

HEALTHY START STATEWIDE LEVELING SYSTEM

Level	Definition	Minimum frequency of direct services encounters	Services
E	+ Participants require only the service components of an initial contact. +Education, counseling and referrals to community resources given as needed.	Prenatal: 1 Child: 1	Attempt to contact, Initial contact, referrals as needed and case closure. This participant may have an initial assessment provided at the same time as the IC Individualized Plan of Care
1 low need	+ Participants typically function fairly independently, but may not have adequate knowledge about community services or may have additional barriers accessing, participating in or coordinating services for themselves or their child. Participants require short term follow-up on the ability to successfully access services. Participants do not stay in this level longer than 3 months before a determination is made to close to HS services or relevel to a higher level if services continue to be necessary. Education, counseling and referrals to community resources given as needed.	Prenatal: 1 every 2 months Child: 1 every 2 months	Initial contact or Initial contact & initial assessment (as determined by outcome of IC.) Care coordination not face to face as needed Care coordination face to face as needed Individualized Plan of Care Other Healthy Start services as needed Case closure or relevel within 3 months of IC
2 medium need	+Participants typically function fairly independently, but may not have adequate knowledge about community services or may have additional barriers accessing, participating in or coordinating services for themselves or their child. +Education, counseling and referrals to community resources given as needed.	Prenatal: 1 per month Child: 1 per month	Initial contact or Initial contact & initial assessment (as determined by outcome of IC.) Care coordination not face to face as needed Care coordination face to face as needed Individualized Plan of Care Other Healthy Start services as needed
3 intensive need	+ Participants / families are experiencing multiple concerns and need frequent service coordination. Safety concerns and crisis intervention are often characteristics of participants in this level. +Education, counseling and referrals to community resources given as needed	Prenatal: 2 per month Child: 2 per month	Initial contact or Initial contact & initial assessment (as determined by outcome of IC.) Large percentage of care coordination is provided face to face Care coordination not face to face as needed Individualized Plan of Care Family Support Plan Other Healthy Start services as needed