

Strong Foundations Quarterly Data Collection Submission Guide

Strong Foundations Evidence-Based Family Home Visiting grantees are required to submit the Strong Foundations Quarterly Report each calendar quarter. This guide provides instructions for completing and submitting the report.

How to access the report

The Strong Foundations Quarterly Report is a REDCap survey. Open a new report by clicking on this link [Strong Foundations Quarterly Report](https://redcap.health.state.mn.us/redcap/surveys/?s=EYJKFJENWRJRDRMY) (<https://redcap.health.state.mn.us/redcap/surveys/?s=EYJKFJENWRJRDRMY>) or by copying the URL and pasting it into your web browser. You do not need an MDH REDCap account to access this form.

Completing the report

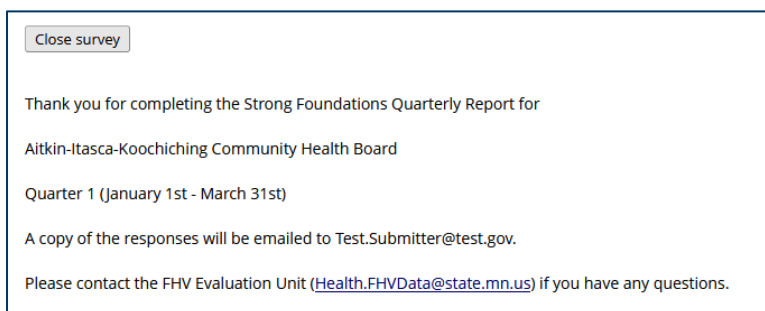
Review the questions beginning on page 6 of this document to gather the necessary information before completing the form for the type of FHV grant that you are reporting on.

- Complete one Quarterly Report for each Strong Foundations grant, unless you have been notified of an exception by the FHV Evaluation Team.
- Report values for all models combined, if the grant includes implementation of more than one home visiting model.

To complete the form, answer all required questions, plus any optional questions as appropriate, and click “Submit” at the end of the survey. You will see a completion screen including the grantee name, grant type, and quarter on the form (Figure 1). You will also see a button that allows you to download a PDF copy of the completed form for your records.

A confirmation email will be sent to the email address of the person completing the form. This email will include the responses given to questions on the report for your records.

Figure 1. Screen displayed when the Strong Foundations Quarterly Report is completed.

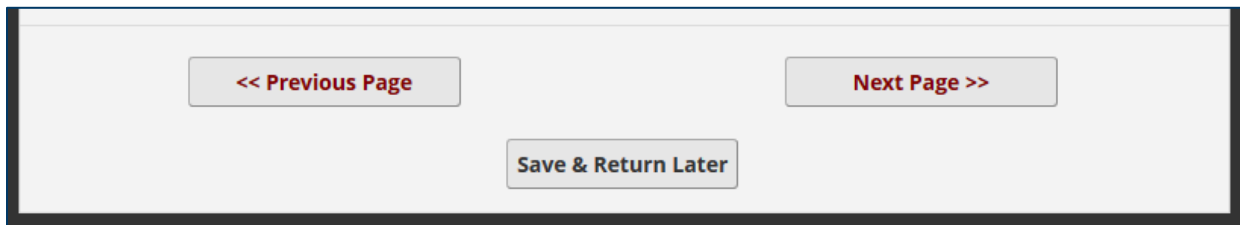


Saving and returning to finish an incomplete report

Avoid creating a new form for your grant after you have already started one for the quarter. REDCap will not prevent you from creating a new form when one already exists for your grant, however creating multiple forms for your grant will make it more difficult for MDH FHV staff to track submissions.

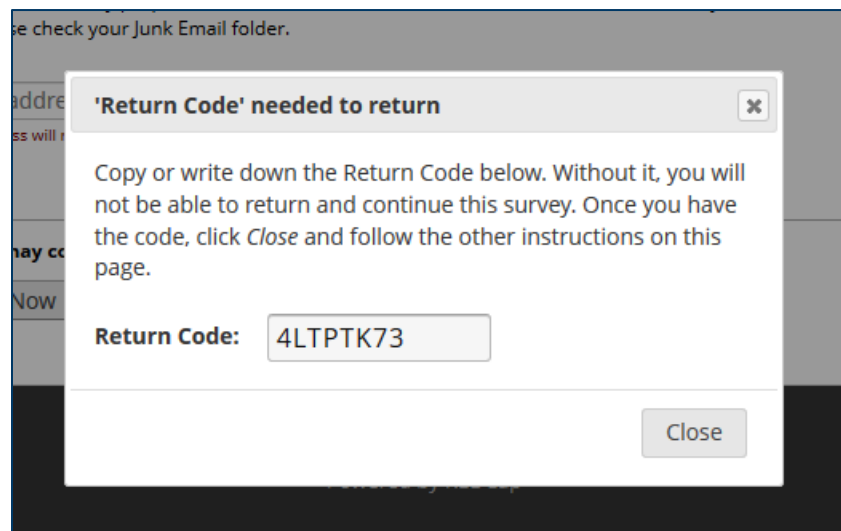
If you need to save a partially-completed form, exit the survey, and return to complete it later, click the “Save & Return Later” button at the bottom of any page of the form (Figure 2).

Figure 2. Save & Return Later button.



You will see a pop-up window with a Return Code (Figure 3). Copy or write down the Return Code, then click the “Close” button in the pop-up window. Please note that the Return Code is case-sensitive. You will need this Return Code to access your partially-completed form.

Figure 3. Pop-up window with Return Code.



On the screen after you close the pop-up window, follow the instructions to bookmark the webpage, or email yourself the link to the webpage where (Figure 4).

Figure 4. Instructions for returning to finish the form.

Your survey responses were saved!

You have chosen to stop the survey for now and return at a later time to complete it. To return to this survey, you will need both the *survey link* and your *return code*. See the instructions below.

1.) Return Code
 A return code is ***required*** in order to continue the survey where you left off. Please write down the value listed below.

Return Code

* The return code will NOT be included in the email below.

2.) Survey link for returning
 You may bookmark this page to return to the survey, OR you can have the survey link emailed to you by providing your email address below. For security purposes, **the return code will NOT be included in the email**. If you do not receive the email soon afterward, please check your Junk Email folder.

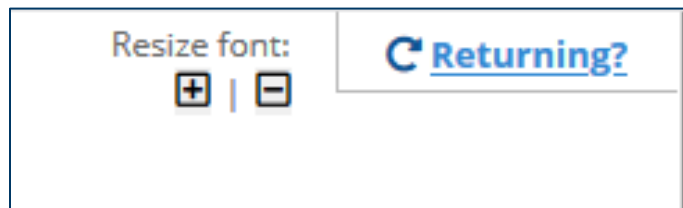
* Your email address will not be stored

Or if you wish, you may continue with this survey again now.

If you have the Return Code, but do not have the link for returning to the survey, you can access it in these two ways:

1. Click on this link: [Strong Foundations Quarterly Data Collection Return Link](https://redcap.health.state.mn.us/redcap/surveys/?s=EYJKFJENWRJRDRMY&_return=1)
https://redcap.health.state.mn.us/redcap/surveys/?s=EYJKFJENWRJRDRMY&_return=1
2. Open the link for a new form and click on the “Returning?” link in the upper right (Figure 5).

Figure 5. Returning link in upper right of new form.



When you are ready to continue the form, open the link for returning to the survey, and enter the Return Code (Figure 6). This should open the form with your saved data.

Figure 6. Screen where the Return Code is entered.

Strong Foundations Quarterly Report

To continue the survey, please enter the RETURN CODE that was auto-generated for you when you left the survey. Please note that the return code is **not** case sensitive.

Submitting a replacement form

Once you have submitted a completed form, you will **not** be able to access the form and modify your answers. If it is necessary to submit a replacement form, open a new form by clicking on the survey link. Complete the form with the updated information, indicating on the bottom of the first screen that the form is a re-submission (Figure 7).

Figure 7. Question asking whether for is a first submission or re-submission.

Is this the first Strong Foundations Quarterly Report submission for _____, _____ or is this a re-submission?

** must provide value*

First Submission
 Re-Submission

Due dates for 2023

The Strong Foundations Quarterly Report is due on the 10th day following the end of each calendar quarter, or the next business day if the 10th falls on a weekend or holiday. Due dates for 2023 are provided in the table below.

FHV grantees that cannot submit the form by the due date should contact the FHV Evaluation Unit (Health.FHVDData@state.mn.us) **on or before the due date** to request an extension.

Calendar Quarter	Due Date
Quarter 1 (January 1 - March 31)	April 20, 2023
Quarter 2 (April 1 - June 30)	July 20, 2023
Quarter 3 (July 1 - September 30)	October 20, 2023
Quarter 4 (October 1 - December 31)	January 20, 2024

Form questions

First Page

Question Language	How to Respond
Form Submission Date	Auto populated
What calendar year are you completing this form for?	<ul style="list-style-type: none"> ▪ 2023 ▪ 2024 ▪ 2025 ▪ 2026 ▪ 2027
What quarter are you completing this form for?	<p>Answer options:</p> <ul style="list-style-type: none"> ▪ Quarter 1 (January 1st – March 31st) ▪ Quarter 2 (April 1st – June 30th) ▪ Quarter 3 (July 1st – September 30th) ▪ Quarter 4 (October 1st – December 31st)
FHV Grantee Name	Select the name of the FHV Grantee (grant fiscal host) from this drop-down list
<p><i>Shown only if FHV Grantee Name = Carlton Cook Lake St. Louis Community Health Board</i></p> <p>For grants awarded to Carlton-Cook-Lake-St. Louis CHB: which counties are included in this report?</p>	<p>Answer options:</p> <ul style="list-style-type: none"> ▪ MIECHV-funded counties (Carlton, St. Louis) ▪ State-funded counties (Lake, Cook)
<p><i>Shown only if FHV Grantee Name = Minneapolis Health Department</i></p> <p>For grants awarded to the City of Minneapolis: Is this report for implementation of the Family Connects model?</p>	<p>Answer options:</p> <ul style="list-style-type: none"> ▪ Yes ▪ No
<p><i>Shown only if grantee is funded by MIECHV</i></p> <p>MIECHV Household Definition</p>	The MIECHV Household Definition (see Definitions at the end of this document) is shown as a reminder to Strong Foundations grantees that are receiving MIECHV funding.
Name of person completing this form	Enter respondent's name
Email Address of person completing this form	Enter respondent's email address – a copy of the completed form will be sent to this address
Is this the first Strong Foundations Quarterly Report submission for [FHV Grantee Name], [Quarter] or is this a re-submission?	<p>Answer options:</p> <ul style="list-style-type: none"> ▪ First Submission ▪ Re-Submission
<p>Did all households open during [Quarter] provide written informed consent to share private data with MDH?</p> <p>Answer "No" if any households served by the Strong Foundations-funded home visiting program this quarter have not provided written informed consent to release private data to MDH.</p>	<p>Answer options:</p> <ul style="list-style-type: none"> ▪ Yes ▪ No

Section A: Households Currently Receiving Services as of the End of the Quarter

- In this section, report households served by the Strong Foundations grant awarded to [FHV Grantee Name] that were Currently Receiving Services as of the last day of [Quarter].
- “Currently Receiving Services” means that the household was enrolled and actively participating in the home visiting program, according to the definition used by the home visiting model.
- Include in this section any households that have not provided informed consent to share individual-level data with MDH.
- If you reported households that have not provided informed consent to share private data with MDH, you will be asked to break out that number from the total that were Currently Receiving Services.
- The Total Number of Households Currently Receiving Services will be used by MDH to track the grantee’s maintenance of target caseload for this grant.

NOTE: If you said “no” to the question “Did all households open during [Quarter] provide written informed consent to share private data with MDH?” on the first page, you will be required to report the portion of households that did not consent to share data, in addition to the total number of households, for the first two questions in this section. See Figure 8 for a screenshot of how these fields will appear in the form.

Figure 8. Table in Section A for reporting Households Currently Receiving Services as of the last day of the quarter.

	Households Served by Strong Foundations Grant	Households Served by Strong Foundations Grant, that did not consent to share private data with MDH
Number of Households <i>newly-enrolled this quarter</i> , that were Currently Receiving Services as of the last day of Quarter 1 (January 1st - March 31st)	<input type="text"/>	<input type="text"/>
Number of Households <i>continuing from last quarter</i> , that were Currently Receiving Services as of the last day of Quarter 1 (January 1st - March 31st)	<input type="text"/>	<input type="text"/>
Total Number of Households Currently Receiving Services as of the last day of Quarter 1 (January 1st - March 31st)	<input type="text"/>	<input type="text"/>
Please review these numbers for accuracy. If they do not appear correct, check your answers to the previous questions.	<input type="text"/>	<input type="text"/>

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Question Language	How to Respond
Number of Households <i>newly-enrolled</i> this quarter, that were Currently Receiving Services as of the last day of [Quarter]	Enter whole numbers only. If some open households this quarter did not consent to share private data, also report the number of these households that did not consent.
Number of <i>continuing from last quarter</i> , that were Currently Receiving Services as of the last day of [Quarter]	Enter whole numbers only. If some open households this quarter did not consent to share private data, also report the number of these households that did not consent.
The number of Non-Consenting Households should not be greater than the Number of Households that are Currently Receiving Services.	This warning will appear only if the number of non-consenting households exceeds the total number of households in the same row of the table.
Total Number of Households Currently Receiving Services as of the last day of [Quarter] Please review for accuracy. If this number does not appear correct, please review your answers to the previous two questions.	Calculated field – this is the sum of households newly-enrolled this quarter, and households continuing from last quarter.
<i>Shown only if grantee is funded by MIECHV</i> You reported that [Grantee Name] has _____ households Currently Receiving Services as of the last day of [Quarter], according to the MIECHV Household definition. Of these _____ households, how many were served by the budgeted home visitor FTE in your current Strong Foundations budget?	MIECHV-funded grantees must also report the number of Households Currently Receiving Services that are served by the budgeted Strong Foundations home visitor FTE. This number may differ from the number of households served according to the MIECHV household definition. Refer to the section MIECHV-funded Grantee Reporting at the end of this guide.
If the Total Number of Households Currently Receiving Services served by the Strong Foundations grant does not equal at least 85% of the Target Caseload for this grant, please provide reasons why:	Review the Target Caseload for this grant and provide a response in the text box, if applicable.
Family Spirit Model only: You reported _____ households served this [quarter]. Of the _____ households, how many were prenatal households or households serving children less than 36 months? This number should not exceed the _____ reported (Total Number of Households Currently Receiving Services as of the last day of [quarter]). These households are being served in fidelity with the Family Spirit model.	Enter whole numbers only.

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Question Language	How to Respond
<p>Number of Households served by the Strong Foundations grant that were Open and Inactive as of the last day of [Quarter].</p> <p>These families should NOT be included in the Total Number of Households Currently Receiving Services reported above.</p> <p>This may include unreachable participants and other households not receiving services that have not yet been closed by the end of the quarter.</p> <p>Look to model guidance on whether a household is inactive.</p>	<p>Enter whole numbers only.</p>

Section A: Grantees Implementing Family Connects

The following questions appear in Section A only if the grantee is implementing the Family Connects model.

Question Language	How to Respond
Number of eligible families	Enter whole numbers only.
Number of families scheduled for Family Connects Integrated Home Visits (IHV)	Enter whole numbers only.
Number of families that completed an Integrated Home Visit (IHV)	Enter whole numbers only.
Number of families that received one or more follow-up visits or phone calls	Enter whole numbers only.
Number of families that had referrals based on their score on the Family Connects Matrix	Enter whole numbers only.

Section B: Family Engagement

- In this section, report households that were served by the Strong Foundations grant that were closed out of the EB Family Home Visiting program during [Quarter], because they completed the program or were closed (stopped services) for other reasons.
- Include in this section any households that have not provided informed consent to share individual-level data with MDH.
- If you reported households that have not provided informed consent to share private data with MDH, you will be asked to break out that number from the total that completed the program or were closed for other reasons.

NOTE: If you said “no” to the question “Did all households open during [Quarter] provide written informed consent to share private data with MDH?” on the first page, you will be required to report the portion of households that did not consent to share data, in addition to the total number of households, for the first two questions in this section. See Figure 9 for a screenshot of how these fields will appear in the form.

Figure 9. Table in Section B for reporting Family Engagement during the quarter.

	Households Served by Strong Foundations Grant	Households Served by Strong Foundations Grant, that did not consent to share private data with MDH
<p>Number of Households that Completed the home visiting program during Quarter 2 (April 1st - June 30th) Completed: household completed or graduated from the home visiting program, according to home visiting model-specific definitions or criteria</p>	<input type="text"/>	<input type="text"/>
<p>Number of Households that Stopped Services during Quarter 2 (April 1st - June 30th) Stopped Services: household was closed before completing the home visiting program according to home visiting model-specific definitions or criteria</p>	<input type="text"/>	<input type="text"/>
<p>Total Number of Households that Closed during Quarter 2 (April 1st - June 30th) Please review this number for accuracy. If this number does not appear correct, please review the answers for the previous questions.</p>	<input type="text"/>	<input type="text"/>

Question Language	How to Respond
<p>Number of Households that Completed the home visiting program during [Quarter]</p> <p>Completed: household completed or graduated from the home visiting program, according to home visiting model-specific definitions or criteria</p>	<p>Enter whole numbers only. If some open households this quarter did not consent to share private data, also report the number of these households that did not consent.</p>
<p>Number of Households that Stopped Services during [Quarter]</p> <p>Stopped Services: household was closed before completing the home visiting program according to home visiting model-specific definitions or criteria</p>	<p>Enter whole numbers only. If some open households this quarter did not consent to share private data, also report the number of these households that did not consent.</p>
<p>The number of Non-Consenting Households that Closed should be less than or equal to the Total Number of Households that Closed. Please review the data entered.</p>	<p>This warning will appear only if the number of non-consenting households exceeds the total number of households in the same row of the table.</p>

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Question Language	How to Respond
<p>Total Number of Households that Closed during [Quarter]</p> <p>Please review this number for accuracy. If this number does not appear correct, please review the answers for the previous questions.</p>	<p>Calculated field – this is the sum of households that completed and stopped services during the quarter (closed during this quarter).</p>
<p>Total Number of Strong Foundations Households that were Open at some point during [Quarter]</p> <p>Please review this number for accuracy. If this number does not appear correct, please review the answers for the previous four questions.</p>	<p>Calculated field – this is the sum of households Currently Receiving Services, households that Closed during the quarter, and households that are Open and Inactive.</p>

Section C: Visits

Question Language	How to Respond
<p>Number of virtual home visits provided to Strong Foundations Households during [Quarter]</p> <p>If unable to report an exact number, please provide your best estimate.</p> <p>Virtual home visits include visits conducted via phone calls or using online meeting technology. Refer to model-specific guidance for criteria defining a home visit.</p>	<p>Enter whole numbers only</p>
<p>Number of home visits delivered during [quarter] to Households that did not consent to share private data with MDH</p> <p>Include only completed home visits according to the definition used by the evidence-based home visiting model.</p> <p>Do not include visits that were reported to the IHVE system.</p>	<p>Enter whole numbers here</p>

Section D: Staff Recruitment and Retention

- Report the number Full-Time Equivalent (FTEs) paid for using Strong Foundations Evidence-Based Family Home Visiting grant funding awarded to [grantee] , according to their status as of the last day of [Quarter].
- Only count the proportion of FTE for each staff member that is supported by this grant's funds. For example, a 1.0 FTE staff member who is supported 30% through this grant's funds and 70% through other funds would count for 0.3 FTE for the purposes of this section.

- Review the total FTE for each category for accuracy. Totals should reflect your approved grant budget.

Figure 10. Table in Section D for reporting Staff Recruitment and Retention during the quarter.

	FTE that was <i>filled</i> as of the last day of Quarter 1 (January 1st - March 31st)	FTE that was <i>vacant</i> as of the last day of Quarter 1 (January 1st - March 31st)	Total FTE (should match approved Strong Foundations budget)
Home Visitors If a Supervisor carries a caseload of families, include the Supervisor's FTE that is funded for providing home visiting services in this row.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervisors Supervisor: a position that provides administrative supervision to one or more home visiting staff. Do not include FTE for staff that provide Reflective Supervision unless those positions also provide administrative supervision.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Staff Include FTE for other staff positions not included in Home Visitors and Supervisors above, such as outreach staff, data support, accountants, and other roles supporting the Strong Foundations home visiting program.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Question Language	How to Respond
Note: If a Supervisor carries a caseload of families, include the Supervisor's FTE that is funded for providing home visiting services in this row.	
FTE Home Visitors that were filled as of the last day of [Quarter]	Enter whole or fractional (decimal) numbers
FTE Home Visitors that were vacant as of the last day of [Quarter]	Enter whole or fractional (decimal) numbers
Total Home Visitor FTE (should match approved Strong Foundations budget)	Calculated field- sum of filled and vacant home visitor FTE
Supervisor: a position that provides administrative supervision to one or more home visiting staff. Do not include FTE for staff that provide Reflective Supervision unless those positions also provide administrative supervision.	
FTE Supervisors that were filled as of the last day of [Quarter]	Enter whole or fractional (decimal) numbers

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Question Language	How to Respond
FTE Supervisors funded by [FHV Grant Type] that were vacant as of the last day of [Quarter]	Enter whole or fractional (decimal) numbers
Total Supervisor FTE (should match approved Strong Foundations budget)	Calculated field- sum of filled and vacant supervisor FTE
Include FTE for other staff positions not included in Home Visitors and Supervisors above, such as outreach staff, data support, accountants, and other roles supporting the Strong Foundations home visiting program.	
FTE Other Staff that were filled as of the last day of [Quarter]	Enter whole or fractional (decimal) numbers
FTE Other Staff] that were vacant as of the last day of [Quarter]	Enter whole or fractional (decimal) numbers
Total Other Staff FTE (should match approved Strong Foundations budget)	Calculated field- sum of filled and vacant Other Staff FTE
Describe any staffing changes for the Strong Foundations grant during the reporting quarter. Include whether new staff were hired, changes to staff responsibilities.	Provide a response in the text box, if applicable

Section E: Third-Party Reimbursement

Question Language	How to Respond
<p>Amount of reimbursement received from third-party payers for households served by the Strong Foundations grant during [quarter].</p> <p>For this question, please report the total amount (in dollars) that was received during the quarter. The service date and/or billing date do not need to have occurred during the quarter.</p> <p>Reimbursement from third-party payers includes Medical Assistance (MA), Prepaid Medical Assistance Program (PMAP), and private health insurance payments on claims for covered services provided to clients through the home visiting program.</p> <p>Report \$0 (zero) dollars if your agency did not receive any reimbursement from third-party payers for services.</p>	Report amount rounded to the nearest dollar.

Section F: Additional Comments

Question Language	How to Respond
Please provide any additional comments that would help the Family Home Visiting Section understand the information in this report.	Provide a response in the text box, if applicable

Definitions

- **Household:** For the purpose of this form, “household” is synonymous with “family,” and refers to the group of people who are being served together as one Family Home Visiting case or caseload slot. At a minimum, a household consists of a pregnant person, or of a primary caregiver plus a child; households may include additional caregivers and/or children. A primary caregiver may be the parent of the child or children, or may be a grandparent, other relative, or a foster parent. Home visiting models may have model-specific definitions for who can be served together in a household.
- **Households Currently Receiving Services:** A household served by the grant that is enrolled and active in home visiting services. Households should be classified as “active” according to the guidance or definitions provided by the evidence-based model. Do not include households or cases that are still open but are inactive at the time of reporting.
- **Informed Consent:** Written permission from an individual to allow a government entity to release the individual’s private data to another government or non-government entity or person, or to use the individual’s private data within the entity in a different way (Minnesota Statutes, section 13.05, subdivision 4). A valid informed consent must be voluntary and not coerced, be in writing, and explain why the use or release of data is necessary. FHV grantees must have a process that asks clients for their written informed consent to provide the State with their identifiable individual level data for the purpose of evaluating the evidence-based home visiting program. Grantees must inform their clients that the client’s decision regarding informed consent will not in any way impact that family’s access to services.

MIECHV-funded Grantee Reporting

MIECHV-funded Strong Foundations grantees should follow the definition of a MIECHV Household when determining which households to include in this report, **except** for the question in Section A, “Of these _____ households, how many were served by the budgeted home visitor FTE in your current Strong Foundations budget?” See the section “Strong Foundations Staffing Plan Example” below for an explanation of why the number of households served by the Strong Foundations budgeted home visitor FTE may differ from the MIECHV Household definition.

A MIECHV Household is defined as one that meets the following criteria:

- Served by a trained home visitor with fidelity to the model
- who is funded at 0.25 FTE or greater by MIECHV grants (personnel costs, including salary/wages and benefits).
- MIECHV households should reside in one of the counties identified as at-risk according to the Minnesota 2020 MIECHV Needs Assessment [MIECHV Needs Assessment 2020 Summary: Identifying Communities Most in Need and Assessing Early Childhood Services \(state.mn.us\)](#)

Strong Foundations Staffing Plan Example:

A grantee potentially has a greater number of families that meet MIECHV Household criteria vs. households served by Strong Foundations budgeted FTE. In the Strong Foundations staffing plan example below for a MIECHV-funded grantee, if each home visitor met their target caseload, the total number of families that meet MIECHV Household criteria is 216 (Column D. Total number of family slots in Model to be served by the HV position). This number should be reported in for the question “Total Number of Households Currently Receiving Services as of the last day of [Quarter].”

This grantee only funds a portion of their FTE in Model from the Strong Foundations grant. When reporting the number of households served by the Strong Foundations budgeted home visitor FTE, you will need to differentiate how many families are served directly by Strong Foundation funding, which will be a subset of the Total number of families served. In the example below, that would be 129 (assuming all home visitors are at their predetermined target caseload).

A. FTE amount funded from Strong Foundations grant	B. Total FTE in Model	C. Number of Family Slots (caseload) served by Strong Foundations grant	D. Total number of family slots in Model to be served by this HV position
0.4	0.6	11	18
0.4	0.6	10	18
0.4	0.6	11	18
0.4	0.6	11	18
0.4	0.6	11	18
0.4	0.6	11	18
0.4	0.6	11	18
0.4	0.6	11	18
0.4	0.6	11	18
0.4	0.6	11	18
0.4	0.6	11	18
0.4	0.6	10	18
0.4	0.6	10	18
4.8	7.2	129	216

Minnesota Department of Health
 Family Home Visiting Section
 PO Box 64975
 St. Paul, MN 55164-0975
<https://www.health.state.mn.us/communities/fhv/index.htm>
 To obtain this information in a different format, call: 651-201-5000.