

Promising Practices Home Visiting - Project Narrative

Instructions: Please record the answers to the questions below so you can easily upload them into the online grant interface portal, [Foundant \(https://www.grantinterface.com/Home/Logon?urlkey=mdcfh\)](https://www.grantinterface.com/Home/Logon?urlkey=mdcfh). Some questions will be answered online (checkboxes, yes/no), and others will require copy and paste of answers into a text field or uploading supporting documents.

1. Strengths and Qualifications of the Applicant Agency and Staff (limit 3 pages)

- a. **Mission.** Describe the fit between proposed family home visiting approaches and the agency mission, as well as the agency's knowledge of and standing in the proposed priority and hard-to-reach communities to be served.
- b. **Experience.** Describe the agency's experience and success in providing culturally responsive and linguistically appropriate services to families. Also, describe the agency's board of directors including composition (% BIPOC members), background (bicultural and bilingual members), and work or lived experience with priority communities to be served.
- c. **Staffing.** Describe the staff's training and experience implementing a family home visiting program. If your agency is implementing a new family home visiting approach, describe the staff's training and experience working with pregnant people, new parents, infants, and young children. Describe the proposed staffing model including types of staff or contractors (doulas, nurses, peer support specialists, community health workers).
- d. **Recruitment and Retention of Staff.** Describe initiatives your agency has in place or will put in place to recruit and retain qualified home visiting staff.
- e. **Culturally Diverse Workforce.** Describe the agency's recent progress to build a workforce that is that culturally diverse and representative of communities served. Also, describe the agency's staff and leadership including composition (% BIPOC staff), background (bicultural and bilingual staff), and work or lived experience with priority and hard-to-reach families.
- f. **Staff Capacity and Ongoing Support.** Describe the agency's current or proposed staff capacity to support the family home visiting promising practices program. Also, describe how the agency will provide ongoing support for family home visitors in their role working with transitional or hard-to-reach families.

2. Increasing Access to Home Visiting for Priority and Hard-to-Reach Families (limit 4 pages)

- a. **Target Populations to be Served.** Describe the families to be served by the proposed home visiting promising practices program. These may include priority populations such as families experiencing: (1) housing instability or homelessness; (2) involvement in the justice system; (3) substance use disorder (SUD) including opioid use disorder; (4) serious persistent mental illness (SPMI); and (5) intimate partner violence (IPV) or living

in a domestic violence shelter. Also, describe the stage of enrollment of participants (prenatal or flexible) and ages of children (0-5) to be served.

- b. **Approaches to Home Visiting.** Describe approaches to home visiting, including all activities included during home visits lessons. Include how multi-generational approaches will be used to educate and support parents and/or caretakers and their children. If group activities are used to support home visiting lessons, clearly describe these activities and rationale for chosen approaches. Also, describe settings (where) and frequency (how often) for individual and group home visiting services.
- c. **Promising Practices.** Include names and descriptions of one or more promising practices, or evidence-informed models or curriculum to be implemented. Also, describe how staff will adapt, add on to, or combine home visiting models and approaches to best meet the needs of transitional or hard-to-reach families.
- d. **Referral Network.** Describe the agency's referral network for home visiting services including internal programs or existing community partnerships. Also, describe how staff will identify and establish new referral partners to reach priority populations, highly mobile families, and families in transition. Include examples of how staff will utilize the referral network and how families will be better supported by these partnerships.
- e. **Recruitment and Retention of Participants.** Describe strategies to recruit families from priority populations in the proposed service area. Describe the agency's approaches to retain priority and hard-to-reach families, including how your program will make adjustments and be flexible in meeting the needs of families.

3. Promising Practices Program Implementation (limit 4 pages)

- a. **Target caseload (10-25 families):** Describe the rationale behind your proposed target caseload. Include the agency's plans to reach and maintain 60% of the proposed target caseload by the end of year one. Also, describe any anticipated challenges to reaching the target caseload and strategies to address these challenges.
- b. **Intake and Risk Assessment Processes.** Describe the intake, eligibility, and enrollment processes for families. Include examples of how these processes will be family-centered and informed by cultural humility. Describe approaches to assessment of participant risk factors which may include depression, intimate partner violence, child development (including social-emotional) and parent-child interaction assessments. Include examples of tools to be used to complete assessments and how results will be tracked for families.
- c. **Cultural Responsiveness.** Describe staff capacity to identify cultural values and beliefs that can inform family home visiting approaches. Also, describe staff capacity to understand the behaviors and needs of families, build rapport, and maintain trust with families.
- d. **Reflective Supervision.** Describe how the proposed program will implement Reflective Supervision (RS) for promising practice home visitors and supervisors (if applicable). Also, describe any anticipated challenges to providing reflective supervision and strategies to address these challenges.

- e. **Professional Development and Training.** Describe how the professional development needs of staff will be met. Include training topics to support family home visitor staff capacity to meet the needs of priority populations.
- f. **Continuous Quality Improvement and Community of Practice.** Describe how staff will engage in continuous quality improvement activities. Include examples of how data and reports will be used to identify areas for program growth or improvement. Also, describe how staff will participate in a Community of Practice (CoP) to share lessons learned and best practices with other home visiting promising practices programs.

4. Advancing Health Equity and Community Engagement (limit 3 pages)

- a. **Addressing Diversity and Trauma.** Describe how the agency will support — through policy, practice, and training — the delivery of family home visiting services for families from diverse cultures, races and ethnicities, and life experiences. Also, describe how trauma-related experiences of the families served will inform approaches and decision-making by program staff and leadership.
- b. **Participant Input.** Describe methods (how) and frequency (how often) for engagement of families in feedback processes to improve the home visiting program. Include examples of engagement with families in planning, leadership, or policy development at a program or organizational level.
- c. **Connecting to Community.** Describe how family home visiting staff will make additional connections with the populations and communities to be served. Include examples of approaches to raise community awareness of the importance of routines, positive and engaged parenting, reading with infants and children, and safe and healthy home environments for all families. Also, describe how program outcomes will be shared with program participants as well as the larger communities being served.

5. Reporting and Grant Management (limit 1 page)

- a. **Reporting.** Describe your agency's approach to timely completion of data and narrative reports required for family home visiting and/or other grant programs.
- b. **Grant Management.** Describe your agency's approach to timely completion of invoices (monthly or quarterly) and budget modifications (as needed). Include examples of staff efforts to update to budgets and work plans to meet the needs of families served.

6. Program Evaluation (limit 3 pages)

- a. **Program Outcomes.** Please select which of the following outcome areas your proposed family home visiting program will address. Funded programs must improve outcomes in two or more of these areas:
 - i. Parental and newborn health
 - ii. School readiness and achievement
 - iii. Family economic self-sufficiency
 - iv. Coordination and referral for other community resources and supports

- v. Reduction in child injuries, abuse, or neglect
- vi. Reduction in crime or domestic violence
- b. **Evaluation Measures.** For each selected outcome area, list at least two specific measures that your program will use to evaluate whether program goals are met. A minimum of four evaluation measures is required. If your program is choosing IHVE data collection, review the table in Appendix C of the RFP to ensure that the data needed to calculate these evaluation measures is collected in the IHVE system.
- c. **Strategies for Outcome Improvement.** Describe how the family home visiting program will lead to improvements in the selected outcome areas. Include examples of how program components and activities will meet these outcomes when serving your target population.
- d. **Evaluation Data Collection and Reporting:** Indicate how your organization will collect evaluation data for the measures listed in the response to the previous question and report on those measures to MDH:
 - i. **IHVE data collection.** Grantees will submit individual-level data to the MDH Information for Home Visiting Evaluation (IHVE) system. MDH staff will calculate the evaluation measures and provide the results to the grantee annually during the grant period. Grantees must implement a process to obtain written informed consent to release data to the State of Minnesota from each home visiting participant before submitting their data to IHVE.
 - ii. **Grantee-designed data collection.** Grantees will be responsible for collecting their own program evaluation data, calculating their evaluation measures, and reporting results to MDH annually during the grant period. Grantees may design their own data collection forms for the home visiting program or use existing forms if data collection for their home visiting program has already been established.
- a. **If selecting IHVE for evaluation data collection:** which method of submitting data to IHVE will your agency use?
 - i. Data entry via MDH-hosted IHVE forms in REDCap
 - ii. Data entry via an Electronic Health Record (EHR) or other client tracking system with IHVE-compatible forms. For this method, indicate which data system(s) you plan to use (Client Track, Nightingale Notes or PH-Doc).