

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

918



FROM: County of Riverside Department of Public Health

SUBMITTAL DATE:
June 4, 2013

SUBJECT: Ratify and file the California Department of Public Health, Maternal, Child and Adolescent Health (MCAH) Program Allocation Agreement #201233 for FY 2012/2013.

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Ratify and file the MCAH California Home Visitation Program Allocation Agreement #201233 between the California Department of Public Health, Maternal, Child and Adolescent Health, in the amount of \$660,904 for the period of October 1, 2012 through June 30, 2013; and
- 2) Authorize the Purchasing Agent to approve subsequent amendments that make only ministerial changes to the Agreement not to exceed the amount of \$660,904, nor extend the period of performance of October 1, 2012 through June 30, 2013.

Susan D. Harrington

HP/rc

Susan Harrington, Director
Department of Public Health

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 660,904	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	12/13

SOURCE OF FUNDS: 100 percent funded by the Federal Title V Block Grant.	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION: APPROVE

BY: *Debra Cournoyer*
Debra Cournoyer

County Executive Office Signature

FORM APPROVED COUNTY COUNSEL
 BY: *Neal R. Kipnis*
 DATE: _____
 Neal R. Kipnis
 Departmental Concurrence
 Purchasing: *Mark Seiler*
 Mark Seiler, Assistant Director
 Policy Policy
 Consent Consent
 Dept's Recomm.: _____
 Per Exec. Ofc.: _____

2013 JUN 10 6W 5:23
 SOURCE OF FUNDS: FEDERAL TITLE V BLOCK GRANT
 COUNTY OF RIVERSIDE

Prev. Agn. Ref.: _____ District: ALL/ALL Agenda Number: _____

ATTACHMENTS FILED WITH THE CLERK OF THE BOARD

3-24

SUBJECT: Ratify and file the California Department of Public Health, Maternal, Child and Adolescent Health (MCAH) Program Allocation Agreement #201233 for FY 2012/2013.

BACKGROUND: The California Home Visiting Program was created as a result of the Patient Protection and Affordable Care Act of 2010. The home visiting program focus is to provide comprehensive, coordinated in-home services to support positive parenting, and to improve outcomes for families residing in identified at-risk communities. The Health Resources and Services Administration defines home visiting as an evidence-based, voluntary program offered to pregnant women or children birth to age 5. Programs are meant to target participant outcomes which include: improved maternal and child health, prevention of child injuries, abuse, maltreatment, reduction of emergency department visits, improvement in school readiness and achievement, reduction in crime or domestic violence, improvements in family economic self-sufficiency, and improvements in the coordination and referrals for other community resources and supports.

The California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division, California Home Visiting Program (CHVP) has awarded the County of Riverside Department of Public Health \$660,904 through the Maternal, Infant and Early Childhood Home Visiting (MIECHV) funding to implement the Nurse-Family Partnership Home Visitation Program.

FINANCIAL DATA: The FY 2012/2013 allocation for the California Home Visitation Program is \$660,904, which is in the FY 2012/2013 budget.

JUSTIFICATION FOR DELAY:

The State of California – Health and Human Services Agency, California Department of Public Health was waiting for approval to allocate funds to the County of Riverside Department of Public Health, Maternal, Child and Adolescent Health (MCAH) for the California Home Visiting Program. We received notice of grant award on October 26, 2012, began negotiations on the budget and scope of work and received final contract award letter from State on March 12, 2013.



RON CHAPMAN, MD, MPH
Director & State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

March 12, 2013

Hermia Parks, RN, PHN, MA
MCAH Director
Public Health Nursing Director
Department of Public Health
County of Riverside
4065 County Circle Drive, Room 208
Riverside, CA 92513-7600

Dear Ms. Parks:

APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR
AGREEMENT # 201233 – Fiscal Year (FY) 2012-13

The Maternal, Child and Adolescent Health (MCAH) Division of the California Department of Public Health (CDPH) approves your Agency's AFA, including the enclosed Scope of Work (SOW) and Budget for administration of MCAH related programs.

To carry out the program outlined in the enclosed SOW, Attachment A Program Operational Requirements for the California Home Visiting Program (CHVP) and Budget during the State Fiscal Year beginning October 1, 2012 and ending June 30, 2013, the MCAH Division will reimburse expenditures up to the following amount:

CALIFORNIA HOME VISITING PROGRAM.....\$ 660,904

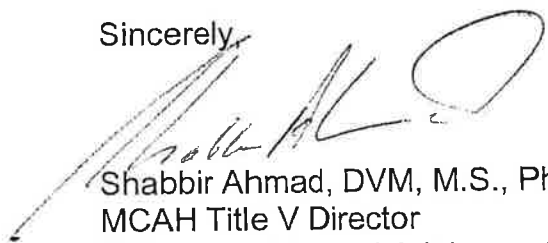
The availability of Maternal, Infant and Early Childhood Home Visiting (MIECHV) TITLE V funds are based upon funds appropriated in the FY 2012-13 Budget Act. Reimbursement of invoices is subject to compliance with all federal and state requirements pertaining to CDPH MCAH related programs and adherence to all applicable regulations, policies and procedures. Your Agency agrees to invoice actual and documented expenditures and to follow all the conditions of compliance stated in the current CDPH MCAH Program and Fiscal Policies and Procedures manuals, including the ability to substantiate all funds claimed. The policies and procedures manual can be accessed at: <http://www.cdph.ca.gov/services/funding/mcah/Pages/FiscalPoliciesandProceduresManual.aspx>

Hermia Parks, RN, PHN, MA
Page 2
March 12, 2013

As stated in Attachment A Program Operational Requirements, please remember you are required to secure a contract agreement or affiliation with national model Nurse Family Partnership (NFP) prior to CHVP implementation. If you have not yet submitted a copy of the most recent contract agreement or approved affiliation agreement from the NFP National Service Office (NSO) a copy must be received by CHVP through the mail or electronic format, upon contract execution. Agreements with the NFP NSO must meet the subcontracting requirements as defined in the MCAH Policies and Procedures Manual. Please refer to the Subcontract Section of the MCAH Fiscal Policies and Procedures manual for the subcontracting requirements that must be adhered to by the Agency and any subcontractors.

Please ensure that all necessary individuals within your Agency are notified of this approval and that the enclosed documents are carefully reviewed. This approval letter constitutes a binding agreement. If any of the information contained in the enclosed SOW and Budget is incorrect or different from that negotiated, please contact your Contract Manager, Toni Ballenger, at (916) 650-0351 or by e-mail at toni.ballenger@cdph.ca.gov within 14 calendar days from the date of this letter. Non-response constitutes acceptance of the enclosed documents.

Sincerely,



Shabbir Ahmad, DVM, M.S., PhD.
MCAH Title V Director
Maternal, Child and Adolescent Health Division

Enclosure(s)

cc: John F. Tavaglione, Chairman
Board of Supervisors
4080 Lemon Street, 5th Floor
Riverside, CA 92501

Toni Ballenger
Contract Manager
Maternal, Child and Adolescent Health Division

Arlene Silva, BSc (Psy), BSN, MSN
Program Consultant
Maternal, Child and Adolescent Health Division

Central File

BUDGET SUMMARY PAGE		FISCAL YEAR	BUDGET	% Personnel Matched
		2012-2013	Original	
		BASE MCF %	CHVP BALANCE	

EXPENSE CATEGORY	UNMATCHED FUNDING		AGENCY		NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)	
	(1) TOTAL FUNDING	(2) %	(3) CHVP	(4) %	(5) Local Revenues	(6) Combined Fed/Agency	(7) Combined Fed/Agency	
(I) PERSONNEL	404,558	100.00%	404,558					
(II) OPERATING EXPENSES	196,452	100.00%	196,452					
(III) CAPITAL EXPENDITURES								
(IV) OTHER COSTS	31,993	100.00%	31,993					
(V) INDIRECT COSTS	27,901	100.00%	27,901					
TOTALS*	660,904	100.00%	660,904					

ACTIVE

Maximum Amount Payable from State and Federal resources: **\$660,904**

STATE FUNDING	SMALL COUNTY PROJECT	PYD	BUDGETED	BALANCE	% of Budget
660,904			660,904		100%
				N/A	
				N/A	
Totals			660,904		100%

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

[Signature] 2/14/13
 MCAH PROJECT DIRECTOR'S SIGNATURE DATE

[Signature] 2/14/13
 AGENCY FISCAL AGENT'S SIGNATURE DATE

*These amounts contain local revenues submitted for information and matching purposes. MCAH does not reimburse for Agency contributions.

State Fund Code	PCA Code	PCA Code	PCA Code	PCA Code	PCA Code	PCA Code	PCA Code
01-15-0000	401-500	401-500	401-500	401-500	401-500	401-500	401-500
02-15-0000	106-402	106-402	106-402	106-402	106-402	106-402	106-402
03-15-0000	31-993	31-993	31-993	31-993	31-993	31-993	31-993
04-15-0000	27-901	27-901	27-901	27-901	27-901	27-901	27-901
05-15-0000	660-904	660-904	660-904	660-904	660-904	660-904	660-904

Program:	California Home Visiting Program												
Agency:	201233 Riverside												
SubC:													
EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	(17)	
	TOTAL FUNDING	%	CHVP	%	Local Revenue	%	Agency Revenue	%	Combined Fed/Agency	%	Combined Fed/Agency	%	

II. OPERATING EXPENSES DETAIL PAGE

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	(17)
	TOTAL FUNDING	%	CHVP	%	Local Revenue	%	Agency Revenue	%	Combined Fed/Agency	%	Combined Fed/Agency	%
TOTAL OPERATING EXPENSES	196,452		196,452									
TRAVEL	39,300	100.00%										
TRAINING	11,399	100.00%										
1 Communication/Computer Line	21,274	100.00%										
2 Office Supplies	4,900	100.00%										
3 Printing and Postage	5,079	100.00%										
4 Client Support Materials	6,706	100.00%										
5 Maintenance	1,000	100.00%										
6 Rent/Lease	17,640	100.00%										
7 Outreach Materials	2,000	100.00%										
8 Medical Supplies	12,000	100.00%										
9 Computer Software	8,700	100.00%										
10 Utilities	8,700	100.00%										
11 Building Maintenance	8,700	100.00%										
12 Computer Equipment	16,500	100.00%										
13 Office Equipment	7,600	100.00%										
14 Program Materials and Handouts	24,954	100.00%										
15												

Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

IV. OTHER COSTS DETAIL PAGE

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	(17)
	TOTAL FUNDING	%	CHVP	%	Local Revenue	%	Agency Revenue	%	Combined Fed/Agency	%	Combined Fed/Agency	%
TOTAL OTHER COSTS	31,993		31,993									
SUBCONTRACTS												
1 Nurse Family Partnership	31,993	100.00%										
2												
3												
4												
5												
6												
7												
8												
OTHER CHARGES												
AGENCY'S TOTAL INDIRECT COSTS												
AGENCY'S OTHER INDIRECT COSTS												
1												
2												
3												
4												
5												
6												
7												

Program	Agency	SubK	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)											
			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	
EXPENSE CATEGORY			TOTAL FUNDING	%	CHWP	%	%	%	%	%	%	%	%	%	%	%	%	%	%	
California Home Visiting Program			404,558																	
201233 Riverside			125,553																	
I. PERSONNEL DETAIL PAGE			279,006																	
TOTAL PERSONNEL COSTS			404,558																	
BENEFITS			125,553																	
TOTAL WAGES			279,006																	
INITIALS	TITLE OR CLASS.	% FTE	ANNUAL SALARY	TOTAL WAGES																
1	JIP Director	15.00%	55,424	8,314	100.00%															
2	JIP Care Coordinator	30.00%	53,816	26,823	100.00%															
3	MAC Assistant Nurse Educator	100.00%	45,102	45,102	100.00%															
4	IC Nurse Practitioner	100.00%	42,032	42,032	100.00%															
5	UC Nurse Practitioner	100.00%	42,032	42,032	100.00%															
6	RS Nurse Practitioner	100.00%	42,032	42,032	100.00%															
7	SAV Nurse Practitioner	100.00%	42,032	42,032	100.00%															
8	RC Admin Services Assistant	10.00%	23,689	2,369	100.00%															
9	SAV Office Assistant III	100.00%	19,170	19,170	100.00%															
10	IC Health Services Assistant	50.00%	18,198	9,099	100.00%															
11																				
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California Home Visiting Program
Scope of Work

Agency: RivCo DOPH
Agreement Number: 2012-33

Fiscal Year: 2012-2013

AUTHORITY

The Patient Protection and Affordable Care Act of 2010 established the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program to provide an opportunity for collaboration and partnership at the federal, state, and community levels to improve outcomes for families who reside in at-risk communities through evidence-based home visiting programs.

The Local Health Jurisdiction (LHJ) agrees to provide the services presented in this Scope of Work (SOW) from the California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division in collaboration with the California Home Visiting Program Branch for implementation of the California Home Visiting Program (CHVP). The funded LHJ/Agency is referred to as "LHJ site" in this SOW. CHVP shall strive to develop collaborative community systems that protect and improve the health and developmental outcomes for California's pregnant women, parents, and families.

The purpose of the SOW is to provide parameters for implementing or expanding an existing Nurse-Family Partnership (NFP) or Healthy Families America (HFA) home visiting program in accordance with Federal MIECHV and State requirements to achieve positive outcomes for each of the following five goals:

1. Provide leadership and coordinate maternal and early childhood systems and supports to advance federal, state, and local efforts to improve the health and well-being of families in California
2. Cultivate strong communities
3. Promote maternal health and well-being
4. Improve infant and child health development
5. Strengthen family functioning

Each LHJ site shall assure program integrity and fidelity to their selected evidenced-based model. The site shall comply with the terms of this SOW and its attachments, including CHVP Operational Requirements, in their entirety. These

requirements include, but are not limited to, fulfilling all deliverables associated with benchmark constructs attending required meetings and trainings, using a version of the Efforts to Outcomes data system referred herein as the CHVP ETO data system") to measure outcomes, perform continuous quality improvement enter and submit timely data and complete other reports as required.

LHJ site agrees to abide by the Maintenance of Effort (MOE) as defined in the Affordable Care Act Section 295.

"Funds provided to an eligible entity receiving a grant shall supplement, and not supplant, funds from other sources for early childhood visitation programs or initiatives. The grantee must agree to maintain non-Federal funding (State General Funds) for grant activities at a level which is not less than expenditures for such activities as of the date of enactment of this legislation, March 23, 2010."

All activities in this SOW shall take place from receipt of funding beginning July 1, 2012, to June 30, 2013, contingent on availability of funds and spending authority.

The table below summarizes a list of reports due to CHVP. Specifics related to the contents of reports are described further in this SOW and located under *Evaluation/Performance Measure* of each objective.

Deliverables	From	To	Due Date
Staffing Report			As needed (see Attachment B)
Semiannual Progress Reports			See below
Supervisor Quarterly Reports			See below and Attachment A
Semiannual Progress Reports:			
Reporting Period	From	To	Due Date
1) First Report	February 1, 2012	June 30, 2012	July 31, 2012
2) Second Report	July 1, 2012	December 31, 2012	January 31, 2013
3) Third Report	January 1, 2013	June 30, 2013	July 31, 2013

California Home Visiting Program
Scope of Work

Supervisor Quarterly Reports:

Reporting Period	From	To	Due Date
1) First Report	July 1, 2012	September 30, 2012	October 31, 2012
2) Second Report	October 1, 2012	December 31, 2012	January 31, 2013
3) Third Report	January 1, 2013	March 31, 2013	April 30, 2013
4) Fourth Report	April 1, 2013	June 30, 2013	July 31, 2013

Supervisor Quarterly Reports

LHJ site Supervisors are required to submit quarterly reports summarizing their successes, challenges, and any technical assistance needs to the assigned CHPV Nurse Consultant. This quarterly report may be sent via email and should also be included in the semiannual Progress Report. ***Attachment A, Operational Requirements, (page 3) provides additional information, including the reporting period.***

See the following pages for a detailed description of the services to be performed.

California Home Visiting Program
Scope of Work

Goal 1: Provide leadership and coordinate maternal and early childhood systems and supports to advance federal, state, and local efforts to improve the health and well-being of families in California.

Objective(s)	Intervention Activities to Meet Objectives	Process Measures	Outcome Measures
<p>MCAH Director Leadership</p> <p>1.1 The LHJ Maternal, Child and Adolescent Health (MCAH) Director shall provide oversight of the LHJ site, including leveraging opportunities for coordination and integration of services to improve community linkages, reduce duplication of service, and foster seamless systems of services and supports for the target MCAH population.</p>	<p>1.1 The LHJ MCAH Director shall perform the following</p> <ul style="list-style-type: none"> Provide authoritative advice to LHJ site managers supervisors, staff, and various non-profit and private entities on all matters related to the development, implementation, operation, administration, evaluation, and funding for CHVP in their own local jurisdictions. Designate self or an appropriate staff member as the central point of contact for CHVP in terms of program-related administration Provide leadership to the local Community Advisory Board (CAB). Communicate with the CHVP MCAH Director representative for the State Interagency Team (SIT) Participate in CHVP system of care improvement activities with specific emphasis on 	<p>1.1 Report on CHVP-related activities and accomplishments performed by the MCAH Director during the reporting period</p> <ul style="list-style-type: none"> Respond to CHVP on-line and in-person surveys regarding change in systems of care 	<p>Measures to be Reported in the Semiannual Progress Report more frequently where indicated</p>

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Notations to Scope of Work:

(*) Reports must be generated from CHVP ETO data system and submitted to CHVP with semiannual progress reports.

(+) Health Resources and Services Administration (HRSA) required construct.

All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated

California Home Visiting Program
Scope of Work

Goal 1: Provide leadership and coordinate maternal and early childhood systems and supports to advance federal, state, and local efforts to improve the health and well-being of families in California.

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	Outcome Measures
	<p>building local capacity to promote positive outcomes for children and families, and addressing systems-level factors, such as:</p> <p>Ensuring a strong network of community services; addressing gaps in local services and supports; enhancing cross-agency coordination, collaboration and communication; integration of home visiting into the larger continuum of services for children and families; and prevention of service duplication.</p> <ul style="list-style-type: none"> Play a strategic and collaborative role in the state effort to build a high quality comprehensive and coordinated statewide early childhood system. 		
Program and Fiscal Management			
1.2 LHJ site will maintain program and fiscal management	1.2 LHJ site shall: <ul style="list-style-type: none"> Semiannually review, revise 	1.2 Brief description of the LHJ policies reviewed during the	

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Notations to Scope of Work:

- (*) Reports must be generated from CHVP ETO data system and submitted to CHVP with semiannual progress reports.
- (+) Health Resources and Services Administration (HRSA) required construct
- All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated.

California Home Visiting Program
Scope of Work

Goal 1: Provide leadership and coordinate maternal and early childhood systems and supports to advance federal, state, and local efforts to improve the health and well-being of families in California.

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures Measures to be Reported in the Semiannual Progress Report -- more frequently where indicated
<p>capability and will demonstrate that it is conducting CHVP activities as required in the CHVP established Policies and Procedures Manual, Scope of Work and Fiscal Policies and Procedures.</p>	<p>and enhance internal policies and procedures for implementing CHVP</p> <ul style="list-style-type: none"> Implement CHVP according to HFA or NFP program requirements to ensure fidelity and in accord with CHVP requirements. Collect and electronically input data into the CHVP ETO data system according to model and CHVP requirements 	<p>Process Measures reporting period and a discussion of relevant changes during that period</p> <p>Outcome Measures</p>

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Notations to Scope of Work:

(*) Reports must be generated from CHVP ETO data system and submitted to CHVP with semiannual progress reports.

(†) Health Resources and Services Administration (HSA) required construct

All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated.

California Home Visiting Program
Scope of Work

Goal 1: Provide leadership and coordinate maternal and early childhood systems and supports to advance federal, state, and local efforts to improve the health and well-being of families in California.

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Process Measures	Outcome Measures
<p>MCAH Director Responsibilities</p> <p>1.3 LHJ site will hire and maintain staff according to CHVP and model requirements and report any staffing changes.</p>	<p>1.3 LHJ site shall hire and maintain sufficient staff to serve 100 clients and adhere to their specific evidence-based model guidelines as follows:</p> <p>NFP Model</p> <ul style="list-style-type: none"> - Supervising Public Health Nurse - Public Health Nurse - Administrative / Clerical Support <p>HFA Model</p> <ul style="list-style-type: none"> - Program Manager - Supervisor - Family Support Worker - Family Assessment Worker 	1.3	<p>Submit an updated staffing report, detailing any changes in the LHJ site staff that deviate from the original contract agreement or staffing SOW (see Attachment B):</p> <ul style="list-style-type: none"> • Staff recruitment status. • Percentage of effort dedicated to CHVP. • Within seven days of staff changes submit an updated staffing report.

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Notations to Scope of Work:

- (*) Reports must be generated from CHVP ETO data system and submitted to CHVP with semiannual progress reports.
- (+) Health Resources and Services Administration (HRSA) required construct
- All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated.

California Home Visiting Program
Scope of Work

Goal 1: Provide leadership and coordinate maternal and early childhood systems and supports to advance federal, state, and local efforts to improve the health and well-being of families in California.

Objective(s)	Intervention Activities to Meet Objectives	Measures to be Reported in the Semiannual Progress Report more frequently where indicated	Process Measures	Outcome Measures
Cultural Sensitivity				
1.4 Provide culturally sensitive home visiting practice in order to reduce disparities in maternal, infant and early childhood health and behavioral outcomes	<p>1.4.1 LHV staff shall participate in trainings or educational opportunities designed to enhance cultural sensitivity</p> <p>1.4.2 Staffing should reflect the diverse cultures and languages of your service population</p> <p>1.4.3 Use culturally sensitive materials and translation services when necessary</p> <p>Possible resources: www.cdc.gov/healthysociety/ www.nationalcancer.gov www.nationalcancer.gov/cancer/cultural-competency-101.html </p>	<p>1.4.1 Submit a list of staff that attended cultural sensitivity trainings and provide descriptions of the trainings</p> <p>1.4.2 Identify bilingual or multilingual staff</p> <p>1.4.3 Submit translation services utilized, list by language and frequency</p> <p>1.4.4 Brief narrative description of barriers and/or concerns; providing culturally sensitive services, also note if outreach and/or services have been limited or restricted</p>		

7/1/2012

Notations to Scope of Work:

(*) Reports must be generated from CHVP ETO data system and submitted to CHVP with semiannual progress reports.
 (+) Health Resources and Services Administration (HRSA) required construct.
 All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated.

California Home Visiting Program
Scope of Work

Goal 1: Provide leadership and coordinate maternal and early childhood systems and supports to advance federal, state, and local efforts to improve the health and well-being of families in California.

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	Outcome Measures
<p>Training</p> <p>1.5 LHJ sites will ensure that staff complete the required core trainings and ongoing training sessions required by the NFP or HFA model and coordinate with CHVP.</p>	<p>1.5 LHJ site shall ensure that staff receive training in the following curricula, assessment tools, and other training modules:</p> <p>NFP Model</p> <ul style="list-style-type: none"> Partners in Parenting Education (PIPE) NCAST (Training assessment tool) Ages and Stages Questionnaire (ASQ) Keys to Caregiving Home Observation and Measurement of the Environment (HOME) Inventory Women's Experience of Battering (WEB) Other CHVP required trainings to be announced in a program letter as appropriate 	<p>1.5 List staff that have completed trainings, including dates and copies of successful completion of core educational requirements.</p>	

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Notations to Scope of Work:

(*) Reports must be generated from CHVP ETO data system and submitted to CHVP with semiannual progress reports.

(+) Health Resources and Services Administration (HRSA) required construct

All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated.

California Home Visiting Program
Scope of Work

Goal 1: Provide leadership and coordinate maternal and early childhood systems and supports to advance federal, state, and local efforts to improve the health and well-being of families in California.

Objective(s)	Intervention Activities to Meet Objectives	Measures to be Reported in the Semiannual Progress Report - more frequently where indicated	Evaluation Performance Measures
	<p>HFA Model</p> <ul style="list-style-type: none"> Partners for a Healthy Baby (include latest versions of five modules: "Before Baby Arrives", "Baby First 6 mo", "Baby First 7-12 mo", "Baby First 13-18 mo", "Baby First 19-36 mo.") Ages and Stages Questionnaire (ASQ) Kempe Family Stress Checklist HOME Inventory Women's Experience of Battering (WEB) Other CHVP required trainings to be announced in a Program Letter as applicable. 	<p>Process Measures</p>	<p>Outcome Measures</p>
<p>Enrollment</p> <p>1.6 NFP Expansion and New LHJ Sites - 100 families will be enrolled within 9-15 months from date of program implementation and maintained throughout the duration of the program, recognizing effects of attrition when number of enrolled clients may</p>	<p>1.6 Conduct outreach activities to at-risk groups and areas, as well as community agencies and other service providers to ensure that appropriate eligible clients are identified and referred to LHJ</p> <ul style="list-style-type: none"> LHJ site will assess and enroll 	<p>1.6 List and report the following:</p> <ul style="list-style-type: none"> Outreach activities Number and contact information for all community groups and other service providers contacted 	<p>1.6 NFP sites Report on the average time from receipt of referral to first client contact and home visit intake. Submit information on the total number of contact attempts from referrals first client contact.</p>

7/1/2012 10 **Notations to Scope of Work:**

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 (†) Health Resources and Services Administration (HRSA) required construct
 All reports required under **Evaluation Measures** are to be submitted semiannually unless otherwise specifically indicated

California Home Visiting Program
Scope of Work

Goal 1: Provide leadership and coordinate maternal and early childhood systems and supports to advance federal, state, and local efforts to improve the health and well-being of families in California.

		Evaluation/Performance Measures	
Objective(s)	Intervention Activities to Meet Objectives	Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	Outcome Measures
<p>temporarily fall below 100.</p> <p>HFA Expansion and New LHJ Sites – 100 families will be enrolled by 15 months from date of program implementation and maintained throughout the duration of the program[^], recognizing effects of attrition when number of enrolled clients may temporarily fall below 100.</p> <p>[^]Based on HFA weighted caseload requirements, some sites may need to submit a waiver to CHVP for reduced enrollment.</p>	<p>eligible families for CHVP services and will link non-qualifying referred families, as well as those families referred after the program has reached full capacity, to other community resources.</p>	<p>Report the following:</p> <ul style="list-style-type: none"> • Number of enrolled families by month. (*) • Number of attempted and completed home visits. (*) • Number and source of referrals from local agencies to the local home visiting program. (*) • Number of newly enrolled families by month. (*) • Number and type of outgoing referrals made to appropriate community resources for families not enrolled in CHVP by month. (*) 	<p>home visit intake. (*)</p> <p>1.6 HFA sites: Report the average time to assess and enroll families following the receipt of referrals. Within this report submit information on the total number of contact attempts from referral to assessment and enrollment. (*)</p>

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Notations to Scope of Work:

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California Home Visiting Program
Scope of Work

Goal 1: Provide leadership and coordinate maternal and early childhood systems and supports to advance federal, state, and local efforts to improve the health and well-being of families in California.

		Evaluation Performance Measures	
Objective(s)	Intervention Activities to Meet Objectives	Measures to be Reported in the Semiannual Progress Report more frequently where indicated	Outcome Measures
<p>Home Visiting Service</p> <p>1.7 The LHJ site will begin the implementation process for home visiting services under the following conditions:</p> <ul style="list-style-type: none"> LHJ board approval; NFP National Service Office (NSO) approval of the LHJ site implementation plan and a signed contract of affiliation or current accreditation received from Prevent Child Abuse America National Office; Availability of CHVP ETO data system and/or CHVP forms; and CHVP approval to begin client enrollment 	<p>1.7 Implement home visiting services following the NFP and HFA model and CHVP requirements.</p> <p>Appropriate staff shall document home visiting notes within 24 hours of occurrence and enter information into the CHVP ETO data system within one week of client visit</p>	<p>1.7.1 Number and length of visitor contacts (*)</p> <p>1.7.2 Number of clients that were maintained on the home visitor caseload and the duration of home visits</p>	<p>1.7.1 Total number of families or clients</p> <p>1.7.2 Total number of scheduled visits and number of completed visits</p>
<p>Fidelity and Quality Assurance</p>			

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California Home Visiting Program
Scope of Work

Goal 1: Provide leadership and coordinate maternal and early childhood systems and supports to advance federal, state, and local efforts to improve the health and well-being of families in California.

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Process Measures	Outcome Measures
1.8 Assure program fidelity and quality of CHVP implementation.	1.8.1 LHJ Site Supervisors are required to manage staff activities using reflective supervision based on NFP and HFA model requirements.	1.8.1 LHJ Site Supervisor shall submit the Supervisor Quarterly Report to the assigned CHVP Nurse Consultant detailing the LHJ site's successes, challenges, and any need for technical assistance. Submit via email to: CA-MCAH-HomeVisiting@cdph.ca.gov	Measures to be Reported in the Semiannual Progress Report or more frequently where indicated
	1.8.2 Staff shall verify the accuracy and completeness of data input into the CHVP ETO data system.	1.8.2 Supervisor and/or home visitor shall conduct periodic chart audits and report results and number reviewed (minimum 10%).	
	1.8.3 Perform model-specific and CHVP-directed Continuous Quality Improvement (CQI) activities.	1.8.3 Submit LHJ site specific CQI plan based on guidelines in the CHVP Policies and Procedure Manual. Update CQI plan annually.	
	1.8.4 Identify program or evaluation areas in need of improvement; also identify strengths and best practices and create action steps for CQI	1.8.4 Submit CHVP CQI data report (developed by CHVP); identify activities for achieving quality improvement.	
	1.8.5 Coordinate communication of quality assurance/improvement activities between the LHJ program and Community Advisory Board (CAB) or other community collaborative designated to address quality	1.8.5 Submit highlights of CAB or other community group	

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Notations to Scope of Work:

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California Home Visiting Program
Scope of Work

Goal 1: Provide leadership and coordinate maternal and early childhood systems and supports to advance federal, state, and local efforts to improve the health and well-being of families in California.

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures Measures to be Reported in the Semiannual Progress Report -- more frequently where indicated
1.3.6	MIECHV Competitive Grant recipients (Merced, Fresno Sacramento, Los Angeles, Nevada, Stanislaus, San Mateo and Solano Counties) will work with the CHVP external evaluators and ensure that all data is provided as requested.	<p>Process Measures discussions related to CO* and any recommendations and/or outcomes from these discussions</p> <p>Outcome Measures 1.3.6 MIECHV Competitive Grant recipients will report required activities as defined in the attached Operational Requirements</p>

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California Home Visiting Program
Scope of Work

Goal 1: Provide leadership and coordinate maternal and early childhood systems and supports to advance federal, state, and local efforts to improve the health and well-being of families in California.

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	Outcome Measures
<p>Data Collection</p> <p>1.9.1 Collect all information that will contribute to the 35 constructs that comprise the six legislatively-mandated benchmark domains; also additional evaluation measures identified by CHVP.</p> <p>1.9.2 Collect participant demographic, process, quality improvement, and outcome data using the required tools through self-report and observation at each of the defined time intervals.</p>	<p>1.9.1 – 1.9.2 LHJs will use CHVP and model required data forms and processes as defined in the CHVP Data Collection Manual. Appropriate LHJ staff shall collect and enter the data into the secure CHVP ETO data system on an ongoing basis and as required by CHVP and NFP or HFA.</p>		<p>1.9 Review and submit data system reports (using CHVP developed reporting features). (*)</p>

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California Home Visiting Program
Scope of Work

Goal 2: Cultivate strong communities.

The federally required benchmarks and constructs corresponding to Goal 2 include:

- Improvement in the coordination and referrals for other community resources and supports
 - Number of families identified for necessary services and received a referral to available community resources. Number of Memoranda of Understanding or other formal agreements with other social service agencies in the community. Number of agencies with which the home visiting provider has a clear point of contact in the collaborating community agency that includes regular sharing of information between agencies. Number of completed referrals.

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Process Measures	Outcome Measures
Community Advisory Board 2.1 CHVP LHJ will form a Community Advisory Board (CAB)	2.1 CAB activities include <ul style="list-style-type: none"> Quarterly meetings Maintenance of meeting minutes. a list of membership to be made available by LHJ site to CHVP upon request. Assist in informing program operation and implementation, quality assurance/improvement, child and family advocacy, and public awareness regarding home visiting Establish or progress with system of care improvements: interagency coordination, information sharing and referral system 	2.1 Briefly describe the activities and frequency of CAB meetings which enhance CHVP implementation and operation	Submit a report of accomplishments as related to each of the CAB goals and objectives. If applicable include any policy recommendations and/or outcomes from these recommendations. MA, include the development of a Referral System and integration of services

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Notations to Scope of Work:

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Agency Agreement Number:

California Home Visiting Program
Scope of Work

Goal 2: Cultivate strong communities.

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Process Measures	Outcome Measures
Memoranda of Understanding (MOU) / Formal Agreements			
2.2 LHJ site will increase or enhance the number of MOUs or other formal agreements with other local social service agencies in the community. (+)	2.2.1 Develop and/or maintain documented agreements with community agencies and other service providers 2.2.2 Develop community partnerships and facilitate coordination and integration of services among MCAH and other community programs/services.	2.2 List, describe, and update the types and numbers of agreements with community agencies and other service providers involved in referral of potential clients. (*)	Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated

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Notations to Scope of Work:

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California Home Visiting Program
Scope of Work

Goal 2: Cultivate strong communities.

Intervention Activities to Meet Objectives		Evaluation Performance Measures	
Objective(s)		Process Measures	Outcome Measures
Collaborative Effort 2.3 LHJ site will increase information sharing with other local social service agencies in the community and establish a clear point of contact. (+)	2.3.1 Develop collaborative relationships with local service agencies and hospitals in the community to effect strong referral resources and allow service integration.		
	2.3.2 LHJ site will develop a clear point of contact person(s) with collaborating community agencies and share information on a regular basis as it relates to outreach, enrollment, referrals, care coordination, etc.		
	2.3.3 Promote outreach and education about CHVP.		
2.4 Home visitors shall assist clients in accessing services and resources in their community for each identified need. (+)	2.4.1 Home Visitor shall screen and identify needs following model and CHVP policies and procedures	2.4.1 Number and percent of families with identified needs that have or don't have a corresponding referral to available community resources. (*)	2.4.1 Home visitor report the number and percent of completed referrals and services received. (*)
	2.4.2 Home visitor shall follow-up with the family regarding outcome of referral		
	2.4.3 Maintain access to, or develop an updated directory of community referral resources/services including hospitals health care providers and community agencies. Domains shall include <ul style="list-style-type: none"> • Maternal, Infant and Child Health • Mental Health 	2.4.2 Document how the client pursues and receives services and works towards self-sufficiency	

Notations to Scope of Work:

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California Home Visiting Program
Scope of Work

Goal 2: Cultivate strong communities.

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Process Measures	Outcome Measures
	<ul style="list-style-type: none"> • Early Childhood Development/Parenting • Substance Abuse • Domestic Violence Prevention • Child Maltreatment Prevention • Child Welfare • Education/Employment • Other Social and Health Services <p>Note: Referrals include both internal referrals (to other services provided by the local agency) and external referrals (to services provided in the community but outside of the local agency).</p>	<p>2.4.3 Number and type of referral resources/ services available and appropriate for the clients in the program; and document any changes or updates to the list of community referral resources.</p>	<p>Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated</p>

California Home Visiting Program
Scope of Work

Goal 3: Promote Maternal Health and Well-being

The federally required benchmarks and constructs corresponding to Goal 3 include:

➤ Improved Maternal and Newborn Health

- Prenatal care, Parental use of alcohol, tobacco, or illicit drugs, Preconception care, Inter-birth intervals, Screening for maternal depressive symptoms, Breastfeeding, Well-child visits, Maternal and child health insurance status

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures
Prenatal Care		
3.1 Increase the number of women who received prenatal care as a result of participating in CHVP. (+)	3.1 Educate women regarding early and adequate prenatal care and for women not receiving prenatal care, immediately refer to prenatal care provider, use Comprehensive Perinatal Services Program (CPSP) provider when available.	Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated
3.2 Increase the number of women who receive adequate prenatal care. Refer to the Policies and Procedures Manual for guidance on what constitutes adequate care.	3.2 Reinforce the importance of adequate prenatal care and identify and address barriers to keeping prenatal appointments.	Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated

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Notations to Scope of Work:

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California Home Visiting Program
Scope of Work

Goal 3: Promote Maternal Health and Well-being

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Process Measures	Outcome Measures
Maternal Health Insurance			
3.3 Increase the number of women with health insurance during pregnancy and postpartum. (+)	<p>3.3.1 Provide information to clients about how to access health insurance programs and the benefits of health care coverage.</p> <p>3.3.2 Make referrals and assist clients in Medi-Cal enrollment and other low cost/no cost health insurance programs for their own health care coverage.</p>	3.3 Number and percent of uninsured women given referrals to low cost/no cost health insurance programs for their own health care coverage. (*)	3.3 Number and percent of women with health insurance during pregnancy and at 2 and 12 months postpartum. (*)
Maternal Emergency Department (ED) Visits			
3.4 Increase client awareness on appropriate use of the Emergency Department (ED). (+)	3.4 Educate women on appropriate use of ED and patient centered medical home for their own routine care.		3.4 Number and percent of women visiting the ED. (*)
Maternal Alcohol, Tobacco and Illicit Drug Use			
3.5 Decrease or stop maternal use of alcohol, tobacco, and illicit drug use during pregnancy and postpartum. (+)	3.5 Assess mother for alcohol, tobacco, and illicit drug use during pregnancy and postpartum; provide information and referrals to health counseling as appropriate.		<p>3.5 Report number and percent of pregnant and postpartum women who:</p> <p>3.5.1 Drank alcohol during pregnancy or abused alcohol postpartum; were referred to alcohol use counseling; and completed referral. (*)</p>

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Notations to Scope of Work:

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Agency Agreement Number:

California Home Visiting Program
Scope of Work

Goal 3: Promote Maternal Health and Well-being

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Process Measures	Outcome Measures
		Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	<p>3.5.2 Used tobacco, were referred to tobacco use counseling, and complete referral (*)</p> <p>3.5.3 Used illicit drugs, were referred to drug use counseling, and complete referral (*)</p> <p>HRSA does not collect alcohol or drug information so reporting is not required for HRSA sites</p>

7/1/2012 2.2

Notations to Scope of Work:

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Agency:
Agreement Number:

California Home Visiting Program
Scope of Work

Goal 3: Promote Maternal Health and Well-being

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Process Measures	Outcome Measures
Inter-birth Interval			
3.6.1 Decrease the number of women with a subsequent pregnancy within 18 months postpartum.	3.6 Assist clients in reproductive life planning: <ul style="list-style-type: none"> • Discuss family planning • Educate on the use of different types of contraceptives. • Refer to appropriate agencies to obtain contraceptives. • Assist clients to understand the characteristics of healthy relationships and provide resources to assist in dealing with abuse, reproductive coercion or birth control sabotage. 	3.6.1	Number and percent of women with confirmed subsequent pregnancy less than 18 months postpartum. (*)
3.6.2 Increase the number of women using contraception up to 12 or more months postpartum. (+)		3.6.2	Number and percent of women using contraception at 6 and 12 months postpartum. (*)
Maternal Depression and Parental Stress			
3.7 Increase the number of women screened for maternal depression and parental stress; increase the number referred for services. (+)	3.7.1 Educate women on the signs and symptoms of maternal depression and stress. 3.7.2 Screen women for maternal depression and stress with the Edinburgh Postnatal Depression Scale at specified intervals required by the model and CHVP, and refer to appropriate services as warranted (see Attachment D for data collection times).	3.7	Number and percent of women screened for maternal depression and stress per model and CHVP requirements. (*)
		3.7	Number and percent of women who screened positive for depression; number and percent of women screening positive who were referred for appropriate services; and number and percent of referred women who completed the referral. (*)

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California Home Visiting Program
Scope of Work

Goal 3: Promote Maternal Health and Well-being

Objective(s)		Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
			Process Measures	Outcome Measures
		Identify community partners with expertise in management of postpartum depression/perinatal mood disorders		Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated
Breastfeeding				
3.8	Increase the number of prenatally enrolled women initiating breastfeeding; increase exclusive breastfeeding up to 6 months of age; and increase the duration of the breastfeeding period in the first year of life (+)	<p>3.7.3 Encourage and support breastfeeding</p> <ul style="list-style-type: none"> Educate women on the importance of initiating breastfeeding and continuing through one year postpartum. Educate and support women on the importance of <u>exclusive</u> breastfeeding for at least 6 months Refer to breastfeeding and lactation support when appropriate (WIC Peer Counseling Program or other local resource). 	3.8 Number and percent of women receiving breastfeeding referral	3.8 Number and percent of women breastfeeding at 6 months and at 12 months (+)
Postpartum Visit				
3.9	Increase number of women who have a postpartum visit within 6 weeks (+)	Educate women regarding the importance and benefits of a postpartum visit with a medical provider. Facilitate obtaining and accessing services, if needed	3.9 Number and percent of women who attended a 4-5 week routine postpartum visit with a medical provider (+)	3.9 Number and percent of women who attended a 4-5 week routine postpartum visit with a medical provider (+)

HEA does not collect exclusive breastfeeding information so HEA sites do not need to report this information

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Notations to Scope of Work

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(+) Health Resources and Services Administration (HRSA) Required Assistant

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Agency:
Agreement Number:

California Home Visiting Program
Scope of Work

Goal 4: Improve Infant and Child Health and Development

The federally required benchmarks and constructs corresponding to Goal 4 include:

- Improved Maternal and Newborn Health
 - Prenatal care; Parental use of alcohol, tobacco, or illicit drugs; Preconception care; Inter-birth intervals; Screening for maternal depressive symptoms; Breastfeeding; Well-child visits; Maternal and child health insurance status
- Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits
 - Visits for children to the emergency department from all causes; Visits of mothers to the emergency department from all causes; Information provided or training of participants on prevention of child injuries; Incidence of child injuries requiring medical treatment; reported suspected maltreatment for children in the program; Reported substantiated maltreatment for children in the program; First-time victims of maltreatment for children in the program.
- Improvements in School Readiness and Achievement
 - Parent support for children's learning and development; Parent knowledge of child development and of their child's developmental progress, Parenting behaviors and parent-child relationship; Parent emotional well-being or parenting stress; Child's communication, language and emergent literacy; Child's general cognitive skills.

California Home Visiting Program
Scope of Work

Goal 4: Improve Infant and Child Health and Development

Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Process Measures	Outcome Measures
<p>Insured Children</p> <p>4.1 Increase number of children who have health insurance continuously through two years of age (+)</p>	<p>4.1 As needed assist parents in the referral and application process for low cost/no cost health insurance programs for their children</p>	<p>4.1 Number and percent of women given referrals to low cost/no cost health insurance programs for their child's healthcare coverage. (*)</p>	<p>4.1 Number and percent of children with any type of health insurance at 12, 18 and 24 months (+)</p>
<p>Child Emergency Department (ED) Visits</p> <p>4.2 Increase parental awareness on appropriate use of Emergency Department (ED) visits. (+)</p>	<p>4.2 Educate parents on appropriate use of ED and help establish a medical home for their child's routine care</p>		<p>4.2 Number and percent of children visiting the ED for any reason (+)</p>

7/11/2012

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California Home Visiting Program
Scope of Work

Agency:
Agreement Number:

Goal 4: Improve Infant and Child Health and Development

Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
Well-Child Visits			
4.3 Increase the number of children who receive all recommended well-child visits from 0-2 years. (+)	4.3 Assist families in understanding the importance of well-child visits and immunizations. Support parents to adhere to scheduled well-child visits.		4.3 Number and percent of infants receiving all American Academy of Pediatrics (AAP) recommended well-child visits. (*) Link: AAP http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Schedule%20101107.pdf
Child Injuries			
4.4 Decrease the incidence of child injuries requiring medical treatment. (+)	4.4 Educate and support families in child injury prevention Link to State Injury Prevention Website: Safe and Active Communities Branch http://www.cdph.ca.gov/programs/sacb/Pages/default.aspx		4.4 Number and percent of children with injuries requiring medical treatment. (*)

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Notations to Scope of Work:

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California Home Visiting Program
Scope of Work

Goal 4: Improve Infant and Child Health and Development

Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Process Measures	Outcome Measures	Evaluation Performance Measures Short, Intermediate, and Long Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated
Child Abuse				
4.5 Prevent child abuse and neglect. (+)	4.5.1 Provide resources to parents to prevent child abuse			4.5 Number and percent of families suspected of child maltreatment, neglect that were referred to Child Protective Services and number and percent of families with substantiated child maltreatment. (*)
	4.5.2 Provide support for appropriate parenting skills and refer to parenting classes counseling, or other support resources			
	4.5.3 Provide emotional support to the family			
	4.5.4 Look for signs of child abuse and/or neglect through observation at each home visit and report suspected abuse			
Child Safety				
4.6 Home visitors provide parent(s) with information regarding child safety, safe home environment and prevention of child injuries. (+)	4.6.1 Provide education and educational materials related to child safety safe home environment, and injury prevention tailored to child's age and developmental level			4.6 Number and percent of women provided information on child injury prevention and safe home environment tailored to child's age (*)
	4.6.2 Check home for safety issues and help family to address them.			

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California Home Visiting Program
Scope of Work

Goal 5: Strengthen family functioning

The federally required benchmarks and constructs corresponding to Goal 5 include:

- Child Injuries, Child Abuse, Neglect, or Maltreatment and Reduction of Emergency Department Visits
 - Visits for children to the ED from all causes; Visits of mothers to the ED from all causes; Information provided or training of participants on prevention of child injuries; Incidence of child injuries requiring medical treatment; Reported suspected maltreatment for child in the program; Reported substantiated maltreatment for children in the program; First-time victims of maltreatment for child in the program.
- Improvements in School Readiness and Achievement
 - Parent support for children's learning and development; Parent knowledge of child development and of their children's developmental progress; Parenting behaviors and parent-child relationship; Parent emotional well-being or parenting stress; Child's communication, language and emergent literacy; Child's general cognitive skills.
- Domestic Violence
 - Screening for domestic violence; Of families identified for the presence of domestic violence, number of referrals made to relevant domestic violence services; Of families identified for the presence of domestic violence, number of families for which a safety plan was completed.
- Family Economic Self-Sufficiency
 - Household income and benefits; Employment or Education of adult members of the household; Health insurance status.

California Home Visiting Program
Scope of Work

Goal 5: Strengthen family functioning

Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation Performance Measures Short, Intermediate, and Long-Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated
<p>Strengthening Families</p> <p>5.1 Support family functioning to promote positive parenting behavior and the parent-child relationship by incorporating the five Protective Factors of "Strengthening Families" Framework</p>	<p>5.1 LHJ will integrate the Strengthening Families framework and protective factors into their internal policy manual www.strengtheningfamilies.net</p> <p>Utilize the resources and training provided by <i>Strategies</i> for TA regarding Strengthening Families</p>	<p>Process Measures</p> <p>5.1.1 Submit a narrative of progress incorporating the five Protective Factors of "Strengthening Families" Framework including barriers</p>
<p>School Readiness</p> <p>5.2 Parents increase support of their children's learning and development and have an improved relationship with their child. (+)</p>	<p>5.2 Assist families in improving the quality of the child's home environment and the extent of stimulation available to the child</p>	<p>5.2-5.3 Number and percent of families completing the HOME Inventory by 6 months of child's age</p>
<p>5.3 Identify and support children with needs related to social, emotional, cognitive and physical development using the HOME Inventory, Ages and Stages Questionnaire Version 3 (ASQ-3) and the Ages and Stages Questionnaire-Social Emotional (ASQ-SE) instruments. (+)</p>	<p>5.3.1 Administer CHVP-required tools related to school readiness/ strengthening families (see Attachment D for data collection times):</p> <ol style="list-style-type: none"> 1. HOME Inventory 2. ASQ-3 3. ASQ-SE <p>5.3.2 Provide anticipatory guidance and education regarding importance of</p>	<p>5.3.1 Number and percent of families completing the ASQ-3 and ASQ-SE by 6 months of child's age</p> <p>5.3.2 Number and percent of children identified with developmental delay</p>

(*) Reports must be generated from CHVP ETO data system and submitted to CHVP with semiannual progress reports

(+) Health Resources and Services Administration (HRSA) required construct

All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated

Agency Agreement Number:

California Home Visiting Program
Scope of Work

Goal 5: Strengthen family functioning

Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long-Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
5.4 Parents increase their knowledge of child development and of their child's developmental progress. (+)	<p>developmental screening.</p> <p>5.3.3 Refer families accordingly for developmental services, occupational therapy or other appropriate services.</p> <p>5.3.4 Support family by following up and obtaining services where appropriate.</p> <ul style="list-style-type: none"> • Re-screen as appropriate <p>5.3.5 Maintain a current directory of agencies who accept referrals for children identified with all levels of developmental delay.</p> <p>5.4 Review ASQ-3 and ASQ SE results with parent</p> <p><u>Website for additional information on screening and referral:</u> <u>Early Childhood Mental Health (ECMH)</u></p>	5.3.4	<p>(*) Number and percent of families with completed referrals to developmental services. (*)</p> <p>5.4 Number and percent of families who reviewed ASQ-3 and ASQ SE results with the home visitor.</p>

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Notations to Scope of Work:

- (*) Reports must be generated from CHVP ETO data system and submitted to CHVP with semiannual progress reports.
- (+) Health Resources and Services Administration (HRSA) required construct
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California Home Visiting Program
Scope of Work

Goal 5: Strengthen family functioning

Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Process Measures	Outcome Measures
<p>Domestic Violence (DV) 5.5 Increase the support for women to have healthy and safe relationships. (+)</p>	<p>5.5.1 Discuss healthy relationships, safety, and reproductive coercion</p> <p>5.5.2 Participate in trainings on DV awareness</p> <p>5.5.3 The home visitor will screen for relationship related issues and DV using the Women's Experience with Battering (WEB) tool (see Attachment D for data collection times)</p> <p>5.5.4 The home visitor will refer women to DV services as needed</p> <p>5.5.5 If women screen positive on the WEB or they self-disclose DV, home visitor will assist women with the creation of a safety plan. Revisit/update the plan as needed.</p> <p>For Possible Safety Plan Guidelines/Template please see CHVP website</p>	<p>5.5.1 Number and percent of women who received at least one referral to a relevant DV service after a newly positive screen or disclosure of abuse</p> <p>5.5.2 Number and percent of women who completed referral services (+)</p> <p>5.5.3 Number and percent of women screened for domestic violence in relationship safety at appropriate intervals using the WEB tool</p> <p>5.5.4 Number and percent of women who completed a safety plan after a newly positive screen or disclosure of abuse (+)</p>	<p>Evaluation/Performance Measures Short, Intermediate, and Long-Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated</p>

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Notations to Scope of Work:

(*) Reports must be generated from CHVP ETO data system and submitted to CHVP with semiannual progress reports.

(+) Health Resources and Services Administration (HRSA) required construct

All reports required under Evaluation Measures are to be submitted semiannually unless otherwise specifically indicated.

California Home Visiting Program
Scope of Work

Goal 5: Strengthen family functioning

Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Short, Intermediate, and Long-Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
Income, Employment, and Education			
5.6 Increase the number of women improving employment status or educational attainment. (+)	5.6 Assist women in identifying their educational and employment goals; provide support in achieving goals.	5.6-5.7 Number and percent of women given referrals for job training, education, employment, child-care or employment-related planning and numbers completing such referrals. (*)	5.6 Number and percent of women with increased employment status or education attainment. (*)
5.7 Increase the number of women whose income increases. (+)	5.7 Assist women in developing an economic self-sufficiency plan. Refer to community resources, job training, and employment events.		5.7 Number and percent of women with an increase in income. (*)

SUBCONTRACT AGREEMENT TRANSMITTAL FORM

Complete and submit this Subcontract Agreement Transmittal Form to obtain California Department of Health (CDPH) Maternal and Adolescent Health (MCAH) Division Subcontract approval.

REQUIREMENT: If the total subcontract amount over the term of the subcontract is \$5,000 or more, a Subcontract Agreement Package must be submitted for approval to CDPH MCAH Division prior to the Subcontract/Agency Agreement being signed by either party, unless this prior approval requirement is waived in writing by CDPH MCAH Division.

The following items are needed as additional components to complete the Subcontract Agreement Package:

1. A brief (one page or less) explanation of the award process including all information necessary to evaluate the reasonableness of the price or cost and the necessity or desirability of incurring such cost if applicable. (See contract Exhibit D(F) Provision (5a) Special Terms and Conditions)
2. Subcontract Agreement Package consisting of:
 - Subcontract Agreement Transmittal Form
 - Subcontractor/Agency Agreement or copy of waiver letter
 - Proposed Scope of Work (CDPH MCAH Division format is recommended)
 - Budget (CDPH MCAH Division format is mandatory unless optional format is approved by MCAH)
 - Detailed Budget Justification

AGENCY IDENTIFICATION

Agency Name: N/A

Agreement Number

Agreement Term

Program Name: MCAH BIH AFLP

Approved Program Maximum Amount Payable

Program Director/Coordinator

SUBCONTRACTOR IDENTIFICATION

Subcontractor or Consultant Name

Address

Subcontractor Contact

Subcontractor Phone Number

Total Subcontract Amount

Is Subcontract: Single Year Agreement or Multiple Year Agreement

If multiple year term, what is the entire term of Subcontract (i.e., 2005-2012):

Current Fiscal Year (FY) Subcontract Amount

Current FY Subcontract Period

Federal I.D. Number or Social Security Number

Subcontractor's Program Director
(N/A for consultants)

Phone Number

Type of Subcontractor

For-profit organization

Non-profit Organization

University

Governmental Agency

The Agency certifies that, for the above named subcontractor, all applicable terms and conditions are included within the subcontract.

Agency Signature

Title

Printed Name

Date:

CONTRACTOR

COUNTY

By _____
State of California – Health and Human Services Agency
California Department of Public Health

By _____
John J. Benoit, Chairman
Board of Supervisors

Print Name

Date _____

Date _____

ATTEST: Kechia Harper-Ihem

By _____

Date _____

FORM APPROVED COUNTY COUNSEL
BY: Neal R. Kipnis 5/10/13
NEAL R. KIPNIS DATE