FY23 PTS-Doula Best Practice Standards Initial Engagement/Screening & Assessment

Principle	Practice	Benchmark	Documentation
IE1 - By using weighted eligibility and targeting families with the highest need, programs can effectively address child abuse, neglect, and other poor outcomes.	A - HV&DN Doula programs serve participants that are reflective of their overall target population. Priority should be given to teens.	Enrolled participants are to be eligible to receive at least two years of services with children between prenatal and kindergarten entry.	🗁 Participant Files
	B - Programs use a weighted eligibility system in addition to any other model requirements to determine program eligibility. Programs ensure that funder specific priority populations are part of the weighted eligibility criteria.		
IE2 - Programs are more likely to recruit and retain long-term participants when they initiate services prenatally or immediately after birth in order to form a trusting connection with new parents, and establish the program as a source of support and information.	Programs initiate Doula services at the beginning of the third trimester of pregnancy.	Programs enroll 80% of Doula participants by the seventh month of pregnancy.	🗁 Participant Files
IE3 - Screening and assessment of family needs focuses on systematic identification of those families most in need of services and identifies the presence of key factors associated with an increased risk of child maltreatment and other poor childhood outcomes.	Programs clearly define their target population and maintain annual tracking of the number of births and other demographic characteristics.	100% of programs define their target population and track the number of births.	🗁 Program Abstract

Principle	Practice	Benchmark	Documentation
IE4 - Assessment of family needs occurs in an atmosphere of mutual respect and informed consent.	A - Programs maintain up- to-date signed HV&DN consents for services with all participants involved.	100% of participant files contain an up-to-date, complete and signed HV&DN program consent form.	Participant Files
	B - Staff members obtain signed consent prior to any intake or assessment interviews and entry of participant information into DataPoints. Refusal to sign a consent form for entry of their information into DataPoints does not preclude a family from services.		Participant Files
IE5 - Programs are most effective when they use intake and assessment information about family characteristics, background, history, and current functioning to plan services.	Staff members who assess families or gather intake data share that information with Family Support Workers, Doulas, and Prenatal Group facilitators and Program Supervisors.	100% of staff members who complete intakes or assessments share intake information or assessment results with the service team.	Participant Files Program Narrative Supervision Notes

FY23 PTS-Doula Best Practice Standards
Doula Home Visiting

Principle	Practice	Benchmark	Documentation
DHV1 - Home Visiting is the core family support and early childhood education service provided by HV&DN programs for pregnant and parenting teens and their children.	Doula Home Visits take place on a schedule determined in partnership with the family.	Programs assign 100% of families to the Doula Home Visiting model.	Participant Files Program Abstract Program Narrative
DHV2 - Doula Home Visiting is of sufficient intensity to impact program outcomes.	A - Doula Home Visits last between one and one and a half hours.	80% of Doula Home Visits last between one and one and a half hours.	Case Notes
	B - Programs complete Doula Home Visits with all participants at the expected level of frequency for each family.	Doulas complete 80% of expected Doula Home Visits at the contracted level.	Case Notes Program Abstract
DHV3 - Doula Home Visits are parent-child focused and responsive to the health and development needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.	A - Doulas plan and structure each visit to enable parents to understand each stage of prenatal development; understand and develop enjoyable prenatal and postpartum interaction with their child and develop parental interest and pride in their child's development.		Case Notes Participant Files Supervisory Documentation
	B - Doulas share information about the benefits of breastfeeding and about risks of HIV transmission via breastfeeding, using medically accurate curricula and materials.	Doulas document discussions with participants about breastfeeding in case notes.	Case Notes
		75% of participants initiate breastfeeding.	Participant Files
	C - Doulas use universal precautions in work with infants and toddlers.		Supervisory Documentation Team Meeting Notes Training Records

Principle	Practice	Benchmark	Documentation
DHV3 - Doula Home Visits will be parent-child focused and responsive to the health and development needs of parents and their children. The visit design promotes secure attachment and a healthy parent-child relationship.	D - Doulas discuss the risks of smoking during pregnancy and provide smoking cessation materials to participants who smoke. Materials may also be provided to family members who smoke, if interested	100% of participants have information regarding tobacco use during pregnancy entered into DataPoints at intake.	Case Notes
	E - Doulas discuss the risks of alcohol use during pregnancy and provide materials about alcohol and pregnancy to participants as needed.	100% of participants have information regarding alcohol consumption during pregnancy entered into DataPoints at intake.	Case Notes
	F - Community-Based FANA (FANA) trained Doulas engage pregnant participants in the prenatal FANA activities designed for their infant's gestational age and engage postpartum participants in the postnatal FANA activities during their infant's first month of life.	Doulas implement prenatal FANA activities a minimum of every other week during the last trimester of pregnancy and engage postpartum participants in the postnatal FANA activities at least once within the baby's first month of life.	Case Notes Supervisory Documentation
		Doulas attend FANA training and complete certification within one year of hire.	Supervisory Documentation Training Records
	G - Doulas fully complete written documentation of Doula Home Visits within 72 hours of each visit and complete related data entry within one week of the visit.		Case Notes Supervisory Documentation
DHV4 - In a manner respectful of each participant's cultural and religious beliefs, Doulas engage participants in discussions around the potential impact of subsequent births with the goal of supporting participants in making informed and intentional decisions.	Doulas provide all participants with information and support regarding the delay of subsequent births, effective family planning including; birth control and abstinence (as the only 100% protection from risk), and protection from STIs, including HIV/AIDS, using medically accurate curricula and materials.	100% of participants have information regarding contraceptive use and STI prevention updated in DataPoints at a minimum of every six months.	Case Notes Participant Files Supervisory Documentation

Principle	Practice	Benchmark	Documentation
DHV5 - Programs conduct Doula Home Visits in a manner that supports the successful completion of personal and program goals as described in the birth plan.	A - Doulas develop a birth plan with each participant.	90% of Doula participants have an up-to-date birth plan.	Participant Files Supervisory Documentation
	B - Doulas update child feeding information when available in DataPoints according to the following schedule: at birth, six weeks, six months, and one year.	100% of children have birth and six-week feeding information updated in DataPoints. This standard applies to the target child and any subsequent children.	Participant Files
DHV6 - Programs provide Doula Home Visits in a manner that respects the family and cultural values of each participant.	A - Programs offer Doula services on a voluntary basis, using positive and persistent outreach efforts to build family trust and retain overburdened families in the program.		Case Notes Participant Files Program Narrative Staffing Notes Supervisory Documentation
	B - Doulas and Supervisors encourage the support and involvement of fathers, grandparents and other primary caregivers.	Case notes and other program documentation reflect the Doula's encouragement of and support for the involvement of fathers and other family members. This includes documentation of who participates in the Doula Home Visits, who is at the birth, and any efforts the Doula makes to engage the father.	Case Notes Participant Files Program Narrative Supervisory Documentation
	C - Programs select and implement materials and curricula in a way that builds upon strengths inherent to each family's cultural beliefs. The materials used by the program reflect the language, ethnicity, and customs of the families served.	Programs identify at least one Doula Home Visiting curriculum in their Program Narrative. Doulas document the use of this curriculum in case notes.	Case Notes Program Narrative

Principle	Practice	Benchmark	Documentation
DHV7 - Doulas provide intensive, specialized services in order to improve the perinatal health of mother and baby, support parent-child attachment, and improve the family's social-emotional experience of labor and delivery.	A - During the last trimester of pregnancy, participants receive additional direct services provided through the Doula program. These include prenatal education, support, advocacy with medical providers, and preparation of a birth plan.	Doulas complete 80% of Doula Home Visits at the expected frequency.	Case Notes Program Abstract Program Narrative
	B - Doula support and advocacy includes 24-hour availability for attendance during labor and delivery. Doulas provide continuous support from the point of active labor through recovery, with respect to agency policy, backup procedures, and the overall well-being of both the mother and the Doula.	75% of Doula participants have a Doula-attended birth.	Participant Files
	C - Doula programs have established written protocols that outline procedures when Doulas go to the hospital, when Doulas call and utilize backup, and what communication is expected between the Doula and the Doula Supervisor while the Doula is at the birth.		Participant Files Program Files Supervisory Documentation
DHV8 - Doula services provide a supportive relationship that addresses the emotional work of the adolescent's emerging role as a mother and her developing attachment to her child. Doula services nurture the mother so that she can nurture the baby.	Doulas support the young parent's self-determination while encouraging prenatal care and the initiation of breastfeeding while promoting emotional availability and engagement with her developing newborn.	75% of participants initiate breastfeeding.	Case Notes Participant Files

FY23 PTS-Doula Best Practice Standards
Prenatal Groups

Principle	Practice	Benchmark	Documentation
PRE1 - Prenatal Group sessions challenge thinking and emphasize decision making about issues that affect the relationship between the parent and their unborn child. Prenatal Group activities provide opportunities for positive peer interaction.	A - A portion of the Prenatal Group session focuses on the sharing of experiences and ideas of group members.		Micro Plans
	B - A wide variety of activities and approaches is encouraged to bridge the range of learning and social skills of group members (i.e., games, videos, role-playing, guest speakers, recreational events, and community service projects).	Prenatal Group documentation reflects activities and approaches used in Prenatal Group sessions.	Micro Plans
	C - Curricula and other materials used in Prenatal Group is culturally competent and focused on common prenatal issues. Programs must discuss use of supplemental non-prenatal focused curricula with their HV&DN Program Advisor.	Prenatal Group macro and micro plans identify the topics, curricula, and materials used in Prenatal Group sessions.	Macro Plans Micro Plans
	D - Planning of Prenatal Group sessions reflects the input of participants, site staff, and birth plans.		Group Evaluations Macro Plans Micro Plans Team Meetings
	E - Staff members use group meeting records, informal feedback, parent evaluations, and their own observations to improve Prenatal Group sessions.		Process Notes Supervisory Documentation

Principle	Practice	Benchmark	Documentation
PRE2 - Prenatal Group services enhance the intensity and focus of Doula Home Visits with pregnant participants by promoting integration of services. Through integration, these interventions offer more intense and diverse services that increase the chance of achieving HV&DN desired outcomes.	A - Prenatal Group facilitators provide all participants with information and support regarding nutrition, the female reproductive system, the process of normal labor, routine hospital practices, basic newborn care, normal newborn behaviors, feeding methods including breastfeeding and formula preparation, and the normal physiological changes of the immediate postnatal period.		Macro Plans Quarterly Narrative – Group Topic Calendar
	B - Prenatal group facilitators cover the risks of HIV transmission through breastfeeding, using medically accurate materials.		Group Plans Quarterly Narrative – Group Topic Calendar
	C - Prenatal Group facilitators encourage participants to identify a medical home for their child and share information regarding well-childcare and immunizations.		Macro Plans
	D - Prenatal Group facilitators encourage and support teens to return to school and provide information on identifying safe, high-quality childcare.		Macro Plans
PRE3 - Prenatal Group services promote prenatal attachment and bonding by promoting and facilitating a healthy relationship between mother and unborn child, thus helping the parent develop emotional availability for the baby.	A part of each Prenatal Group meeting has activities that encourage connections and positive interactions between parent(s) and unborn child.	Each Prenatal Group session has a documented parent-child activity.	Micro Plans Process Notes
PRE4 - Prenatal Group services are an ongoing service strategy. The duration of the group is long enough to sustain relationships that promote trust and goal attainment.	A - Prenatal Group membership and facilitators are as consistent as possible.		Attendance Log Macro Plans Micro Plans Program Abstract

Principle	Practice	Benchmark	Documentation
PRE4 - Prenatal Group services are an ongoing service strategy. The duration of the group is long enough to sustain relationships that promote trust and goal attainment.	B - Each Prenatal Group meets for a minimum of one and a half hours as part of a six-to-eight-week session.		Macro Plans Process Notes Program Abstract
	C - Programs hold a minimum of 24 Prenatal Group sessions per fiscal year.	Programs hold 90% of planned Prenatal Group sessions.	Macro Plans Program Abstract
	D - Prenatal Group documentation includes micro plans, attendance, and process notes for each session.		Attendance Logs Macro Plans Micro Plans Process Notes
	E - Individuals responsible for planning Prenatal Groups should create a macro plan that is reviewed during the annual program assessment.		Macro Plans
	F - Prenatal Group arrangements include a nutritious meal or snack.		Micro Plans Program Abstract
	G - Programs complete a written evaluation plan for Prenatal Group services that includes a procedure for gathering feedback from Prenatal Group participants.		Group Evaluations Group Plans Process Notes
	H - Staff members use group meeting records, informal feedback, parent evaluations, and their own observations to improve Prenatal Group sessions.		Process Notes Supervisory Documentation
PRE5 - Prenatal Groups enable pregnant women, their partners, and their families to achieve a healthy pregnancy, optimal birth outcome, and positive adaptation to parenting.	Prenatal Groups promote transition to ongoing program services such as Home Visiting for both enrolled participants and those not yet actively enrolled in the HV&DN program.		Group Evaluations Process Notes Quarterly Narrative Report

FY23 PTS-Doula Best Practice Standards Program Structure & Governance

Principle	Practice	Benchmark	Documentation
SG1 - HV&DN programs have the greatest chance of outcome achievement when their service activities are of sufficient intensity and link to the specific strengths, needs, and risk factors of the target group.	A - Programs clearly identify and define their target population and the planned intensity of services, including frequency and duration of contact.	100% of programs use the Doula Home Visiting Model to determine frequency of Doula Home Visits.	Program Abstract Program Narrative
	B - Programs use a weighted eligibility system, in addition to any other model requirements, to determine eligibility for program services. Programs ensure that funder specific priority populations are part of the weighted eligibility criteria. Where slots are available, programs provide services to child welfare involved families regardless of income or other risk factors.	100% of enrolled participants are below 400% of the Federal poverty level (https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines). Priority should be given to participants with incomes below 200% FPL. Participants between 200% and 400% FPL must be in one of the Early Learning Council's Priority populations (https://www2.illinois.gov/sites/OECD/Events/Documents/Priority%20Populations%20updated%202021.pdf) or experiencing at least one other risk factor. Scores on the weighted eligibility form should be used to prioritize enrollment.	
	C - No more than 20% of Doula participants receive short-term Doula Services	Programs enroll 80% of Doula participants in long-term Home Visiting services.	Participant Files Program Abstract Program Narrative
	D - For short-term Doula Services, programs transition the participant to ongoing family support or home visiting programs offered by community partners.		Participant Files Program Narrative

Principle	Practice	Benchmark	Documentation
SG2 - The relationship between the staff member and the participant is primary to the delivery of quality services. The quality and intensity of that relationship affects the participants' initial engagement, ongoing participation, and retention in the program.	A - Programs maintain full enrollment.	Program enrollment is at least 85% of the expected numbers served per the Program Abstract.	Program Abstract Program Narrative
	B - Program Supervisors have relationships with participants and conduct annual satisfaction surveys to ensure responsiveness to participant needs.	Programs complete annual satisfaction surveys, with a response rate of at least 25% of actively enrolled participants.	Program Files
SG3 - Delivery of relationship-based services to participants and their children begins with the nature of the relationship between the staff members in the program.	A - Staff members receive ongoing training and regularly scheduled supervision. Staff members meet individually with a Supervisor on a weekly basis.	Each staff member receives 46 individual supervisions per fiscal year.	Program Abstract Program Narrative Supervisory Documentation
	B - Doula programs ensure regular perinatal clinical support of Doulas and Doula Supervisors with face-to-face sessions that take place a minimum of once a month on site	Programs hold 75% of expected clinical support sessions.	Clinical Support Notes Program Abstract Program Narrative
	C - Programs base supervision on a process of reflection; stepping back from the work to explore the how's and why's of staff's actions and the impact of the work on that staff person.		Program Narrative Supervisory Documentation
	D - Supervisors conduct observations of staff's direct work with families in Doula Home Visits and Prenatal Groups two times per year.		Program Narrative Supervisory Documentation
	E - A minimum ratio of full-time supervisor to staff of 1:6 is expected. A ratio of 1:5 is optimal. The number of Parent Educators assigned to the Supervisor is adjusted proportionally when the Supervisor is not full-time.		Program Abstract

Principle	Practice	Benchmark	Documentation
SG4 - Programs have a Director to supervise staff, promote and provide for coordination of services across components, and build collaboration in the community. This coordination is necessary to maximize the use of program and community resources, and to provide integrated services for pregnant and parenting teens and their children.	Programs have a 100% full-time Program Director. This person is responsible for program oversight (planning, implementation, and evaluation) and ensuring the coordination and integration of service components.		Program Abstract
SG5 - Programs integrate Doula services into Home Visiting in a manner that allows participants to experience the unique benefits of each strategy and the combined effects of all.	Staff members in all service components share information relevant to participants' progress in order to keep services responsive and promote continuity in services. Programs hold monthly team meetings to coordinate and integrate services to participants.	Programs hold 75% of expected team meetings.	Program Abstract Program Narrative Team Meeting Notes
SG6 - Staff knowledge, skills, and support are essential to the delivery of quality services. Reflective supervision demonstrates an investment in staff development in addition to the monitoring of staff activities. Programs implement reflective supervision as described earlier in these standards.	A - Staff members have written staff development plans and Supervisors plan to release staff members from their duties to attend training that supports their work.		Program Narrative Supervisory Documentation
	B - Staff members receive basic and ongoing training in key areas they encounter in their work with families. These include child and adolescent development, forming and maintaining an effective helping relationship, child abuse recognition and response, intimate partner violence, substance abuse, cultural competency, parent-child attachment, and community resources.		Program Narrative Supervisory Documentation Training Records

Principle	Practice	Benchmark	Documentation
SG6 - Staff knowledge, skills, and support are essential to the delivery of quality services. Reflective supervision demonstrates an investment in staff development in addition to the monitoring of staff activities. Programs implement reflective supervision as described earlier in these standards.	C - Doulas complete HV&DN approved training in addition to other Doula certification. Participation for ongoing in-service training is required.	Doulas attend the FSW track of HFA Integrated Strategies or, at a minimum, the two-day PAT Model Implementation training within the first six months of their hire date and attend the first available Doula Basic training in relationship to their hire date.	Supervisory Documentation Training Records
SG6 - Staff knowledge, skills, and support are essential to the delivery of quality services. Reflective supervision demonstrates an investment in staff development in addition to the monitoring of staff activities. Programs implement reflective supervision as described earlier in these standards.	D - Doulas and Doula Supervisors attend a DONA approved Birth Doula Training.	Doulas and Doula Supervisors complete DONA training within three months of hire.	Supervisory Documentation Training Records
	E - Programs follow and annually review with staff members its policy governing appropriate procedures for addressing child abuse and neglect in alignment with state law.		Supervisory Documentation Team Meeting Notes Supervisory Documentation Training Records
SG7 - All HV&DN services are responsive to the culture of the families served.	Programs select staff members for their experience and expertise in working with the community and families served by the program, including an understanding of language, customs, and values.		Program Files
SG8 - Programs select staff members and volunteers in a manner that ensures they are willing to work with high-risk families, such as those in which intimate partner violence or substance abuse may be a concern.	A - Staff members are open to flexible schedules to allow for connecting with participants who are not available during traditional work hours.		Program Files Program Policies and Procedures Supervisory Documentation
	B - Staff members and volunteers have experience or education related to parenting, family support, and child development.		Program Files
	C - Staff members demonstrate the capacity to form positive trusting relationships through clear communication and acceptance of differences in values, beliefs, and practices.		Supervisory Documentation

Principle	Practice	Benchmark	Documentation
SG9 - The programs relationship with the community is critical to supporting participant success. Effective programs for parents' link to community services, organizations, and programs actively participate in relevant service networks, support effective referral relationships, and maintain visibility in the community as a source of support for families.	A - Community partners identified as referral sources for screening, assessment, and program intake must match the program's target population and meet any specific program model requirements.		Program Abstract Program Narrative
	B - To ensure a regular flow of referrals for intake, programs develop and maintain relationships with other community organizations that come into routine contact with pregnant teens, including but not limited to schools, health clinics, and social service agencies.		Program Narrative Team Meeting Notes
	C - Doula programs develop written linkage agreements, whenever possible, with any hospital(s) where Doulas provide labor and delivery support to guarantee access of Doulas for attending births.		Program Abstract Program Files Program Narrative
	D - Program interns and volunteers, when utilized, are subject to the same screening processes programs use with paid staff members. In addition, volunteers receive the same training and quality of supervision as would a paid staff member with similar duties.	Programs screen 100% of program interns and volunteers in the same manner as paid staff members. This includes all legally permissible background checks, criminal history records, and civil child abuse and neglect registries.	Program Files

Principle	Practice	Benchmark	Documentation
SG9 - The program's relationship with the community is critical to supporting participant success. Effective programs for parents' link to community services, organizations, and programs actively participate in relevant service networks, support effective referral relationships, and maintain visibility in the community as a source of support for families.	E - To ensure comprehensive services for families, programs develop and maintain knowledge of and working relationships with service providers that address needs beyond the scope of HV&DN services. These include but are not limited to schools, alternative and vocational education, housing, financial assistance, health services, nutrition programs, recreational programs, mental health, early intervention, substance abuse, intimate partner violence services, and childcare.		Community Resource Directory Program Narrative Team Meeting Notes
SG10 - Programs are aware of and sensitive to participants' experiences of services.	A – Programs have established policies and procedures that allow for virtual service delivery, based up on the needs of the family and the staff. Policies and procedures should include, but are not limited to, the elements outlined in the most recent IDHS/MIECHV/ISBE/DFSS COVID-19 Guidance for Home Visiting, CI, and Doula programs (https://www2.illinois.gov/sites/OECD/Documents/Final%20with%20all%20logos_%20IDHS%20ISBE%20DFSS%20HV%20CI%20Doula%20COVID-19%20Guidance%202022.06.14.pdf).		Participant Files Program Files
SG11 - Programs participate in evaluation activities to determine the effectiveness of services.	Programs cooperate with Start Early research and evaluation efforts. This includes obtaining informed consent in writing from participants in order to link names, addresses, and telephone numbers to participant identification numbers.		Participant Files

Principle	Practice	Benchmark	Documentation
SG12 - Effective programs maintain complete records of service activities to allow for planning, to track progress, and to demonstrate accountability.	Programs maintain participant files with up-to-date information about service intensity, service content, and participant progress. Programs utilize DataPoints and cooperate with all elements of data collection, training, and reporting information as required by HV&DN.	100% of program staff members who are responsible for data entry participate in DataPoints training.	Training Records