of this standard may overlap with the implementation and rating of PS 6.04.*

Pregnancy Support Services

PS 6: Health Services

Purpose

Pregnancy Support Services help pregnant individuals learn about parenthood, make informed decisions about their pregnancies, improve their health and well-being, and promote positive life course development.

Individuals continuing their pregnancies are linked to health services that support their physical and mental health, promote healthy births, and encourage healthy child development.

NA: The organization provides only Pregnancy Options Counseling or Birth Options Counseling.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for referring individuals to services	

Site Visit Evidence

*

- Community resource and referral list
- Informational/educational materials

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Persons served
- Review case records

PS 6.01 (FP)

Individuals are linked to the following healthcare services, as appropriate to their needs:

a. prenatal care;
b. genetic risk identification and counseling services;
c. labor and delivery services;
d. diagnosis and treatment of health problems, including sexually transmitted infections/diseases;
e. dental care;
f. mental health care, including information, screening, and treatment for prenatal and postpartum depression;
g. postpartum care;
h. ongoing health care, including routine medical checkups and specialty care; and
i. pediatric care.

PS 6.02 (FP)

Individuals are helped to access other services needed to promote health and improve birth outcomes, including, as appropriate:

a. food and nutrition services;
b. smoking cessation services;
c. services for substance use conditions; and
d. domestic violence, sexual abuse, or sexual assault services.

PS 6.03

Personnel collaborate with persons served to explore:

a. whether they have adequate health insurance coverage for both during and after their pregnancy; and
b. how they can obtain appropriate coverage, when necessary.

PS 6.04 (FP)

To help individuals stay healthy and prevent unintended subsequent pregnancies, the organization:

a. provides information and education about the prevention and treatment of diseases, including HIV/AIDS and other sexually transmitted infections/diseases;

b. provides information and education about fertility, pregnancy prevention, pregnancy planning, and optimal birth spacing; and
c. links individuals to family planning services.

Interpretation: *When an organization does not provide linkages to family planning services because doing so is counter to its mission or beliefs, the organization should disclose this fact to persons served and provide individuals with a list of other community providers that offer pregnancy support and education services.*

Note: *When an organization also provides Pregnancy Options Counseling or Birth Options Counseling, the implementation and rating of this standard may overlap with the implementation and rating of PS 5.05.*

Pregnancy Support Services

PS 7: Education Services

Purpose

Pregnancy Support Services help pregnant individuals learn about parenthood, make informed decisions about their pregnancies, improve their health and well-being, and promote positive life course development.

Individuals continuing their pregnancies are provided with support and education designed to promote engagement and empowerment, support positive functioning, encourage healthy births, and help them prepare for parenthood.

NA: The organization provides only Pregnancy Options Counseling or Birth Options Counseling.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Table of contents of educational curricula	

Site Visit Evidence

*

- Informational materials provided to persons served
- Educational curricula
- Group schedule for the previous 12 months, if applicable

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Persons served

- Review case records

PS 7.01

Personnel develop supportive relationships with persons served and help them to:

a. adjust to the changes that occur during pregnancy;
b. explore their personal goals and develop a vision for their future; and
c. develop a prenatal bond with their baby, when pregnant individuals plan to parent their children.

Examples: *Personnel can develop supportive relationships with persons served by: (1) treating individuals with respect; (2) interacting with individuals in a warm and caring manner; (3) using kind and supportive language; (4) listening actively and without judgment; (5) being available, reliable, and flexible; (6) being responsive to individuals' goals and concerns; (7) checking in with individuals to see how they are doing; and (8) following through on what they say they will do.*

Note: *Individuals with intense needs may benefit from mental health services that provide this type of support, as addressed in PS 6.01.*

PS 7.02

Individuals are helped to develop competencies relevant to positive personal functioning and development, including:

a. communicating in a healthy and effective manner;
b. maintaining and strengthening interpersonal relationships;
c. coping with adversity, negative emotions, and stress, including stress related to their pregnancy;
d. making decisions and solving problems;
e. managing a household and budget; and
f. accessing needed services and supports.

PS 7.03

Individuals are educated about the following prenatal health topics:

a. stages of pregnancy and fetal development;
b. the importance of prenatal care;
c. appropriate nutrition, exercise, and weight gain;
d. medication use during pregnancy;
e. the importance of reducing any use of habit-forming substances, and the effects of tobacco and substance use on fetal development;
f. prenatal and postpartum depression, and their potential impact on parent and child;
g. warning signs of possible pregnancy complications and when to call the doctor; and
h. what to expect during labor and delivery, and after childbirth.

Interpretation: *These topics may be addressed by qualified medical personnel in the context of the prenatal health care referenced in PS 6.01.*

PS 7.04

Individuals who plan to parent their children are helped to build knowledge and skills in areas relevant to caring for newborns and infants, including:

a. basic caregiving routines;
b. health and nutritional needs, including the importance of preventive healthcare and the benefits of breastfeeding;
c. child growth and development, including physical, cognitive, social, and emotional development;
d. the importance of parenting in a sensitive and responsive manner that promotes attachment and supports positive development;
e. environmental health and safety, including the importance of car seats, childproofing, safe practices for sleeping and bathing, and preventing exposure to toxins and infections;
f. recognizing and responding to symptoms of illness and injury; and
g. strategies for coping with the challenges of parenting a very young child.

NA: The organization does not serve individuals who plan to parent their children.

PS 7.05

Education services:

a. include instruction and discussion about the topics and practices being addressed, and why they are important;
b. model the practices and skills being targeted;
c. include opportunities for active engagement and practice;
d. provide coaching, positive reinforcement, and corrective feedback, as needed;
e. help participants personalize and generalize the information they are taught; and
f. are provided in a safe environment that does not punish mistakes.

PS 7.06

When services are provided in a group setting, the organization:

a. provides opportunities for participants to ask questions, share their thoughts and experiences, and learn from the thoughts and experiences of others;
b. enables participants to build connections and develop relationships with others in the group;
c. responds flexibly to the changing needs of group members;
d. schedules services with participants' time commitments in mind, to the extent possible and appropriate; and
e. includes opportunities for participants to consult individually with personnel, as needed.

NA: The organization does not provide services in a group setting.

PS 8: Support Services

Purpose

Pregnancy Support Services help pregnant individuals learn about parenthood, make informed decisions about their pregnancies, improve their health and well-being, and promote positive life course development.

Individuals continuing their pregnancies are linked to formal and informal supports and services that can help them increase well-being, address needs, and attain goals.

NA: The organization provides only Pregnancy Options Counseling or Birth Options Counseling.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for referring individuals to services	

Site Visit Evidence

*

- Community resource and referral list

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Persons served
- Review case records

PS 8.01

Individuals are helped to identify and access services that can improve economic prospects, including, as appropriate:

a. education services; and/or
b. vocational and employment services, including career development and job placement.

PS 8.02

Individuals are helped to find safe and stable living arrangements for both during and after their pregnancy when current living arrangements are not suitable.

Examples: *Appropriate living arrangements will vary based on an individual's age, developmental level, and needs, and can include living: (1) independently; (2) with family members, including the extended family; (3) in foster homes; (4) in group homes; or (5) in residential care.*

PS 8.03

Individuals are helped to obtain items and services that may be needed during and after their pregnancy, including, as appropriate:

a. maternity clothes;
b. baby supplies;
c. peer support services;
d. child care;
e. transportation services;
f. financial assistance; and
g. legal services.

Examples: *While some organizations may offer linkage to peer support services offered by other organizations, others may facilitate peer support as part of their services (e.g., through support groups, peer mentoring, and/or informal interactions with other program participants).*

PS 8.04

Individuals are helped to develop and expand their social support networks.

Examples: *Social support networks can include connections with: (1) the birth father; (2) family and extended family; (3) friends and neighbors; (4) co-workers; (5) community institutions; (6) other individuals receiving services at the program; and (7) individuals met through peer support services offered by other organizations. Some organizations help facilitate social support by*

inviting pregnant individuals to involve members of their support network in services, as referenced in PS 4.02. Social support networks can provide emotional support, practical advice, and concrete assistance (e.g., material resources or childcare), which can be important to health and well-being both during pregnancy and after birth.

Pregnancy Support Services

PS 9: Case Closing and Aftercare

Purpose

Pregnancy Support Services help pregnant individuals learn about parenthood, make informed decisions about their pregnancies, improve their health and well-being, and promote positive life course development.

The organization works with persons served to plan for case closing and, when possible, to develop aftercare plans.

NA: The organization provides only Pregnancy Options Counseling or Birth Options Counseling.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- In a few instances, the organization terminated services inappropriately; or
- Active participation of persons served occurs to a considerable extent; or
- A formal case closing evaluation is not consistently provided to the public authority per the requirements of the standard.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Services are frequently terminated inappropriately; or
- Aftercare planning is not initiated early enough to ensure orderly transitions; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Case closing procedures	

* • Aftercare planning and follow-up procedures	

Site Visit Evidence

* • Relevant portions of contract with public authority, as applicable

On-Site Activities

* • Interviews may include: 1. Program director 2. Relevant personnel 3. Persons served • Review case records

PS 9.01

Planning for case closing:

a. is a clearly defined process that includes the assignment of staff responsibility;
b. begins at intake; and
c. involves the worker, persons served, and others, as appropriate to the needs and wishes of the individual.

PS 9.02

Upon case closing, the organization notifies any collaborating service providers, as appropriate.

PS 9.03

If an individual has to leave the program unexpectedly, the organization makes every effort to identify other service options and link the person with appropriate services.
Interpretation: *The organization must determine on a case-by-case basis its responsibility to continue providing services to persons whose third-party benefits are denied or have ended and who are in critical situations.*

PS 9.04

The organization works with persons served, and with others involved in services when appropriate, to:

a. develop an aftercare plan, sufficiently in advance of case closing, that identifies short-and long-term needs and goals and facilitates the initiation or continuation of needed supports and services; or
b. conduct a formal case closing evaluation, including an assessment of unmet needs, when the organization has a contract with a public authority that does not include aftercare planning or follow-up.

PS 9.05

The organization follows up on the aftercare plan, as appropriate, when possible, and with the permission of persons served.
NA: The organization has a contract with a public authority that prohibits or does not include aftercare planning or follow-up.