

Request for Applications

Enhancing Mental Health Capacity in Home Visiting
A Virtual Community of Practice for State Teams



ZERO TO THREE
Early connections last a lifetime

The ZERO TO THREE Policy Center is convening a virtual community of practice to support states in enhancing mental health capacity in home visiting. This initiative is funded by the Alliance for Early Success.

Background

Families receiving home visiting services often face a multitude of challenges associated with poverty, social stress, trauma, substance abuse, and/or family and community violence that put them at higher risk of experiencing mental health difficulties. Home visiting programs are not always well-equipped to identify and address parents' mental health issues (such as maternal depression, substance abuse, or anxiety) or assist families in promoting children's social-emotional development.

To address this need, states can incorporate mental health as an integral part of home visiting programs. Strategies for doing so include:

- Providing training to home visitors and supervisors on social and emotional well-being and behavioral health of young children and families
- Pairing home visitors with mental health consultants who can provide case consultation, reflective practice, and limited interventions
- Conducting screenings for children's social and emotional health, maternal depression, and substance abuse during home visits
- Strengthening connections between home visiting programs and mental health services so families can be referred when concerns are identified

Description of the Opportunity

This virtual community of practice on enhancing mental health capacity in home visiting will provide states with a venue to explore strategies for building mental health capacity and meeting the challenges of integrating mental health into home visiting. Five to eight states will be selected to join. Each state will identify a public-private sector team of three to five people to participate in the community of practice activities.

The community of practice will begin in January 2017 and end no later than August 2017. Frequency of contacts will be determined by the participants, but the community of practice is expected to include approximately five to eight conference calls or webinars. Depending on the preference of the group, calls/webinars could include presentations from experts, peer-to-peer sharing, and/or examples from other states. Throughout the community of practice, each state team will identify specific action steps they will take to better integrate mental health in home visiting.

First Community of Practice Call/Webinar: January 31, 2016; 10:00-11:30 Pacific/11:00-12:30 Mountain/12:00-1:30 Central/1:00-2:30 Eastern

An online portal will also be created to enable participants to share documents and have discussions between calls/webinars.

Expectations

Selected states will commit the time of a core group of three to five public and private leaders who have the authority to influence and make changes to participate in the community of practice.

Selected State Teams will:

- Help generate discussion topics for the community of practice
- Actively participate in calls/webinars by sharing information about your state's successes and challenges
- Share relevant resources on the online portal
- Hold state team meetings/calls between community of practice events as needed to prepare for the next session
- Develop an action plan for enhancing mental health capacity in home visiting and present it at the end of the series

ZERO TO THREE will:

- Convene and facilitate community of practice calls/webinars
- Identify outside presenters when necessary, in consultation with community of practice members
- Share relevant resources
- Establish an online portal for peer sharing
- Produce a short paper describing some of the strategies and examples discussed during the community of practice and disseminate it to the field

Application Process

Eligibility

All states are eligible to apply. States should assemble public-private teams of three to five people (see team composition below). States must submit a single application on behalf of the team for consideration. Applications must identify a lead contact person who represents a public or private sector state-level entity that is working to enhance mental health capacity in home visiting (leads do not need to be one of the individuals who originally received the Request for Applications). The lead contact person will be responsible for the team's participation and follow-up and will coordinate development of the state's action plan.

This Request for Applications is being sent to state MIECHV leads, state Infant Mental Health Associations, state Children's Mental Health leads, State Advisory Council leads, and Project LAUNCH state grantees, as well as Alliance for Early Success lead contacts in applicable states. Representatives are encouraged to involve others in their state in responding.

Team Composition

State teams must include public and private representatives. Participants on the state team may include:

- MIECHV/home visiting lead;
- Early Childhood State Advisory Council lead;
- representative from the state Infant Mental Health Association;
- Project LAUNCH grantee staff;
- state agency staff such as the child welfare administrator, mental health lead, Part C Early Intervention director, or Early Childhood Comprehensive Systems coordinator;
- providers of physical and behavioral health care;
- policymakers such as a Governor's policy advisor or legislator;
- representatives of advocacy, provider, or parent organizations; or
- other relevant stakeholders.

Submitting an Application

Interested states should identify the lead contact person for this application and provide brief, specific answers to the following questions:

1. How is your state currently building mental health capacity in home visiting?
2. What are current political, regulatory, funding, or other challenges to building mental health capacity in home visiting?
3. Who would serve as the core group (three to five individuals) to participate in the community of practice, and what would each participant contribute?
4. What would your state hope to accomplish through participation in the community of practice? Please be as specific as possible.

Responses should not exceed three pages and are due no later than December 12th. They should be submitted electronically to Jamie Colvard at jcolvard@zerotothree.org and Cathy Bodkin at cbodkin@zerotothree.org.

Selection Criteria

Selection of states to participate will be based on:

- Understanding of their state's context relative to this opportunity
- Strength and commitment of the team proposed to participate in the community of practice
- Likelihood that participation will lead to the development of, and progress on, an action plan to strengthen mental health capacity in home visiting

States at a variety of levels of capacity will be considered. It is expected that participating states will have strategies and examples to share as well as areas for growth. Consideration will also be given to the geographic diversity and rural/urban mix of the group of states selected.

Questions may be addressed to Jamie Colvard (jcolvard@zerotothree.org) or Cathy Bodkin (cbodkin@zerotothree.org).

ZERO TO THREE is a national nonprofit organization that informs, trains, and supports professionals, policymakers, and parents in their efforts to improve the lives of infants and toddlers. The Policy Center is a nonpartisan, research-based resource for federal and state policymakers and advocates on the unique developmental needs of infants and toddlers. For more information about the work of ZERO TO THREE and the Policy Center, please visit: <https://www.zerotothree.org/policy-and-advocacy>.