

## Components of Home Visiting Services or Programs

Funds must be used to ensure implementation of the following **required** practices for Home Visiting.

1. Provide standard screening for participants for social determinants of health and depression risk;
2. Use tools and strategies to focus on parent-child bonding and healthy emotional attachment;
3. Educate participants on best practices regarding safe sleep, breastfeeding, and tobacco cessation.
  - a. Information regarding these topic should be evidence-based information or guidance from IDOH;
4. Require minimum staff training and development
  - a. These include but are not limited to: mandatory reporting, personal safety, confidentiality, data protection, and cultural responsiveness
5. Work with all members of the family who want to participate in the home visiting program;
6. Create and use goals and ongoing assessments for the program to provide quality improvement to implementation.
7. Usage and documentation of referrals, referral sources, referrals to additional services and outcomes of those referrals for all participants
8. Must have or have the ability to plan, record keep, report, and communicate program-level self-assessment and ongoing monitor.

The following are **not required** but are recommended for home visiting programs. Especially those wishing to one day participate in My Health Baby Program (*formally known as OB Navigation Program*) at IDOH.

*Disclaimer\*\* Please note that My Healthy Baby Program may have further requirements beyond these listed and their standards are subject to change. Following these recommendations does not guarantee participation in the My Healthy Baby Program.*

1. Require a CPI check of all program staff; <https://www.in.gov/dcs/3928.htm>
  - a. This would be on top of required background checks.
2. Provide the program as voluntary and free to the participants;
  - a. Programs would still be able to bill Medicaid
3. Use of research-based curriculum or use of the curriculum of the evidence-based model or promising approach to home visiting the program has adopted;
4. Identify and partner with local programs and resources working with the same families to ensure collaboration, prevent unnecessary duplication, and allow access to the necessary continuum of family support services;
5. Participate in local community advisory committee or community action team.
6. Demonstrate services have been implemented in the community for at least 9-12 months.