OverView

About Us

Right From The Start (RFTS) is a statewide home visitation program in West Virginia committed to producing improvements in birth outcomes for low-income pregnant women and their families. Right From The Start providers are registered nurses and licensed social workers known as Designated Care Coordinators (DCCs), who work and reside in the community they serve. The DCCs help women attempt to achieve these important goals:

- Improve pregnancy outcomes by helping women engage in good preventive health practices including early comprehensive prenatal care, good nutrition and reducing use of cigarettes, alcohol and other illegal substances.
- Help parents increase their knowledge of child development, offering parent education and facilitating access to community resources.
- Improve families’ economic and personal self-sufficiency by empowering parents to develop a vision for their own future, plan future pregnancies, continue their education and find jobs.

The RFTS Program provides training and support services to ensure that the home visiting model is precisely replicated in all West Virginia communities, leading to improved outcomes for both mothers and children. Sites adhere to key elements of the Program through protocols established by the WV Department of Health and Human Resources, Office of Maternal, Child and Family Health, Division of Perinatal and Women’s Health, Perinatal Programs and ACOG.

Key Elements

- Home visitors (Designated Care Coordinators) are specially trained professionals – registered nurses and social workers licensed to practice in West Virginia.
- DCCs follow American College of Obstetricians & Gynecologists (ACOG) guidelines and protocols identified in the RFTS Program Manual that focus on the mother’s personal health, quality of care-giving and life-course development.
- Women voluntarily enroll as early in pregnancy as possible with home visits beginning ideally by the 16th week of pregnancy and continuing through the first year of the infant’s life.
- DCCs involve the mother’s support system including family members, fathers and friends, and help families access other health and human services they may need.
- Each pregnant woman and family of the infant receives individualized services which they develop jointly with the DCC.
- Additional medical and social services offered in the community are also used to assure efficient use of resources.

RFTS Program Data (2009)

- Average weight of infant born to RFTS participants - 7.07 pounds
- Average gestation - 38.21 weeks
- Average DCC/prenatal client contacts - 6.25
- Average DCC/infant client contacts - 8.64
- Total number of home visits - 23,261
- Total number of enrolled clients - 7,201

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Revised 8/2010
**Benefits**

Ensuring access to health care for low-income women and children has been an ongoing concern for state and federal officials. The Bureau for Medical Services (Medicaid) and Office of Maternal, Child and Family Health (OMCFH) have worked collaboratively to develop special initiatives that extend support services to women and infants at risk of adverse health outcomes. This partnership has not only expanded the state’s capacity to finance health care for women and children, but has also strengthened the delivery of care by establishing care protocols, recruiting medical providers and developing supportive services such as case management and nutrition counseling which contribute to improved patient well-being.

The RFTS Program more than pays for itself, given the multitude of outcomes the program affects. Net reductions in public costs begin to accrue by the time the children reach four years of age. In similar program models, there is evidence that the economic returns/benefits from investing in early intervention programs are larger when programs are effectively targeted. The RAND Corporation has independently estimated that the return for each dollar invested is $5.70 for the high-risk population served.*

For more detailed information about Program elements, go to [www.wvdhhr.org/omcfh/rfts](http://www.wvdhhr.org/omcfh/rfts), a vibrant and dynamic communication center. View a statewide map showing communities served by the RFTS Program, review Program data, link to other OMCFH programs and locate a provider in your area. You may call or contact the RFTS Program staff at 1-800-642-8522 or (304) 558-5388.

A study conducted by the West Virginia University Birth Score Office shows statistically significant differences between women who received at least one RFTS service and women who were not referred.

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**The RFTS Program Demonstrates**

- Lower number of infants born with a high birth score.
- Lower rate of tobacco and alcohol use in pregnancy.
- Lower rate of infant admission to NICU.
- Higher rate of breast-feeding infants.
- Lower rate of C-sections.
- Higher rate for linking infants with high birth scores to a well childcare service.
- Higher number of infants carried past 37 weeks gestation. **

[http://www.wvdhhr.org/birthscore](http://www.wvdhhr.org/birthscore)

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**Did You Know?**

Pregnant women who are Medicaid beneficiaries not referred to RFTS had statistically significant higher low birth weight & preterm delivery rates.

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**Did You Know?**

Adequate prenatal care utilization increased in the prenatal participant group versus the Medicaid beneficiaries not referred to RFTS group.

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**Collaborative Partners**

- WV March of Dimes
- WV Hospital Association
- WV Medical Society
- WV Hospital Association
- WV Health Systems
- WV Office of Community Health Systems

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**A Descriptive Analysis: Calendar Year 2008 WV Right From The Start Program (RFTS)**

Revised 8/2010