# Strong Foundations Year-end Progress Monitoring Report

**Key Information**

This document is a copy of the 2023 Strong Foundations Year-end Progress Monitoring prompts. You will complete the report via REDCap. In early December 2023, a unique link will be sent to the main grant contact.

- Due date: January 20th, 2024.
- 2023 Strong Foundations Yearend report emphasizes:
  - Workplan/ Implementation Updates
  - Advancing Health Equity Approaches & Strategies
  - Grantee Assessment (this will move to Year-end reporting only)
- For each question, refer to your workplan and activity updates to evaluate progress.
- Once submitted, you will receive an email with a copy of your responses.

## Workplan & Implementation Updates

### Increasing Access to Evidence-Based Home Visiting Services

#### Referrals, Recruitment & Enrollment

**What strategies or partnerships have worked well in strengthening referrals, recruitment, and enrollment?**

**What new ideas or strategies do you plan to use in the next 6 months to support referrals, recruitment, and enrollment?**

#### Prenatal Recruitment

**What strategies or partnerships have worked well in strengthening prenatal enrollment?**

**What new ideas or strategies do you plan to use in the next 6 months to support prenatal enrollment?**

#### Target Caseload

**What strategies or partnerships have worked well in increasing or achieving target caseload?**

**What new ideas or strategies do you plan to use in the next 6 months to increase or achieve target caseload?**

# Increasing Infrastructure to Support Staff to Provide Evidence-Based Home Visiting Services with Model Fidelity

## Reflective Supervision (model specific)

**What strategies or partnerships have worked well in supporting reflective supervision?**

**What new ideas or strategies do you plan to use in the next 6 months to support reflective supervision?**

## Advisory Committee (AC)/ Community Meetings that Provide Regular Guidance for Program Implementation

**What strategies or partnerships have worked well in creating and facilitating advisory committees/ community meetings that provide regular guidance for program implementation?**

**What new ideas or strategies do you plan to use in the next 6 months to create and facilitate advisory committees/ community meetings that provide regular guidance for program implementation?**

# Participating in MDH Evaluation and Continuous Quality Improvement Activities to Enhance Home Visiting Services

## Timely and Accurate Data Submission (model specific)

**What strategies or partnerships have worked well in submitting timely and accurate data?**

**What new ideas or strategies do you plan to use in the next 6 months to support the submission of timely and accurate data?**

## Continuous Quality Improvement (CQI)/ Strategies that Improve Programming

**What strategies or partnerships have worked well in strengthening CQI efforts/ the use of strategies that improve programming?**

**What new ideas or strategies do you plan to use in the next 6 months to strengthen CQI efforts/ the use of strategies that improve programming?**

# Model Fidelity

## Screening & Assessments (model specific)

**What strategies or partnerships have worked well in ensuring families receive model-required screenings and assessments?**

**What new ideas or strategies do you plan to use in the next 6 months to ensure families receive model-required screenings and assessments?**

### Community of Practice (COP) Participation

Common features of COPs:

- meet regularly and ongoing
- convene around specific topic/s (e.g., model, population, approach)
- can have different names (e.g., "PAT MN Supervisors Monthly Meeting"; "MN HFA Leads CoP" (HFA))

**What strategies or partnerships have worked well in supporting participation in Communities of Practice?**

**What new ideas or strategies do you plan to use in the next 6 months to support participation in Communities of Practice?**

### Staff Development

**What strategies or partnerships have worked well in providing professional development opportunities or ongoing training?**

**What new ideas or strategies do you plan to use in the next 6 months to provide professional development opportunities or ongoing training?**

### Systems Coordination

**What strategies or partnerships have worked well in strengthening the coordination of early childhood (EC) programs and systems with other EC agencies?**

**What new ideas or strategies do you plan to use in the next 6 months to strengthen the coordination of EC programs and systems with other EC agencies?**

## Advancing Health Equity

**What strategies are working particularly well at reaching, recruiting, and retaining priority populations? (using prompts above or other in your program)?**

**In the next year, what new strategies or partnerships might support your agency's ability to better reach, recruit, and retain priority populations?**

**What adaptations are made to materials, curricula, etc to make them more accessible for families participating in FHV? (e.g., create video recordings for families who mostly speak and not read home language)**

**How do you describe Family Home Visiting (FHV) to families?**

**How do you help families understand the benefit of FHV participation?**

**Do current FHV participants refer other families to family home visiting? If yes, please describe.**

# Grantee Assessment

**Assess the level of difficulty/ ease in meeting grant requirements. The letter following the prompt (e.g., [A]) represents the grant activity outlined in Exhibit A in your grant agreement. The items below represent a subset of the grant requirements; see grant agreement for a complete list.**

Options: 1) Very difficult, 2) Somewhat difficult, 3) Neutral, 4) Somewhat easy, 5) Very easy

- Deliver FHV programming in service area [E].
- Meet target caseload [G & H].
- Implement CQI tools and strategies [I].
- Ensure family input in program improvement [I].
- Develop appropriate protocols for servicing waitlist families [K].
- Implement a variety of recruitment strategies to meet target caseload [L].
- Ensure families meet model eligibility [N].
- Create and maintain a referral network [N,O].
- Utilize creative strategies to destigmatize home visiting to families [O].
- Increase staff capacity to deliver culturally responsive and trauma-informed services [P].
- Develop and implement a plan for reflective supervision [Q].
- Assess families for the risk factors, including depression, IPV, child development and parent-child interaction [S].
- Seek 3rd party reimbursement for all eligible services [Y]. (Skip if not applicable)
- Ensure 3rd party reimbursement generated by grant supported activities is reinvested into evidence-based home visiting [Y]. (Skip if not applicable)
- Ensure clients provide written informed consent to release their individual level data to MDH [AA].
- Release client data according to the level of informed consent given [BB].

# Wrap Up

**Does this report accurately reflect your agency's Strong Foundations grant activities and implementation? (I.e., are there areas or activities that are missing from this report?)**

**Is there anything else you'd like to share with MDH?**

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