

## **BIRTH EQUITY PROJECT (BEP)**

COMMUNITY INVESTMENTS THAT IMPROVE EQUITY IN BIRTH OUTCOMES



### **Request for Letters of Intent**

**Due March 4, 2019 at 5:00 p.m. PST**

#### **TIMELINE**

<b>Letters of Intent Due</b>	March 4, 2019 by 5:00 p.m. PST
<b>Full Request for Applications Sent</b>	March 6, 2019 by 5:00 p.m. PST
<b>Applicants Conference Call</b>	March 14 <sup>th</sup> , 2019 10:00 a.m. PST
<b>Full Request for Applications Due</b>	April 15, 2019 by 5:00 p.m. PST
<b>Site Visits Scheduled and Held by DOH</b>	April 22 <sup>nd</sup> – May 10 <sup>th</sup> , 2019
<b>Notification of Contract Awards</b>	May 17, 2019
<b>Planning Phase Contract Fully Executed by</b>	July 1, 2019
<b>Funded Planning Phase</b>	July 1, 2019 – Sept 30, 2019
<b>Estimated Planning Phase Funding Range</b>	\$25,000 – \$50,000
<b>Year One Contract Fully Executed by</b>	October 1, 2019
<b>Grant Year One</b>	October 1, 2019 through September 30, 2020
<b>Estimated Year One Funding Range</b>	\$100,000 – \$300,000

#### **PURPOSE**

Washington State Department of Health (DOH) proposes to fund projects aimed at improving maternal health and birth outcomes in priority populations through the Center for Disease Control Preventative Health and Health Services Block Grant (PHHS). We are inviting communities to submit a Letter of Intent (LOI) to apply for direct funds to plan and implement a three year Birth Equity Project aimed at achieving these goals. This project will support holistic, culturally appropriate and multigenerational approaches to improving the health of mother and baby. Funded projects will achieve measurable and meaningful outcomes through implementation of evidence based/evidence informed or community informed prevention models.

#### **BACKGROUND**

Maternal health, birth outcomes and infant mortality rates are associated with a population's access to quality medical care, health status, public health policies and practices, as well as social, economic, environmental, and political conditions that influence a person's health. From 2011-2015, Washington State's Non-Hispanic (NH) Black/African American population had the highest infant mortality rate at

8.9 per 1,000 live births, followed by NH American Indian/Alaska Native (8.4 per 1,000) and NH Native Hawaiian and Other Pacific Islander (7.7 per 1,000), compared to NH White (4.2 per 1,000). These disparities have been relatively constant over the last two decades in our state. DOH is committed to decreasing birth outcome health disparities in all racial/ethnic and economic groups. DOH believes that by funding evidence based/evidence informed programs or community informed practices that are culturally appropriate and focus on the root causes of inequities, we can successfully reduce population-based disparities.

## **PROCEDURE and ELIGIBILITY**

A minimum of three Washington State organizations will be chosen through a competitive community selection process. Based on statewide health disparity data, at least one award will be to a project focused on improving outcomes among Black/African American communities and at least one award will be to a project focused on improving outcomes among American Indian/Alaska Native communities. All other awards will be based on communities with a demonstrated maternal health and birth outcomes health disparity.

Awardees will receive planning funds ranging from \$25,000-\$50,000 to work with DOH staff in a three-month planning phase from July 1, 2019 to September 30, 2019, followed by three years of implementation of the proposed project starting on October 1, 2019. Funding beyond September 2020 is subject to availability.

Eligible entities are those with demonstrable experience working with and possessing cultural understanding of Non-Hispanic Black/African-American or American Indian/Alaska Native or Native Hawaiian and Other Pacific Islander communities as well as communities with a demonstrated disparity.

- Public or private for- and nonprofit community based organizations to include Urban Indian health organizations.
- Government organizations including local health jurisdictions, American Indian/Alaska Native Tribal governments and/or tribally designated organizations.

Our work together over the next three years will be critical to improving our understanding of how to reduce rates of maternal and infant health disparities and invest in community-based approaches and expertise.

## **FUNDING PRIORITIES**

- Support and build upon strong community partnerships
- Utilize evidence based/evidence informed programs or community informed practices that are culturally relevant
- Address key social determinants of health impacting maternal health and birth outcomes
- Build community capacity and sustainability
- Identify evaluation strategies and sustainability approaches
- Implement responsive, community led approaches

## LETTER OF INTENT

The LOI is limited to four pages plus the cover sheet and the LOI Checklist of Assurances. For consideration, please submit:

- Completed cover sheet (see page 4)
- Answer Letter of Intent questions (maximum four pages, font size 11, single spaced)
- Complete the Letter of Intent to Apply Checklist of Assurances (see page 5)

Please briefly respond to the following Letter of Intent questions:

1. Tell us how this project fits your organization's purpose and or mission statement.
2. Describe the community/communities you are proposing to serve with this funding and your rationale by utilizing available data on health disparities.
3. Describe the new or existing program or intervention(s) you intend to implement.
4. Describe your current community partnerships, and or partnerships you plan to build through this project. How would these partnerships help you improve maternal health or birth outcomes in the priority populations referenced above?
5. Describe your organizational expertise in the priority populations you will be serving:
  - a. Supporting maternal health and healthy birth outcomes in Non-Hispanic Black/African American, American Indian/Alaska Native, Native Hawaiian and Other Pacific Islander, or communities with a demonstrated maternal health and birth outcomes health disparity.
  - b. Skills, knowledge or experience in implementing programs within community, and or healthcare settings.
6. Complete the Checklist of Assurances (see page 5) and sign.

The Letter of Intent must be received by **5:00 pm on March 4, 2019 PST**. **Submit via email to [Brittany.Hinchcliffe@doh.wa.gov](mailto:Brittany.Hinchcliffe@doh.wa.gov) and place "BE Project" in the subject line.** Email attachment must be in PDF file format. **Please also attach the cover sheet** (see page 4) and **Checklist of Assurances** (see page 5) which is not counted in the four-page limit for your Letter of Intent. A confirmation email will be sent to the designated organization contact upon receipt of the Letter of Intent. Please contact Brittany Hinchcliffe at (360) 236-3570, if you have submitted a Letter of Intent and do not receive confirmation by March 4, 2019, 5:00 p.m. PST.

## REVIEW

A multi-disciplinary team from the DOH Office of Family and Community Health Improvement will review the Letters of Intent for basic eligibility criteria. Applicants selected to submit a full proposal will be notified **by 5:00 pm on March 6, 2019**. **All applicants invited to submit a full proposal must attend an Applicant's Conference Call on March 14, 2019 at 10:00 a.m. via GoTo conference call.** The Applicant's conference call will include criteria on components of a successful application proposal. Full applications will be due to DOH by April 15, 2019 at 5:00 p.m. PST. Please be advised that Letters of Intent and proposals are non-binding.

## COMMUNICATIONS

Please direct all communication about this LOI to: Brittany Hinchcliffe, Department of Health, Office of Family and Community Health Improvement, [Brittany.Hinchcliffe@doh.wa.gov](mailto:Brittany.Hinchcliffe@doh.wa.gov)

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**LETTER OF INTENT COVER SHEET**

**Due March 4, 2019 by 5:00 p.m.**

<b>Applicant Organization</b>	
Address	
City/ State/ Zip	
<b>Organization Contact/Title</b> (Correspondence will be directed to this person unless otherwise requested by applicant)	
Address (only if different from Applicant Organization address)	
E-mail	
Phone	

## Letter of Intent to Apply - Checklist of Assurances

Name of Organization: \_\_\_\_\_ Date: \_\_\_\_\_

<input type="checkbox"/>	We assure a high level of culturally appropriate engagement with the community/communities to be served. We have named current community partners and how they will collaborate with us on this project.
<input type="checkbox"/>	We assure that the intervention(s) is evidence based/evidence informed; if a developing practice is proposed, it has community defined evidence. An appendix of established practices is provided (see attached) as background information for some current best and promising practices in the field. It is not exhaustive and is not meant to limit options for proposed work.
<input type="checkbox"/>	We assure that we are able to meet reporting requirements such as programmatic, financial, and management benchmarks as required by the DOH. The DOH will work with the awarded communities to develop and define detailed work plans.
<input type="checkbox"/>	We assure that we will carry out required data collection and evaluation activities, such as gathering, providing data, as requested by DOH. We assure our involvement in the community we intend to reach and serve in planning, implementation and proposed evaluation of the project. DOH will develop a detailed evaluation plan with the awarded communities.
<input type="checkbox"/>	We agree to actively engage community members experiencing health disparities to understand potential barriers and needs of population subgroups for policy, process, and system change.
<input type="checkbox"/>	We agree to provide monthly reports and participate in other reporting systems as required by DOH and the PHHS Block Grant. We understand that lack of progress may result in redirecting funds.
<input type="checkbox"/>	We agree to assist and actively participate with DOH to develop and distribute communication documents and findings back to the community served and community partners who could benefit from this project.
<input type="checkbox"/>	We agree we are able to provide minimum staffing requirements to manage the program for the duration of the grant period (3 years); establish and maintain other staff, contractors, and consultants sufficient to implement activities that address the purpose identified in DOH work plans; participate in DOH convened meetings to facilitate peer exchange, training and technical assistance; and ensure that a sustainability plan is in place at the end of the grant period that leverages all available resources.
<input type="checkbox"/>	We have or are willing to establish a partnership with a health entity to implement the project.

## Appendix A

### List of Definitions

Term	Definition
<b>Health Equity</b>	Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.
<b>PHHS Block Grant</b>	The Preventive Health and Health Services (PHHS) Block Grant allows the 50 states, the District of Columbia, 2 American Indian tribes, 5 US territories, and 3 freely associated states to address their own unique public health needs and challenges with innovative and community-driven methods. A full FAQ on the grant is available at: <a href="https://www.cdc.gov/phhsblockgrant/faqs.htm">https://www.cdc.gov/phhsblockgrant/faqs.htm</a>
<b>Social Determinants of Health</b>	Conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes. These conditions are known as social determinants of health (SDOH).
<b>Evidence Based Program</b>	Evidence-Based Programs use a standardized, well-defined model that has been proven effective through rigorous research design when implemented with fidelity.
<b>Evidence Informed Program</b>	Evidence-Informed Programs use a documented model that has been shown to produce positive outcomes in at least one comparison study.
<b>Community Informed Practice</b>	Community-Informed Programs and Practices use approaches that are designed for, and/or implemented in, a specific community. They should be valued by that community, embedded in cultural and social conditions, and/or address populations for which EBPs or EIPs have not been developed.

### List of Reports and Data Sources:

Reports and Data Sources	Link
WA State Home Visiting Needs Assessment:	<a href="https://del.wa.gov/sites/default/files/public/OFCHI_HVNA_2017_Report_FINAL_2018_04_17.pdf">https://del.wa.gov/sites/default/files/public/OFCHI_HVNA_2017_Report_FINAL_2018_04_17.pdf</a>
WA State Infant Mortality Reduction Report:	<a href="https://www.doh.wa.gov/Portals/1/Documents/Pubs/140-157-InfantMortalityReductionReport.pdf">https://www.doh.wa.gov/Portals/1/Documents/Pubs/140-157-InfantMortalityReductionReport.pdf</a>
WA State Maternal Mortality Report	<a href="https://www.doh.wa.gov/Portals/1/Documents/Pubs/140-154-MMRReport.pdf">https://www.doh.wa.gov/Portals/1/Documents/Pubs/140-154-MMRReport.pdf</a>

## Appendix B

The information below is intended to serve as a resource for the Birth Equity Project. Applicants are not required to select from the programs below.

### Evidence Based Practices Sources:

National Registry of Evidence-Based Programs and Practices (NREPP)	<a href="https://www.samhsa.gov/nrepp">https://www.samhsa.gov/nrepp</a> <a href="https://nrepp.samhsa.gov/AllPrograms.aspx">https://nrepp.samhsa.gov/AllPrograms.aspx</a>
Blueprints for Healthy Youth Development (Blueprints)	<a href="http://www.blueprintsprograms.com/">http://www.blueprintsprograms.com/</a> <a href="http://www.blueprintsprograms.com/programs">http://www.blueprintsprograms.com/programs</a>
Oregon Research Institute (ORI)	<a href="http://www.ori.org/">http://www.ori.org/</a> <a href="http://www.ori.org/research/area/promoting_healthy_child_development##sc_2">http://www.ori.org/research/area/promoting_healthy_child_development##sc_2</a>

### National Registry of Evidence-based Programs and Practices:

Program	Link	Program Description
All Babies Cry	<a href="https://nrepp.samhsa.gov/ProgramProfile.aspx?id=118">https://nrepp.samhsa.gov/ProgramProfile.aspx?id=118</a>	All Babies Cry (ABC) is a strengths-based prevention program that targets the parents of infants, with the goal of reducing incidences of child abuse during the first year of life. Infant crying is the most common precursor to child maltreatment in the first year of life. ABC aims to improve new parents' ability to understand and cope with infant crying.
Attachment and Biobehavioral Catch-up (ABC)	<a href="https://nrepp.samhsa.gov/ProgramProfile.aspx?id=68">https://nrepp.samhsa.gov/ProgramProfile.aspx?id=68</a>	Attachment and Biobehavioral Catch-up (ABC) is a parent-training intervention aimed primarily at children between 6 and 24 months of age and their caregivers. ABC targets young children who have experienced early adversity, such as maltreatment or disruptions in care, and addresses several issues that have been identified as problematic among children who have experienced early adversity
Baby TALK Home Visiting	<a href="https://nrepp.samhsa.gov/ProgramProfile.aspx?id=179">https://nrepp.samhsa.gov/ProgramProfile.aspx?id=179</a>	Baby TALK Home Visiting is a home-visitation intervention for vulnerable, at-risk children between 0 and 36 months and their families. This program aims to address the mental health needs of young children and provide family support with the goal of reducing risk factors that could cause mental health problems and/or developmental delays.
Boston Consortium Model: Trauma-Informed Substance Abuse Treatment for Women (BCM)	<a href="https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=86">https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=86</a>	The Boston Consortium Model: Trauma-Informed Substance Abuse Treatment for Women (BCM) program provides a fully integrated set of substance abuse treatment and trauma-informed mental health services to low-income, minority women with co-occurring alcohol/drug addiction, mental disorders, and trauma histories.
Bringing Baby Home	<a href="https://nrepp.samhsa.gov/AllPrograms.aspx">https://nrepp.samhsa.gov/AllPrograms.aspx</a>	Bringing Baby Home (BBH), a psychoeducational intervention for couples who are expecting a baby or recently had a baby, is designed to prevent or minimize postpartum difficulties for wives and husbands, promote positive couple relationships during the transition to parenthood, increase positive parenting, and improve family

		functioning.
<b>Celebrating Families!</b>	<a href="https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=100">https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=100</a>	Parenting skills training program designed for families in which one or both parents are in early stages of recovery from substance addiction and in which there is a high risk for domestic violence and/or child abuse.
<b>Child-Parent Psychotherapy</b>	<a href="https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=194">https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=194</a>	Child-Parent Psychotherapy (CPP) is an intervention for children from birth through age 5 who have experienced at least one traumatic event and, as a result, are experiencing behavior, attachment, and/or mental health problems, including posttraumatic stress disorder (PTSD). The primary goal of CPP is to support and strengthen the relationship between a child and his or her parent (or caregiver)
<b>CHOICES: A Program for Women About Choosing Healthy Behaviors</b>	<a href="https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=348">https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=348</a>	CHOICES: A Program for Women About Choosing Healthy Behaviors is a brief intervention designed to help women lower their risk of alcohol-exposed pregnancy (AEP) by reducing risky drinking, using effective contraception, or both. The primary audience for CHOICES is nonpregnant women of childbearing age who are at risk for AEP because they are sexually active with a male partner, do not use contraception consistently or effectively, and drink at levels known to carry an increased risk for reproductive and fetal outcomes
<b>Family Expectations</b>	<a href="https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=332">https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=332</a>	Skills-based, relationship education program for low-income couples who are expecting a baby or have just had a baby, with new parents participating at varied levels until their baby is 1 year old. The program is designed to increase family well-being by strengthening and improving the quality of the couple's relationship, increasing their use of constructive conflict management behaviors while avoiding the use of destructive behaviors, and improving each partner's ability to successfully co-parent the child.
<b>Family Foundations</b>	<a href="https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=236">https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=236</a>	Family Foundations, a program for adult couples expecting their first child, is designed to help them establish positive parenting skills and adjust to the physical, social, and emotional challenges of parenthood. Program topics include coping with postpartum depression and stress, creating a caring environment, and developing the child's social and emotional competence.
<b>Family Spirit</b>	<a href="https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=361">https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=361</a>	Family Spirit is a culturally tailored home-visiting intervention for American Indian teenage mothers--who generally experience high rates of substance use, school dropout, and residential instability--from pregnancy through 36 months postpartum. The intervention is designed to increase parenting competence (e.g., parenting knowledge and self-efficacy), reduce maternal psychosocial and behavioral risks that could interfere with effective parenting (e.g., drug and alcohol use, depression, externalizing problems), and promote healthy infant and toddler emotional and social adjustment (i.e., internalizing and externalizing behaviors). It also aims to prepare toddlers for early school success, promote parents' coping and life skills, and link families to appropriate community services.
<b>Forever Free for Baby and Me</b>	<a href="https://nrepp.samhsa.gov/ProgramProfile.aspx?id=206">https://nrepp.samhsa.gov/ProgramProfile.aspx?id=206</a>	The Forever Free for Baby and Me intervention is designed to provide tobacco-cessation information and self-help relapse prevention for women during and after pregnancy. The program is delivered through eight booklets that contain information about the nature of tobacco dependence, instruction for using cognitive and behavioral coping skills to deal with urges to smoke; being aware and preparing for high-risk "triggers" to smoke; strategies for managing lapses; and specific guidance about weight control, stress, and the health benefits associated with smoking cessation.

<b>Incredible Years Parents Program</b>	<a href="https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=311">https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=311</a>	The Incredible Years parent programs. Three training programs are available for parents of babies and toddlers (up to 30 months), preschoolers (3-5 years), and school-age children (6-12 years). The lengths of the parent programs vary from 12 to 20 weekly group sessions (2-3 hours each). The programs focus on strengthening parent-child interactions and relationships, reducing harsh discipline, and fostering parents' ability to promote children's social, emotional, and language development.
<b>Legacy for Children</b>	<a href="https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=360">https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=360</a>	Curriculum-driven parenting intervention designed to positively impact the early development of children of limited-resource mothers. Specifically, this primary prevention strategy aims to improve child outcomes by increasing positive parenting among low-income mothers of infants and young children by (1) promoting the mother's responsibility, investment, and devotion of time and energy for her child; (2) promoting responsive, sensitive mother-child relationships; (3) supporting the mother as a guide in her child's behavioral and emotional regulation; (4) promoting the mother's facilitation of her child's verbal and cognitive development; and (5) promoting the mother's sense of belonging to a community.
<b>Mothers and Babies Course</b>	<a href="https://nrepp.samhsa.gov/ProgramProfile.aspx?id=32">https://nrepp.samhsa.gov/ProgramProfile.aspx?id=32</a>	Preventive, mood-management course for pregnant women and mothers in the first 12 months postpartum who are at high risk for perinatal depression. The course teaches perinatal women cognitive-behavioral mood regulation strategies, in which their thoughts, behaviors, and social contacts affect their mood and vice versa. It also explains the benefits of strengthening mother-infant bonds. The overall goals are to prevent perinatal depression, strengthen the mother-infant relationship, and enhance both the mother's and the infant's mental and physical health.
<b>Nurse Family Partnership</b>	<a href="https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=88">https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=88</a>	Nurse-Family Partnership (NFP) is a prenatal and infancy nurse home visitation program that aims to improve the health, well-being, and self-sufficiency of low-income, first-time parents and their children
<b>Nurturing parent Program</b>	<a href="https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=171">https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=171</a>	Family-based programs for the prevention and treatment of child abuse and neglect. The programs were developed to help families who have been identified by child welfare agencies for past child abuse and neglect or who are at high risk for child abuse and neglect.
<b>Parenting Fundamentals</b>	<a href="https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=286">https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=286</a>	Parenting Fundamentals (formerly called the Parenting Education Program) is a group-based parent education and skills training program for parents who speak English or Spanish and, often, have low incomes, are part of an immigrant family, and/or are involved with the court or social service system. The program is designed to improve participants' parenting strategies and, by extension, to improve their children's behavior, social capacities, emotional competencies, and cognitive abilities. The program's content is tailored developmentally for use with parents of children in the following age groups: 0-3, 4-7, 7-12, and 12-16
<b>Parents as Teachers</b>	<a href="https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=221">https://nrepp.samhsa.gov/Legacy/ViewIntervention.aspx?id=221</a>	Parents as Teachers (PAT) is an early childhood family support and parent education home-visiting model. Families may enroll in Parents as Teachers beginning with pregnancy and may remain in the program until the child enters kindergarten. The goals of the model are to increase parent knowledge of early childhood development, improve parenting practices, provide early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children's school readiness and school success.
<b>Partners with</b>	<a href="https://nrepp.samhsa.gov">https://nrepp.samhsa.gov</a>	Service model that provides intensive, sustained services to families with

<b>Families and Children: Spokane</b>	<a href="http://www.nrepp.samhsa.gov/ProgramProfile.aspx?id=114">v/ProgramProfile.aspx?id=114</a>	children who are referred by child protective services, law enforcement, or other public health agencies as a result of persistent child neglect and who are unlikely to respond to briefer interventions. Aims to link parents to needed resources such as housing, employment, and transportation; helps them set measurable goals; and supports their efforts. Family teams place a strong emphasis on the quality of the parent-child relationship and the quality of interactions, using parent-infant psychotherapy principles to guide treatment goals.
<b>SafeCare</b>	<a href="https://nrepp.samhsa.gov/ProgramProfile.aspx?id=58">https://nrepp.samhsa.gov/ProgramProfile.aspx?id=58</a>	In-home program that aims to prevent child maltreatment and abuse and improve children's health, development, and welfare. It offers structured, behavioral-skills training to parents of children ages 0-5 that focuses on parenting skills, home safety, parental supervision, and health decision making.
<b>The Newborn Behavioral Observations</b>	<a href="https://nrepp.samhsa.gov/ProgramProfile.aspx?id=192">https://nrepp.samhsa.gov/ProgramProfile.aspx?id=192</a>	Infant-centered, relationship-building tool for parents of infants from 0-3 months. The NBO assists clinicians in identifying and interpreting newborn neuro-behaviors with the goal of enhancing parent-infant relationships. The NBO is an individualized interactive, strengths-based system designed to sensitize parents to their infant's competencies and needs, and promote positive parent-child interactions, increased confidence among parents, and strong parent-child relationships. The program is designed to be used across the first 3 months of life in hospital (including the NICU), clinic, and home-visit settings by nurses, neonatologists, psychologists, social workers, physical therapists, occupational therapists, psychiatrists, and a range of infancy specialists.

### Blueprints for Healthy Youth Development Programs:

<b>Program</b>	<b>Link</b>	<b>Program Description</b>
<b>Child First</b>	<a href="http://www.blueprintsprograms.com/factsheet/child-first">http://www.blueprintsprograms.com/factsheet/child-first</a>	A two-generation home visitation program which works to heal and protect young children and their families from the devastating effects of chronic stress and trauma. It provides psychotherapeutic services and intensive care coordination, while building adult reflective and executive capacity, to prevent or diminish serious emotional disturbance, developmental and learning disabilities, and abuse and neglect among young children
<b>Promoting First Relationships</b>	<a href="http://www.blueprintsprograms.com/factsheet/promoting-first-relationships">http://www.blueprintsprograms.com/factsheet/promoting-first-relationships</a>	Promoting First Relationship trains workers in early intervention, community mental health, home visiting and early care and education settings to deliver a home visiting program based on infant mental health principles.

### Oregon Research Institute:

<b>Program</b>	<b>Link</b>	<b>Program Description</b>
Your Strength, Your Baby: Reducing Maternal Depression and Promoting Infant Social-Emotional Health and Development	<a href="http://www.ori.org/research/detail/your-strength-your-baby-reducing-maternal-depression-and-promoting-infant-social-emotional-health-and-development">http://www.ori.org/research/detail/your-strength-your-baby-reducing-maternal-depression-and-promoting-infant-social-emotional-health-and-development</a>	This web-based program will help mothers with post-partum depression learn specific parenting behaviors related to infant social-emotional well-being.
Evaluating an Online	<a href="#">Evaluating an Online</a>	<i>Triple P Online System (TPOS)</i> , a 3-level online parenting support

Parenting Support System Disseminated by Pediatric Practices	<a href="#">Parenting Support System Disseminated by Pediatric Practices</a>	system, which delivers evidence-based video-driven parenting content in an innovative interactive format and at flexible dosage levels.
A Mobile Web-Based Parenting Intervention to Strengthen Social-Emotional Development of Very Low Birth Weight Infants	<a href="http://www.ori.org/research/detail/a_mobile_webbased_parenting_intervention_to_strengthen_social_emotional_development_of_very_low_birth_weight_infants">http://www.ori.org/research/detail/a_mobile_webbased_parenting_intervention_to_strengthen_social_emotional_development_of_very_low_birth_weight_infants</a>	This research project will implement a web-based parenting program via mobile technology for mothers with very low weight infants. To address the need for more accessible evidence-based interventions, we will overlay the InfantNet program onto the iPhone and rigorously test its effects with 60 low-income mothers and their VLBW infants
Improving Access to Early Parent Education and Support	<a href="http://www.ori.org/research/detail/improving_access_to_early_parent_education_and_support">http://www.ori.org/research/detail/improving_access_to_early_parent_education_and_support</a>	Interactive video email service for parents of infants and toddlers that integrates automated email, video streaming, and interactive website technologies to deliver frequent, ongoing parent education and support services to parents of young children.
Web Based Parenting Intervention for Mothers of Infants At Risk for Maltreatment	<a href="http://www.ori.org/research/detail/web_based_parenting_intervention_for_mothers_of_infants_at_risk_for_maltreatment">http://www.ori.org/research/detail/web_based_parenting_intervention_for_mothers_of_infants_at_risk_for_maltreatment</a>	Internet-based parent education intervention to promote responsive parenting and infant social-emotional development. Evidence-based program to see how well it works over the Internet, and to see how well rural families like using the program.
InfantNet Projects	<a href="https://infantnet.ori.org/">https://infantnet.ori.org/</a>	Expansion of PALS Program and delivery method via the internet/phone and adapted to population and cultural needs.

## MIECHV and Medicaid Interim Report 2016 - WA Home Visiting Programs

Program	Link
Early Head Start	<a href="https://eclkc.ohs.acf.hhs.gov/programs/article/early-head-start-programs#about">https://eclkc.ohs.acf.hhs.gov/programs/article/early-head-start-programs#about</a>
Family Spirit	<a href="https://www.jhsph.edu/research/affiliated-programs/family-spirit/about/">https://www.jhsph.edu/research/affiliated-programs/family-spirit/about/</a>
Nurse Family Partnership	<a href="https://www.nursefamilypartnership.org/about/">https://www.nursefamilypartnership.org/about/</a>
Parents as Teachers	<a href="https://parentsasteachers.org/about/">https://parentsasteachers.org/about/</a>
Parent-Child Home program	<a href="http://www.parent-child.org/our-program/evidence-based-model/">http://www.parent-child.org/our-program/evidence-based-model/</a>
Steps Toward Effective, Enjoyable Parenting (STEEP)	<a href="http://ceed.umn.edu/steep-manual/">http://ceed.umn.edu/steep-manual/</a>
Outreach Doula Program and PFEL (Outreach Doula)	<a href="https://www.openarmsps.org/programs/outreach-doula-services/">https://www.openarmsps.org/programs/outreach-doula-services/</a>
Child-Parent Psychotherapy	<a href="http://www.earlychildhoodpolicy.com/attachments/File/Court_Materials/Child-Parent_Therapy_Summary.pdf">http://www.earlychildhoodpolicy.com/attachments/File/Court_Materials/Child-Parent_Therapy_Summary.pdf</a>