

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

355



FROM: Department of Public Health

SUBMITTAL DATE:

January 22, 2014

SUBJECT: Ratify and File the Agreement #201333 between the California Department of Public Health Maternal, Child and Adolescent Health Division and the County of Riverside Department of Public Health. Districts: All [\$916,356 – State Funds].

RECOMMENDED MOTION: That the Board of Supervisors:

1. Ratify and File the Maternal, Child and Adolescent Health California Home Visitation Program Allocation Agreement #201333 between the California Department of Public Health and County of Riverside Department of Public Health, Maternal, Child and Adolescent Health, in the amount of \$916,356 for the period of July 1, 2013 through June 30, 2014; and
2. Authorize the Purchasing Agent to sign subsequent amendments that make only ministerial changes to the agreement not to exceed the amount of \$916,356 nor extend the period of performance of July 1, 2013 through June 30, 2014.

FORM APPROVED BY COUNTY COUNSEL
BY: Neal R. Kipnis 1/20/14
DATE
Departmental Concurrence

Susan D. Harrington

Susan D. Harrington, Director
Department of Public Health

HP:rc/ys/td

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 916,356	\$ 0	\$ 916,356	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	

SOURCE OF FUNDS: 100 percent funded by State. Budget Adjustment: No
For Fiscal Year: 13/14

C.E.O. RECOMMENDATION: APPROVE
BY: *Jennifer L. Sargent*

County Executive Office Signature Jennifer L. Sargent

MINUTES OF THE BOARD OF SUPERVISORS

- Positions Added
- Change Order
- A-30
- 4/5 Vote

Prev. Agn. Ref.: _____ District: All Agenda Number: _____

3-46

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA
FORM 11: Ratify the California Department of Public Health Maternal, Child and Adolescent Health (MCAH)
Program Allocation Agreement #201333 for FY 2013/2014.

DATE: January 22, 2014

PAGE: 2 of 2

BACKGROUND:

Summary

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 \$916,356 through the Maternal, Infant and Early Childhood Home Visiting (MIECHV) funding to implement the Nurse-Family Partnership Home Visitation Program. The attached approval letter constitutes a binding agreement and no additional signatures are required.

Impact on Citizens and Businesses

This early-intervention program helps vulnerable families get off to a solid start, helping ensure the emotional, physical and developmental care of California's children. Home visiting services have proven to have a positive impact on families, providing measurable and long-term benefits for children's development.



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



RON CHAPMAN, MD, MPH
Director & State Health Officer

EDMUND G. BROWN JR.
Governor

November 7, 2013

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

Dear Ms. Parks:

**APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR
AGREEMENT # 201333 – Fiscal Year (FY) 2013-14**

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 July 1, 2013 and ending June 30, 2014, the MCAH Division will reimburse expenditures up to the following amount:

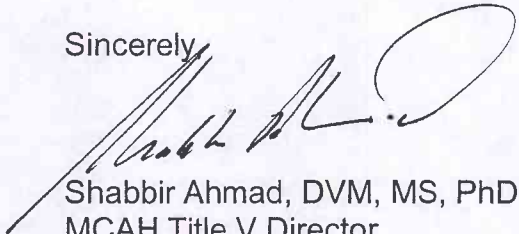
CALIFORNIA HOME VISITING PROGRAM.....\$ 916,356

The availability of Maternal, Infant and Early Childhood Home Visiting (MIECHV) TITLE V funds are based upon funds appropriated in the FY 2013-14 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>

Ms. Parks
November 7, 2013
Page 2

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, MS, PhD
MCAH Title V Director

Enclosure(s)

cc: Mr. John F. J. Benoit
Chair Board of Supervisors
Riverside County
4080 Lemon Street, 5th Floor
Riverside, CA 92501

Toni Ballenger, AGPA
Contract Manager

Arlene Silva, BSc (Psy), BSN, MSN
Program Consultant

Central File

BUDGET

BUDGET SUMMARY
FISCAL YEAR
2013-14

BUDGET STATUS
ORIGINAL BUDGET STATUS
ACTIVE

Version 3.0A-25 Quarterly (MCAH Bill/CHVP)
 Program: California Home Visiting Program
 Agency: 201333 Riverside (Formula)
 Subk:

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
TOTAL FUNDING	%	CHVP	%	AGENCY FUNDS	%	AGENCY FUNDS*	%	NON-ENHANCED MATCHING (50/50)	%	NON-ENHANCED MATCHING (50/50)	%	ENHANCED MATCHING (7.5/25)	%	ENHANCED MATCHING (7.5/25)	%	ENHANCED MATCHING (7.5/25)
ALLOCATION(S)	→	916,356														

EXPENSE CATEGORY	682,508	161,379	25,399	47,070	916,356	100.00%
(I) PERSONNEL	682,508				682,508	
(II) OPERATING EXPENSES	161,379				161,379	
(III) CAPITAL EXPENDITURES			25,399		25,399	
(IV) OTHER COSTS			47,070		47,070	
(V) INDIRECT COSTS						
BUDGET TOTALS*	916,356	100.00%			916,356	

TOTAL TITLE V → 916,356
 TOTAL TITLE XIX →
 TOTAL AGENCY FUNDS →

\$ 916,356 Maximum Amount Payable from State and Federal resources

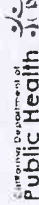
WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

MCAH PROJECT DIRECTOR'S SIGNATURE: *[Signature]* DATE: 11/13/13
 AGENCY FISCAL AGENT'S SIGNATURE: *[Signature]* DATE: 11/13/13

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

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	PCA Codes	AGENCY FUNDS
(I) PERSONNEL	53,140	
(II) OPERATING EXPENSES	682,509	
(III) CAPITAL EXPENSES	161,379	
(IV) OTHER COSTS	25,399	
(V) INDIRECT COSTS	47,070	
Totals for PCA Codes	916,356	

BUDGET


 Integrating Department of
Public Health (NH) Maternal, Child and Adolescent Health Division
California Home Visiting Program
 Agency: 201333 Riverside (Formula)
 Subk:

	TOTAL FUNDING		CHVP	UNMATCHED FUNDING		NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)	
	(1)	(2)		(3)	(4)	(5)	(6)	(7)	(8)

(II) OPERATING EXPENSES DETAIL		TOTAL OPERATING EXPENSES		161,379*		PERSONNEL MATCH	
TRAVEL		38,030	100.00%	161,379			
TRAINING		10,028	100.00%				
1 Communication/Telephone Services		27,108	100.00%				
2 Office Supplies		5,226	100.00%				
3 Printing and Postage		5,309	100.00%				
4 Client Support Materials		2,000	100.00%				
5 Office Equipment Maintenance		6,060	100.00%				
6 Rent/Lease		32,160	100.00%				
7 Outreach Materials		3,000	100.00%				
8 Medical Supplies		5,364	100.00%				
9 Computer Software Licensing		8,040	100.00%				
10 Utilities		8,040	100.00%				
11 Building Maintenance		4,824	100.00%				
12 Program Materials		3,500	100.00%				
13 Bilingual Pay		1,290	100.00%				
14 Computer Equipment		1,400	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. 3), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL		TOTAL CAPITAL EXPENDITURES	

(IV) OTHER COSTS DETAIL		TOTAL OTHER COSTS		25,399		PERSONNEL MATCH	
SUBCONTRACTS							
1 Nurse-Family Partnership		25,399	100.00%				
2							
3							
4							
5							
6							
7							
8							
OTHER CHARGES							
1							
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BUDGET

Program: California Home Visiting Program
 Agency: 201333 Riverside (Formula)
 Subk:

TOTAL FUNDING	UNMATCHED FUNDING		NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)	
	(1)	(2)	(3)	(4)	(5)	(6)
		%	Agency Funds*	%	Combined Fund/Agency*	%
			(7)	(8)	(9)	(10)
			(11)	(12)	(13)	(14)
			(15)	(16)	(17)	(18)

(V) INDIRECT COSTS DETAIL	
AGENCY'S TOTAL INDIRECT COSTS	47,070
% OF TOTAL WAGES (10% MAX.)	10.00%
AGENCY'S OTHER INDIRECT COSTS	
	Match Available

(U) PERSONNEL DETAIL		TOTAL PERSONNEL COSTS		TOTAL WAGES		J-Pers MCF Per Staff	Traveling (X) Staff
INITIALS	TITLE OR CLASSIFICATION	% FTE	ANNUAL SALARY	TOTAL WAGES			
1	HP Director, PHN/MCAH	5.00%	113,942	5,697	100.00%		
2	JA MCAH Coordinator	10.00%	101,791	10,179	100.00%		
3	SB Assistant Nurse Manager	100.00%	94,535	94,535	100.00%		
4	.IC RN/PHN I-V	100.00%	88,139	88,139	100.00%		
5	CC RN/PHN I-V	100.00%	81,911	81,911	100.00%		
6	SW RN/PHN I-V	100.00%	69,769	69,769	100.00%		
7	RS RN/PHN I-V	100.00%	57,859	57,859	100.00%		
8	RC Admin. Services Assistant	5.00%	36,384	1,819	100.00%		
9	MC Office Assistant III	100.00%	41,574	41,574	100.00%		
10	IC Health Services Assistant	50.00%	38,425	19,213	100.00%		
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California Home Visiting Program
Scope of Work

Agency: RivCo DOPH
Agreement Number: 2013 - 33

Fiscal Year: 2013-2014

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:

California Home Visiting Program
Scope of Work

“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, 2013 to June 30, 2014, 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	Due Date
Staffing Report	As needed (see Attachment B)
Annual Progress Report	See below
Supervisor Quarterly Reports	See below and Attachment A

Annual Progress Report:

Reporting Period	From	To	Due Date
1) Annual Report	July 1, 2013	June 30, 2014	July 31, 2014

Supervisor Quarterly Reports:

Reporting Period	From	To	Due Date
1) First Report	July 1, 2013	September 30, 2013	October 31, 2013
2) Second Report	October 1, 2013	December 31, 2013	January 31, 2014
3) Third Report	January 1, 2014	March 31, 2014	April 30, 2014
4) Fourth Report	April 1, 2014	June 30, 2014	July 31, 2014

Supervisor Quarterly Reports

LHJ site Supervisors are required to submit quarterly reports summarizing their successes, challenges, and any technical assistance needs to the assigned CHVP Nurse Consultant. The quarterly report may be sent via email and should also be included in the annual Progress Report when needed, via transmittal. **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	Evaluation/Performance Measures	
		Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	Outcome Measures
MCAH Director Responsibilities			
1.1 The LHJ Maternal, Child and Adolescent Health (MCAH) Director and/or designee will provide oversight to the LHJ and/or its subcontractors with matters related to CHVP.	<p>1.1.1 The MCAH Director must be designated as .15 Full Time Equivalent (FTE) on the CHVP budget.</p> <p>NOTE: the MCAH Director may designate the MCAH Coordinator (where applicable) as the central point of contact for CHVP program-related administration. In this case, the MCAH Director must maintain a minimum of .05 FTE. The total FTE for both the Director and Coordinator must total .15 FTE.</p>	<p>1.1.1 Briefly describe MCAH Director and/or MCAH Coordinator responsibilities as they relate to CHVP.</p>	<p>1.1.1 Provide organizational chart that demonstrates flow of responsibilities.</p>
	1.1.2 Provide informative advice, guidance, and assistance 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.	1.1.2 Briefly describe the oversight process of the MCAH Director and/or Coordinator as they relate to CHVP.	

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 to be Reported in the Semiannual Progress Report or more frequently where indicated	
		Process Measures	Outcome Measures
	1.1.3 Communicate with the MCAH Director representative for the CHVP State Interagency Team (SIT). The MCAH Director will attend MCAH Action Meetings and maintain an open line of communication with the MCAH Director SIT representative.	1.1.3 List discussion items and/or concerns with the MCAH Director SIT representative.	
	1.1.4 Participate in CHVP system of care improvement activities with specific emphasis on building local capacity to promote positive outcomes for children and families, and addressing systems-level factors. Ensure a strong network of community services; address gaps in local services and supports; enhance cross-agency coordination, collaboration and communication; integrate home visiting into the larger continuum of services for children and families; and prevent service duplication.		1.1.4 Complete and submit all required CHVP surveys regarding change in systems of care.

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Notations to Scope of Work:

(*) Reports will be generated by CHVP staff from the ETO data system.

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

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>1.1.5 Play a strategic and collaborative role in the state efforts to build a high quality comprehensive and coordinated statewide early childhood system.</p> <p>Increase access to comprehensive health care by improving outreach across early childhood programs and integrating health promotion into all segments of the early childhood system.</p>	<p>1.1.5 Briefly describe how increases to comprehensive health care have been achieved and integrated into the early childhood system of care.</p>	
	<p>1.1.6 LHJ site shall hire and maintain sufficient staff to serve 100 clients and adhere to the specific evidence-based model guidelines as follows:</p> <p><u>NFP Model</u></p> <ul style="list-style-type: none"> - Supervising Public Health Nurse - Public Health Nurse - Administrative/Clerical Support <p><u>HFA Model</u></p> <ul style="list-style-type: none"> - Program Manager - Supervisor - Family Support Worker - Family Assessment Worker 	<p>1.1.6 Briefly describe process of hiring staff to meet evidence-based model guidelines.</p>	

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Notations to Scope of Work:

(*) Reports will be generated by CHPV staff from the ETO data system.

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

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
	1.1.7 Semiannually review internal policies and procedures for CHVP.	1.1.7 Briefly describe the process that ensures that LHJ policies and procedures accurately reflect CHVP policies and procedures. NOTE: LHJ policies and procedures will be made available to CHVP upon request.	
Cultural Sensitivity			
1.2 LHJ Site will implement home visiting programs using culturally sensitive home visiting practices.	1.2.1 LHJ staff will participate in trainings or educational opportunities designed to enhance cultural sensitivity by utilizing cultural sensitivity trainings via webinars and/or attending trainings. Possible resources: http://rootsofhealthinequity.org/ http://www.unnaturalcauses.org/ http://calpactcb.blogspot.com/2011/10/cultural-competency-training-with-dr.html	1.2.1 Briefly describe how cultural sensitivity training has enhanced home visitor knowledge and how it is being used.	

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Notations to Scope of Work:

(*) Reports will be generated by CHVP staff from the ETO data system.

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

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
1.3 LHJ site will ensure staff completes required NFP or HFA core trainings.	1.2.2 Staffing should reflect the diverse cultures and languages of the LHJ population being served.	1.2.2 Identify bilingual or multilingual staff.	
	1.2.3 Use culturally sensitive materials and translation services when necessary.	1.2.3 Submit a listing of translation services utilized; list by language.	
	1.3.1 LHJ site shall ensure that home visiting staff are trained in appropriate curricula, assessment tools and other items as needed. NFP Model <ul style="list-style-type: none"> • Partners in Parenting Education (PIPE) • Dyadic Assessment of Naturalistic Caregiver-Child Experiences (DANCE) • Nursing Child Assessment Satellite Training (NCAST) <ul style="list-style-type: none"> ○ Maternal Mental Health During Pregnancy ○ Keys to Caregiving ○ How to Promote Good Sleep Habits Parent Booklets 	1.3.1 Briefly describe how model required trainings have benefited the home visitor and the clients.	

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Notations to Scope of Work:

(*) Reports will be generated by CHVP staff from the ETO data system.

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

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 or more frequently where indicated	
		Process Measures	Outcome Measures
	<ul style="list-style-type: none"> ○ Beginning Rhythms Manual ○ Personal Environmental Assessments <ul style="list-style-type: none"> ▪ Difficult Life Circumstance ▪ Network Survey ▪ Community Life Skills Scale • Ages and Stages Questionnaire (ASQ) • Home Observation and Measurement of the Environment (HOME) Inventory • Women's Experience of Battering (WEB) • Any other CHVP required trainings to be announced via program letters. <p>HFA Model</p> <ul style="list-style-type: none"> • Partners for a Healthy Baby • Ages and Stages Questionnaire (ASQ) • Kempe Family Stress Checklist 		

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Notations to Scope of Work:

(*) Reports will be generated by CHVP staff from the ETO data system.

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

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>Enrollment</p> <p>1.4 NFP and NFP Expansion <u>Sites:</u> 100 families will be enrolled within 9-15 months from date of program implementation and maintained throughout the duration of the program. HFA and HFA Expansion <u>Sites:</u> 100 families will be enrolled by 15 months from date of program implementation and maintained throughout the duration of the program.</p>	<ul style="list-style-type: none"> Home Observation and Measurement of the Environment (HOME) Inventory Women's Experience of Battering (WEB) <p>Any other CHVP required trainings to be announced via program letters.</p>		
		1.4.1 LHJ site will receive referrals from appropriate referring agencies and triage as appropriate in order to meet the required enrollment number of families. <i>Note for HFA Sites: based on HFA weighted caseload requirements, some sites may need to submit a waiver to CHVP for reduced enrollment via the transmittal process.</i>	1.4.1 Briefly describe community outreach activities performed in order to meet the required enrollment number of families. List successes and challenges faced in obtaining appropriate family referrals.

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Notations to Scope of Work:

(*) Reports will be generated by CHVP staff from the ETO data system.

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

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>Home Visiting Service</p> <p>1.5 LHJ site will begin enrollment of families.</p>	<p>1.5.1 Prior to enrollment of families, LHJ site will ensure:</p> <ul style="list-style-type: none"> LHJ Board approval NFP: NFP National Service Office (NSO) approval of the LHJ site implementation plan and a signed contract HFA: Affiliation or current accreditation received from Prevent Child Abuse America National Office (PCAANO) Availability of CHVP ETO data system and forms Review of all training materials and webinars regarding forms, data collection and ETO CHVP approval to begin enrollment 	<p>1.5.1 Briefly describe process of obtaining LHJ Board approval, NFP NSO approval of site implementation plan and contract, HFA affiliation and/or accreditation from PCAANO. Briefly list successes and challenges to begin enrollment of clients, and maintenance of client enrollment numbers. Verify that all data system and form training materials have been reviewed by all staff.</p>	

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
Fidelity and Quality Assurance			
1.6 LHJ site will ensure CHVP and NFP/HFA program fidelity.	1.6.1 LHJ site supervisor will manage staff activities using reflective supervision based on NFP and HFA model requirements.		1.6.1 LHJ site supervisor shall submit the Supervisor Quarterly Report to the assigned CHVP Nurse / Health Program Specialist listing site successes, challenges, and any need for technical assistance.
External Evaluation			
1.7 MIECHV Competitive Grant recipients (Merced County, Fresno County, Sacramento County, Los Angeles County, Nevada County, Stanislaus County, San Mateo County, and Solano County) will work with the CHVP external evaluator and ensure that all data are provided as requested.	1.7.1 Ensure all staff cooperate and participate in external evaluation activities including: interviews, facilitating evaluator site visits, assisting in client participation, and all other meetings and/or calls/webinars/contacts associated with the external evaluation.		

(*) Reports will be generated by CHVP staff from the ETO data system.

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

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
1.8 Sites selected to participate in MIHOPE (Mother and Infant Home Visiting Program Evaluation), the national evaluation for MIECHV, will work with the MIHOPE external evaluators and ensure all operational procedures, data, and interviews are satisfied as requested.	1.8.1 Ensure all staff cooperate and participate in external evaluation activities including: interviews, randomization, client enrollment in the evaluation, facilitating evaluator site visits, assisting in client participation, and all other meetings and/or calls/webinars/contacts associated with the external evaluation.		

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Notations to Scope of Work:

(*) Reports will be generated by CHVP staff from the ETO data system.

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

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 or more frequently where indicated	
		Process Measures	Outcome Measures
<p>Data Collection</p> <p>1.9 Collect participant information and outcome data using the model and CHVP-required forms through self-report and observation at each of the defined time intervals.</p>	<p>1.9.1 LHJs will use model required data forms and processes as defined in the <u>model specific data collection requirements</u> for NFP or HFA.</p> <p>1.9.2 Appropriate LHJ staff shall collect and enter the data defined in the <u>NFP or HFA ETO User Manual</u> into the secure ETO data system within seven working days of the client visit and as required by NFP or HFA.</p> <p>1.9.3 Staff shall verify the accuracy and completeness of data input into the CHVP ETO system.</p>	<p>1.9.1-3 Review data system reports and discuss during regularly scheduled Continuous Quality Improvement (CQI) conference calls.</p>	

Notations to Scope of Work:

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

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 to be Reported in the Semiannual Progress Report or more frequently where indicated	Outcome Measures
1.10 Collect all information that will contribute to the 35 constructs that comprise the six federally-mandated benchmark domains and additional evaluation measures specified by CHVP.	<p>1.10.1 LHJs will use CHVP required data forms and processes as defined in the <u>CHVP Data Collection Manual</u>.</p> <p>1.10.2 Appropriate LHJ staff shall collect and enter the data defined in the <u>CHVP ETO User Manual</u> into the secure ETO data system on an ongoing basis and as required by CHVP.</p> <p>1.10.3 Staff shall verify the accuracy and completeness of data input into the CHVP ETO data system.</p>	1.10.1 - 3 Supervisor and/or home visitor shall conduct periodic chart audits and report results and number reviewed (minimum 10%).	
1.11 Assure CQI process is in place at LHJ and coordinate efforts with CHVP.	<p>1.11.1 Perform model-specific and CHVP-directed CQI activities.</p> <p>1.11.2 Identify priority program or evaluation areas for focus in CQI teleconferences; also identify strengths and best practices and create action steps for CQI.</p>	<p>1.11.1 Submit LHJ site specific CQI plan based on guidelines in the CHVP Policies and Procedure Manual. Update CQI plan annually.</p> <p>1.11.2 Participate in CQI teleconferences with CHVP QA team every two months; identify action steps to address priority areas. Discuss ongoing internal CQI process.</p>	

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

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
	1.11.3 Coordinate communication of quality assurance/improvement activities between the LHJ program and Community Advisory Board (CAB) or other community collaborative designated to address quality improvement.	1.11.3 On CQI calls, discuss highlights of CAB or other community group discussions related to CQI and any recommendations and/or outcomes from discussions.	

(*) Reports will be generated by CHVP staff from the ETO data system.

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

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; Number and percentage of families that required 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	Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	Evaluation/Performance Measures
		Process Measures	Outcome Measures
Community Advisory Board 2.1 LHJ site will form a Community Advisory Board (CAB)	2.1.1 CAB activities include: <ul style="list-style-type: none"> • Recruitment of members • Quarterly meetings • Meeting minutes • NFP – refer to Model Element 17 • HFA – refer to Self - Assessment Tool, Governance and Administration (GA) -1 • CAB will assist in informing program operation and implementation, quality assurance/improvement, child and family advocacy, and public awareness regarding home visiting. • CAB will assist with system of care improvements, interagency coordination, information sharing, and referral system. 	2.1.1 Briefly describe the formation of the CAB along with the activities that the CAB performs.	2.1.1. Briefly list the accomplishments of the CAB as they relate to the implementation of the home visiting program.

California Home Visiting Program
Scope of Work

Goal 2: Cultivate strong communities.

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures	
		Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	Outcome Measures
Formal Agreements / Memoranda of Understanding (MOU)			
2.2 LHJ site will increase or enhance the number of formal agreements and/or MOUs with other local social service agencies in the community.(+)	2.2.1 Develop community partnerships and facilitate coordination and integration of services among MCAH and other community programs/services.	2.2.1 Briefly describe the process of engaging community partners in order to integrate services among MCAH and other programs and/or services.	
	2.2.2 Develop and/or maintain formal agreements and/or MOUs with community agencies and other service providers.	2.2.2 Briefly describe process of developing formal agreements and/or MOUs with other programs and/or services.	2.2.2 A list of community agencies and/or service providers you are working with. Provided by CHVP ETO (*) . Respond to CHVP surveys regarding service provider updates including MOUs and other agreements.

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Notations to Scope of Work:

(*) Reports will be generated by CHVP staff from the ETO data system.

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

California Home Visiting Program
Scope of Work

Goal 2: Cultivate strong communities.

Objective(s)	Intervention Activities to Meet Objectives	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
Collaborative Effort		
2.3 LHM 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.	2.3.1 - 2 Number of agencies where the home visitor has a clear point of contact and with whom information is regularly exchanged. Provided by CHVP ETO (*) . Respond to CHVP surveys regarding point of contact and warm referrals.
	2.3.2 LHM 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.	2.3.1 Briefly describe how collaborative relationships were formed within the community. 2.3.2 Briefly describe how information is shared with collaborative partners.
	2.3.3 Educate the community about CHVP services.	2.3.3 List types of outreach performed along with items used to educate community about CHVP.

(*) Reports will be generated by CHVP staff from the ETO data system.

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

California Home Visiting Program
Scope of Work

Goal 2: Cultivate strong communities.

Objective(s)	Intervention Activities to Meet Objectives	Evaluation/Performance Measures Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated
<p>2.4 Home visitors shall assist clients in accessing services and resources in their community for each identified need through a referral process. (+)</p>	<p>2.4.1 Home Visitor will make appropriate referrals.</p>	<p>Process Measures 2.4.1 Briefly describe process of referral follow-up with family.</p> <p>Outcome Measures 2.4.1 The number and percent of completed referrals and services received. Provided by CHVP ETO (*).</p>
	<p>2.4.2 Maintain access to, or develop an updated directory of community referral resources/services</p> <p><i>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).</i></p>	<p>2.4.2 List any updates made to existing referral resources /services. Provided by CHVP ETO (*).</p>

(*) Reports will be generated by CHVP staff from the ETO data system.

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

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	
		Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently, where indicated	Outcome Measures
Prenatal Care			
3.1 Increase the number of women who receive prenatal care as a result of participating in CHVP. (+)	3.1.1 Educate women regarding early and adequate prenatal care. For women not receiving prenatal care, immediately refer to prenatal care provider.	3.1.1 Briefly describe educational tools used to inform families about the importance of prenatal care.	3.1.1 Number and percent of pregnant women who at intake were not receiving prenatal care and subsequently received care. Provided by CHVP ETO. (*)
	3.1.2 Reinforce the importance of adequate prenatal care and identify and address barriers to keeping prenatal appointments.	3.1.2 Briefly describe the activities contributing to success in overcoming barriers to receiving prenatal care.	

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Notations to Scope of Work:

(*) Reports will be generated by CHVP staff from the ETO data system.

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

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 Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	Outcome Measures
		Process Measures	
<p>Maternal Health Insurance</p> <p>3.2 Increase the number of women with health insurance during pregnancy and postpartum. (+)</p>	<p>3.2.1 Provide information and referrals to clients about how to access health insurance programs and the benefits of health care coverage.</p>	<p>3.2.1 Briefly list educational materials used to educate clients about the importance of health care coverage.</p> <p>3.2.2 Briefly describe mechanisms utilized to increase access to health insurance.</p>	<p>3.2.1 Number and percent of women with health insurance during pregnancy and at 2 and 12 months postpartum. Provided by CHVP ETO (*)</p>
<p>Maternal Emergency Department (ED) Visits</p> <p>3.3 Decrease non-emergency use of Hospital Emergency Departments (ED). (+)</p>	<p>3.3.1 Educate families on appropriate use of EDs and patient centered medical homes for their own routine care.</p>	<p>3.3.1 Briefly describe educational materials and techniques used to educate clients about the appropriate use of hospital EDs.</p>	<p>3.3.1 Number and percent of women visiting the ED. Provided by CHVP ETO (*)</p>

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Notations to Scope of Work:

(*) Reports will be generated by CHVP staff from the ETO data system.

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

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 Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	Outcome Measures
<p>Maternal Alcohol, Tobacco and Illicit Drug Use</p> <p>3.4 Decrease or stop maternal use of alcohol, tobacco, and illicit drugs during pregnancy and postpartum. (+)</p>	<p>3.4.1 Assess mother for alcohol, tobacco, and illicit drug use during pregnancy and postpartum; provide information and referrals to health counseling as appropriate.</p>	<p>3.4.1 Briefly describe educational materials and techniques used to educate clients about the health effects of using alcohol, tobacco and illicit drugs during pregnancy and beyond.</p>	<p>3.4.1 Report number and percent of pregnant and postpartum women who:</p> <ul style="list-style-type: none"> • Drank alcohol during pregnancy or abused alcohol postpartum; were referred to alcohol use counseling; and completed the referral. Provided by CHVP ETO (*) • Used tobacco; were referred to tobacco use counseling; and completed the referral. Provided by CHVP ETO (*) • Used illicit drugs; were referred to drug use counseling; and completed the referral. Provided by CHVP ETO (*)

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Notations to Scope of Work:

(*) Reports will be generated by CHVP staff from the ETO data system.

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

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	
		Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	Outcome Measures
Inter-birth Interval			
3.5 Decrease the number of women with a subsequent pregnancy within 18 months postpartum and increase the number of women using contraception up to 12 or more months postpartum. (+)	3.5.1 Assist clients in reproductive life planning.	3.5.1 Briefly describe tools and methods used to decrease a subsequent pregnancy and the proper use of contraceptives.	3.5.1 Number and percent of women using contraception at 6 and 12 months postpartum. Provided by CHVP ETO (*)
Maternal Depression and Parental Stress			
3.6 Increase the number of women screened for maternal depression and parental stress; increase the number referred for services. (+)	3.6.1 Educate women on the signs and symptoms of maternal depression and stress.	3.6.1 Briefly describe tools and techniques used to educate women about signs and symptoms of maternal depression and stress.	3.6.1 Number and percent of women screened for maternal depression and stress per model and CHVP requirements. Provided by CHVP ETO (*)

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Notations to Scope of Work:

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

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 Short, Intermediate, and Long-Term Measures to be Reported in the Semiannual Progress Report or more frequently where indicated	Process Measures	Outcome Measures
<p>Breastfeeding</p> <p>3.7 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>	<p>3.7.1 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 exclusive breastfeeding for at least 6 months. Refer to breastfeeding and lactation support when appropriate (WIC Peer Counseling Program or other local resource). 	<p>3.7.1 Briefly describe tools and techniques used to educate women on the benefits of breastfeeding.</p> <p>3.7.2 Number and percent of women breastfeeding at 6 months and at 12 months. Provided by CHVP ETO (*)</p> <p>3.7.3 Number and percent of women receiving breastfeeding referral. Provided by CHVP ETO (*)</p>		
<p>Postpartum Visit</p> <p>3.8.1 Educate women regarding the importance of a postpartum visit.</p>	<p>3.8.1 Briefly describe tools and techniques used to educate women on the importance of a postpartum visit.</p> <p>3.8.2 Make an appropriate referral for families in need of postpartum care.</p>	<p>3.8.1-2 Number and percent of women who attended a 4-6 week routine postpartum visit with a medical provider. Provided by CHVP ETO (*)</p>		

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.

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Notations to Scope of Work:

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

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)	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
Insured Children 4.1 Increase number of children who have health insurance continuously through two years of age. (+)	4.1.1 As needed, assist parents in the referral and application process for low cost/no cost health insurance programs for their children.	4.1.1 Number and percent of women given referrals to low cost/no cost health insurance programs for their child's healthcare coverage. Provided by CHVP ETO (*) 4.1.2 Number and percent of children with any type of health insurance at 12, 18 and 24 months. Provided by CHVP ETO (*)
Child Emergency Department (ED) Visits 4.2 Increase parental awareness on appropriate use of Emergency Department (ED) visits for children. (+)	4.2.1 Educate parents on appropriate use of ED and help establish a medical home for their child's routine care.	4.2.1 Briefly list the types of low cost/no cost health insurance options available to families. 4.2.2 Briefly describe tools and techniques used to educate families on the appropriate use of the ED for children.

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Notations to Scope of Work:

(*) Data points will be generated by CHVP staff from the ETO data system.

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

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)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated
Well-Child Visits		Process Measures Outcome Measures
4.3 Increase the number of children who receive all recommended well-child visits from 0-2 years. (+)	4.3.1 Assist families in understanding the importance of well-child visits and immunizations. Support parents to adhere to scheduled well-child visits.	4.3.1 Number and percent of infants receiving all American Academy of Pediatrics (AAP) recommended well-child visits. Provided by CHVP ETO (*) Link: AAP http://brightfutures.aap.org/pdfs/AAP%20Bright%20Future%20Periodicity%20Schedule%20101107.pdf
	4.3.1 Briefly describe tools and techniques used to educate families on the importance of well-child visits and immunizations.	

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)	Evaluation/Performance Measures	
		Short, Intermediate, and Long Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated	Outcome Measures
Child Safety and Injury Prevention			
4.4 Decrease the incidence of child injuries requiring medical treatment. (+)	4.4.1 Educate and support families in child injury prevention.	4.4.1 Briefly describe tools and techniques used to educate families on how to reduce childhood injuries. Link to State Injury Prevention Website: Safe and Active Communities (SAC) Branch: http://www.walshlab.org/nylog/lets-sac/B/Pages/default.aspx	4.4.1 Number and percent of women provided information on child injury prevention and safe home environment tailored to child's age. Provided by CHVP ETO (*) 4.4.2 Number and percent of children with injuries requiring medical treatment. Provided by CHVP ETO (*)

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Notations to Scope of Work:

(*) Reports will be generated by CHVP staff from the ETO data system.

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

**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)	Evaluation/Performance Measures Short, Intermediate, and Long Term Measures to be reported in the Semiannual Progress Report or more frequently where indicated
		Outcome Measures
Child Abuse		
4.5 Prevent child abuse and neglect. (+)	<p>4.5.1 Provide resources to parents to prevent child abuse.</p> <p>4.5.2 Provide support for appropriate parenting skills and refer to parenting classes, counseling, or other support resources.</p> <p>4.5.3 Provide emotional support to the family.</p> <p>4.5.4 Look for signs of child abuse and/or neglect through observation at each home visit and report suspected abuse.</p>	<p>4.5.1 - 4 Number and percent of families suspected of child maltreatment or neglect that were referred to Child Protective Services and number and percent of families with substantiated child maltreatment. Provided by CHVP.</p>

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Notations to Scope of Work:

(*) Reports will be generated by CHVP staff from the ETO data system.

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

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	Outcome Measures
Strengthening Families			
5.1 Integrate the Five Protective Factors of Strengthening Families.	<p>5.1.1 LHJ site will integrate the Strengthening Families framework into the home visiting program and also incorporate the framework into their local Policies and Procedures.</p> <p>www.strengtheningfamilies.net</p> <p>LHJ site will utilize the resources and training provided by <u>Strategies</u> for TA regarding Strengthening Families.</p>	5.1.1 Submit a narrative of progress incorporating the five Protective Factors of "Strengthening Families" Framework, including barriers.	
5.2 Assist families in improving the quality of the child's home environment.	5.2.1 Assist families in improving the quality of the child's home environment.	5.2.1 Briefly describe process of improving child's learning and development process along with their relationship with parent/s.	5.2 - 5.3 Number and percent of families completing the HOME Inventory by 6 months of child's age. Provided by CHVP ETO (*)

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.
5.3 Assist parents in identifying and addressing children with emotional, cognitive and physical development.	<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><u>Website for additional information on screening and referral:</u></p> <p><u>Early Childhood Mental Health (ECMH)</u></p>	<p>Process Measures</p> <p>5.3.1 Briefly describe the benefits and challenges of administering the HOME Inventory, ASQ-3 and ASQ-SE, and briefly describe how to address any challenges faced.</p>
		<p>Outcome Measures</p> <p>5.3.1 Number and percent of families completing the ASQ-3 and ASQ-SE by 6 months of child's age. Provided by CHVP ETO (*)</p> <p>5.3.2 Number and percent of children identified with developmental delay. Provided by CHVP ETO (*)</p>
		<p>Process Measures</p> <p>5.3.4 Number and percent of families with completed referrals to developmental services. Provided by CHVP ETO (*)</p>

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Notations to Scope of Work:

(*) Reports will be generated by CHVP staff from the ETO data system.

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

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
Domestic Violence (DV) Address healthy and safe relationships. (+)	<p>5.4.1 Home Visiting trainings on DV awareness</p> <p>5.4.2 Home Visitor will discuss healthy relationships, safety, and reproductive coercion.</p>	<p>5.4.1 Briefly describe the benefit of participating in DV awareness trainings and how it has affected the home visiting experience.</p> <p>5.4.2 Briefly describe how discussions with clients about healthy relationships, safety, and reproductive coercion benefited the client.</p>
	<p>Home Visiting trainings on DV awareness 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>5.4.3 Number and percent of women screened for domestic violence / relationship safety at appropriate intervals using the WEB tool. Provided by CHVP ETO (*)</p>

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Notations to Scope of Work:

(*) Reports will be generated by CHVP staff from the ETO data system.

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

**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	Outcome Measures
	<p>5.4.4.1 The home visitor will assist the woman or DV home visitor will assist women with the creation of a safety plan. Revisit/update the plan as needed. For Possible Safety Plan Guidelines/Template, please see CHVP website.</p>		<p>5.4.4 Number and percent of women who completed a safety plan after a newly positive screen or disclosure of abuse. Provided by CHVP ETO (*)</p>
	<p>5.4.5 The home visitor will refer women to DV services as needed.</p>		<p>5.4.5 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. Provided by CHVP ETO (*) and number and percent of women who completed referral services. Provided by CHVP ETO (*)</p>

(*) Reports will be generated by CHVP staff from the ETO data system.

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

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
5.5.1 Increase the number of women improving employment status or educational attainment. (+)	5.5.1 Provide economic coaching, financial counseling, and employment goals; provide support in achieving goals.	5.5.1.1 Describe tools used and discussions with client to support an employment or educational goal. 5.5.1.2 Number and percent of women with increased employment status or education attainment. Provided by CHVP ETO (*)
5.6.1 Increase the number of women whose income increases. (+)	5.6.1 Assist women in developing an economic self-sufficiency plan. Refer to community resources, job training, and employment events.	5.6.1.1 Briefly describe tools used and discussions with clients to assist with self-sufficiency. 5.6.1.2 Number and percent of women with an increase in income. Provided by CHVP ETO (*)

**ATTACHMENT A
SFY 2013-14**

**PROGRAM OPERATIONAL REQUIREMENTS FOR
CALIFORNIA HOME VISITING PROGRAM**

Purpose

The California Home Visiting Program (CHVP) Local Health Jurisdiction (LHJ) sites must meet all objectives and complete each of the required intervention activities stated in the Scope of Work (SOW) in order to remain in compliance with the contract agreement. The Program Operational Requirements outlines additional information and specifics to assist each LHJ site in completing activities, meeting objectives defined in the SOW, and implementing program activities with quality and fidelity to the home visiting model. The Program Operational Requirements are considered supplemental information to the SOW which contains federally mandated requirements. LHJ's ability to meet and maintain CHVP goals and objectives will affect future LHJ funding.

Background Information

The delivery of home visiting services addresses the diverse needs of children and families in communities at risk and provides an unprecedented opportunity for collaboration and partnership at the federal, state, and community levels to improve health and developmental outcomes for at-risk children through evidence-based home visiting programs.

The California Department of Public Health/Maternal, Child and Adolescent Health (CDPH/MCAH) Division selected two evidence-based home visiting models for implementation in California: Nurse-Family Partnership (NFP) and Healthy Families America (HFA). Selection of these models was based on findings from the Home Visiting Evidence of Effectiveness Review (HomVEE) Study that gave NFP and HFA the most favorable ratings for primary and secondary outcomes in the benchmark areas.

LHJ sites are responsible for administering the CHVP in accordance with model fidelity, the requirements stated in the SOW, Operational Requirements, and the current CHVP Policies and Procedures. LHJ site staff is responsible for being knowledgeable of all CHVP program components, CHVP Data Collection and ETO User manuals, and the CHVP Policies and Procedures for LHJ sites, NFP model or HFA model, as well as the CHVP measures for the federal benchmark constructs, found on the CHVP website: <http://cdph.ca.gov/programs/mcah/Pages/HVP-HomePage.aspx>.

CHVP PROGRAM REQUIREMENTS RELATED TO THE SCOPE OF WORK

1. The Quality Assurance (QA) Teams

CHVP established QA teams to guide the partnership with each LHJ to ensure: model fidelity, creation of continuous quality improvement (CQI) measures, training and technical assistance and timely and accurate reporting. The North and South NFP QA teams consist of Nurse Consultants, Health Program Specialists, Research Scientists, and Contract Managers. The HFA QA Team consists of a Health Program Specialist, Research Scientists, and Contract Managers. The member's contact information is found on this link:

<http://www.cdph.ca.gov/programs/mcah/documents/mo-chvp-cmqacontactlist-20130307.pdf>

2. Site Visits and Technical Assistance

CHVP will perform formal and/or informal site visits at their discretion. LHJ sites are required to participate in CHVP site visits and allow CHVP QA Teams to access program-related records, participant records, and observe home visiting activities.

3. Annual Progress Report

- A. LHJ site will prepare one Annual Progress Report in accordance with the information and format provided by CHVP. Faxed Progress Reports will not be accepted.
- B. LHJ site must submit one copy of the Annual Progress Report, via email, in CHVP format, to CA-MCAH-HomeVisiting@cdph.ca.gov by the due date stated below no later than 30 days after the report ending date. LHJ site's failure to submit the Progress Report in a timely manner may jeopardize future funding for LHJ site. CHVP reserves the right to require additional components in the Progress Report. The schedule below must be followed for the Annual Progress Report:

Reporting Period	From	To	Due Date
SFY 2013-14	July 1, 2013	June 30, 2014	July 31, 2014

4. Additional Reports:

- A. For supervisor quarterly reporting, see number 7 below.
- B. LHJ site shall complete CHVP evaluation requirements as directed by CHVP in accordance with prescribed form and format.
- C. LHJ site will be required to respond as necessary to any ad hoc and/or final reports as designated by CHVP.

- D. LHJ site shall submit "Staffing Report," (Attachment B) to CA-MCAH-HomeVisiting@cdph.ca.gov upon any change in personnel or percentage of effort, and staff leave of absence of 2 weeks or more, within seven working days. Prior approval from CHVP is required for changes in staffing patterns that deviate from the original contract agreement and standard model staffing requirements.

5. Media Communication

LHJ site shall coordinate and collaborate with CHVP in any local or statewide media/communication efforts, as directed and approved by CHVP. If media is involved in communicating the program and its implementation to the public, proposed information must first be shared and approved by CHVP.

Refer to the [CHVP website](#) under *NFP and HFA Policies and Procedures, CHVP 200: Communication*, for additional information.

6. Communication/Transmittal Process

A. Transmittal Process

CHVP transmittal form must be used by the LHJ site to send contract related documents and/or to request CHVP approval for items identified in the SOW. Completed CHVP communication forms shall be submitted to: CA-MCAH-HomeVisiting@cdph.ca.gov.

Visit the [CHVP Website](#) under *Information for Funded Sites* to access the *CHVP Transmittal Form (Attachment-C)* and for guidance on when to use the transmittal process, see *Use of Transmittal Form Guideline*.

B. Program Letter

Any clarification related to the SOW including this Program Operational Requirement will be communicated to the LHJ site via a CHVP Program Policy Alert Letter.

C. Communication

The following specifies the order of communication from LHJ sites:

- I. LHJ site NFP Supervisors, under the direction of the local MCAH Director, must first contact your CHVP Nurse Consultant for program-related questions.

- II. LHJ site HFA Program Managers or Supervisors, under the direction of the local MCAH Director, must first contact your CHVP HFA Statewide Consultant for program-related questions.
- III. Home Visitors for both models must contact their immediate supervisors for program-related issues.

7. Supervisor Quarterly Reports

LHJ site Supervisors are required to submit quarterly reports summarizing their successes, challenges, client success stories, and any technical assistance needs for that period to the assigned CHVP NFP Nurse Consultant or CHVP HFA Statewide Consultant. The quarterly report should be included with the annual Progress Report.

Supervisor Quarterly Reports must be sent to CA-MCAH-HomeVisiting@cdph.ca.gov using the following schedule:

Reporting Period	From	To	Due Date
1) First Report	July 1, 2013	September 30, 2013	October 31, 2013
2) Second Report	October 1, 2013	December 31, 2013	January 31, 2014
3) Third Report	January 1, 2014	March 31, 2014	April 30, 2014
4) Fourth Report	April 1, 2014	June 30, 2014	July 31, 2014

8. Request for Adjustments

- A. Requests regarding adjustments in *Due Dates* of deliverables must be submitted to the CHVP inbox via the transmittal form.
- B. Only CHVP may make adjustments to the SOW template.

9. Maintenance of Effort (MOE) Agreement

LHJ sites agree to abide by the 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.”

Specific questions or proposals should be directed to the local county counsel.

Home Visiting defined by the Health Resources and Services Administration (HRSA):

"Home visiting is defined as an evidence-based program, implemented in response to findings from a needs assessment, that includes home visiting as a primary service delivery strategy (excluding programs with infrequent or supplemental home visiting), and is offered on a voluntary basis to pregnant women or children birth to age 5 targeting the participant outcomes in the legislation which include improved maternal and child health, prevention of child injuries, child abuse, or maltreatment, and 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." (HRSA-10-275)

10. Performance and Accountability

LHJ site must comply with deliverables as outlined in the SOW and may receive technical assistance from CHVP, if needed. In addition, CHVP reserves the right to require a Corrective Action Plan from the LHJ site. LHJ sites must contact their CHVP QA team to request assistance from CHVP as soon as concerns regarding meeting deliverables are identified.

CHVP PROGRAM REQUIREMENTS ON IMPLEMENTATION

The following actions must be implemented:

Contract Agreements at the Local, State, and National Level

LHJ site must have a current contract agreement or affiliation with either national model (NFP or HFA) to fully implement a CHVP. Before an LHJ approaches the national models for contract agreement, the site is required to collaborate and receive approval from CHVP. A copy of the most recent contract agreement, approved affiliation or accreditation agreement from the NFP National Service Office (NSO) or the Prevent Child Abuse America (PCAA) National Office (NO) must be kept on file and made available upon request by CHVP. LHJ site must regularly inform the assigned CHVP NFP Nurse Consultant or HFA Statewide Consultant regarding the contract status or any changes from NFP NSO or accreditation status from PCAA NO.

IMPLEMENTATION REQUIREMENTS

LHJ site must comply with NFP or HFA requirements for program implementation of the national program model (NFP or HFA). LHJ site organizational structure must be prepared to assume the capacity to house the service and manage the hiring, supervision, and payment of all personnel and ensure general fiscal stability. LHJ sites must comply with the following requirements:

1. MCAH Director

The MCAH Director is required to devote a minimum of 0.15 Full Time Equivalent (FTE) to CHVP oversight, fostering partnerships and collaboration within the LHJ, and directing the local CHVP Community Advisory Board (CAB). These requirements are in addition to the Key Personnel requirements for the MCAH Director as outlined in the MCAH Policies and Procedures Manual for LHJs.

LHJ must meet the MCAH-LHJ FTE and credentialing requirements for the MCAH Director. LHJ may not receive waivers for the MCAH Director FTE requirements; waivers will be considered for credentialing only. If total FTE (LHJ plus local MCAH) exceed 1.0 FTE, local MCAH may meet staffing requirements utilizing an MCAH Coordinator.

MCAH Director will contact the assigned CHVP NFP Nurse Consultant or the HFA Statewide Consultant before contacting the NFP-NSO or the PCAA NO.

For NFP Sites Only: MCAH Director will support the collaboration of the CHVP-Statewide Nurse Liaison (CHVP-SNL) with the NFP Designated Nurse Consultant (DNC). The MCAH Director will include the CHVP-SNL's role in the LHJ/NFP Implementation Agreement (contract) which includes:

- A. Ongoing collaboration between CHVP-SNL and NFP's DNC.
- B. Provide support to the MCAH Director and/or their designee as specified in the contract between the LHJ and NFP.
- C. Provide ongoing coaching and consultation; conduct education sessions as appropriate to help nurse supervisors and nurse home visitors improve their knowledge, skills and abilities to implement the program with high quality and fidelity to the model in collaboration with NFP's DNC.
- D. Provide education and support to MCAH Directors, nurse supervisors, and nurse home visitors on specific topics as reasonably requested by NFP in collaboration with NFP DNC.
- E. Monitor ongoing quality improvement.
- F. Assist in delivering appropriate continuing education in collaboration with NFP DNC.
- G. Continually assist MCAH Director to help nurse supervisors meet NFP professional development requirements as specified in the NFP Policies and Procedures (P&Ps) in collaboration with NFP DNC.

- H. Assist NFP DNC in mentoring nurse supervisors in their administrative and clinical roles.
- I. Foster communication of successful practices and mutual problem solving among nurse home visitors at LHJs.
- J. Keep NFP informed of implementation issues that arise with any LHJ. Work with the NFP DNC to facilitate visits, not less than quarterly, between NFP's DNC and nurse supervisors. The NFP DNCs shall meet with nurse supervisors at least quarterly.

The above stated terms must be established in the contractual agreement between each NFP LHJ and the NFP NSO.

CHVP MEETINGS AND TRAINING REQUIREMENTS

LHJ site is required to participate in CHVP meetings, workgroups, and trainings directed by CHVP. LHJ site is responsible for staff members' receiving core training on NFP or HFA models and other CHVP required training.

- For a description of required training, current schedules and dates for NFP and HFA staff, please refer to the CHVP website:
<http://www.cdph.ca.gov/programs/mcah/Pages/HVP-HomePage.aspx>.
- For further information about NFP training requirements, refer to the NFP website:
http://www.nursefamilypartnership.org/assets/PDF/Policy/HV-Funding-Guidance/NFP_Core_Education
- For further information about HFA training requirements, refer to the HFA Self-Assessment Tool: <http://www.ok.gov/health2/documents/2008-2012%20HFA%20SAT%20Best%20Practices%20-%20Updated%203-10.pdf>

Ongoing training

LHJ site is required to provide ongoing training to staff in topics which take into account the worker's knowledge, skill base, and needs. CHVP will collaborate with each LHJ site to determine needs and coordinate training.

Note: For new and expansion sites, LHJ shall keep on file proof of completion of all required core and follow-up trainings, and CHVP-required trainings of employed staff along with their curricula. Current staff training for the required reporting period must be documented in the Annual Progress Report.

WORK SPACE AND EQUIPMENT

LHJ site shall provide necessary equipment and establish an optimal work space for program staff, including:

- Appropriate telecommunication and computer equipment capabilities for staff use
- Access to LHJ site Policies and Procedures for easy reference

- Easy access to community resources or agencies either electronically or on paper

DELIVERY OF HOME VISITING SERVICES

1. Enrollment

Potential participants are enrolled only if the enrollment criteria specified in the model elements are satisfied. See CHVP Policy and Procedure 400-10 for additional enrollment information.

2. LHJ Site Responsibilities During Home Visiting Implementation

In order to implement the program with fidelity to the models, LHJ site shall share experiences learned and program improvement with other LHJ entities that are implementing the NFP or HFA models through CHVP coordinated meetings and teleconferences. If issues or difficulties arise regarding home visiting program implementation, the LHJ site must contact the assigned CHVP NFP Nurse Consultant or HFA Statewide Consultant. Other responsibilities include:

- LHJ shall implement the Home Visiting Program in accordance with model fidelity.
- LHJ staff shall demonstrate a level of competence in the skills related to Home Visiting including assessments, interventions, referrals and follow-up.
- LHJ staff for each site shall ensure that the assigned CHVP NFP Nurse Consultant or HFA Statewide Consultants involved in the process of program implementation and accreditation.
- CHVP Home Visitors shall collect required data on family visits, and the Home Visiting Supervisor will ensure that this data is entered into the CHVP ETO data system within seven working days of the client visit, (see SOW, Objective 1.9) taking all appropriate steps to maintain client confidentiality.
- LHJ staff will obtain agreement from CHVP Branch before reporting CHVP data to anyone other than CHVP. LHJ will send copies to CHVP of all reports submitted to NFP NSO or PCAA NO.
- CHVP reserves the right to access all collected data and establishes CHVP ownership of CHVP uniquely-defined data content and functionality.

SPECIFIC REQUIREMENTS FOR COMPETITIVE GRANT RECIPIENTS

(Fresno; Los Angeles (LA) Communities: Service Planning Area (SPA) 1 Antelope Valley and LA SPA 2,3,7; Merced; Nevada; Sacramento Communities; San Mateo; Solano; and Stanislaus)

1. Activities Required for Competitive Grant Recipients

In collaboration with the QA teams, the following activities are required for counties that

receive MIECHV Competitive Expansion Grant funding:

- A. Provide a sample of community leadership, family members, and clinicians who will participate in interviews with external evaluators during first two months of client enrollment;
- B. Respond to survey tools for key informants during the first quarter for SFY 2013/2014;
- C. Key program administrators to participate in phone interviews with external evaluators during the first quarter for SFY 2013/2014; and
- D. Enter additional data as needed for the external evaluation (type and frequency to be announced); this activity is ongoing.

Further information on these activities will be provided by CHVP and the external evaluators.

2. Deliverables for Competitive Grant Recipients

The following deliverables are required for the Competitive Grant Recipients in an annual progress report in accordance with the due dates indicated in the SOW:

- A. Email of links to survey tools or mailing through U.S. Postal Service of hard copy of survey; transmission of completed tools to external evaluators during the first quarter for SFY 2013/2014.
- B. Dates of scheduled interviews in annual reports during the first quarter for SFY 2013/2014.
- C. Entry of additional data; this activity is ongoing.

SPECIFIC REQUIREMENTS FOR THE MOTHER AND INFANT HOME VISITING PROGRAM EVALUATION (MIHOPE)

The Affordable Care Act of 2010 required the U.S. Department of Health and Human Services (USDHHS) to evaluate the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. USDHHS contracted with MDRC, James Bell & Associates, Johns Hopkins University, and Mathematica Policy Research to implement the Mother and Infant Home Visiting Program Evaluation (MIHOPE) to assess effectiveness of the home visiting models supported by MIECHV across the country.

The national evaluation sample encompasses 85 sites in 12 states. California has been selected as a participating state and 6 sites (1 HFA and 5 NFP) have been identified. Within each site, 60 families will be randomly assigned to intervention and control groups.

Local Staff are required to:

Participate in interviews and surveys;

- Provide program records;
- Complete participation logs; and
- Facilitate videotaping of home visits (performed by MIHOPE research staff on 9 families, 2 visits each).

MIHOPE Evaluation Staff will:

- Enroll participant (including obtaining consent); and
- Collect data (phone and in-person surveys and discussions).

In addition to surveys, home visitors and supervisors will complete logs regarding home visit content, supervision and training. Logs for home visits and supervision will be completed at the end of each week and training logs will be completed monthly. The logs will take approximately 5 minutes to complete.

Participants will receive a \$25 gift card for completing the baseline survey. Sites will receive \$22,000 to support staff participation in research activities which is available for use over the entire study duration (Mid 2013-Mid 2015).

CHVP TARGET POPULATIONS

The MIECHV program is designed to identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities. The Affordable Care Act of 2010 (ACA) requires funded agencies to give priority to providing services to the following high risk populations:

- Pregnant Females Under 21 Years of Age
- First-time Mothers
- Females with a History of Adverse Birth Outcomes (e.g. fetal loss, birth defects, pre-term birth, low birth weight)
- Families/Women with Limited Access to Health Care
- Low Income Pregnant Women and/or Low Income Families with Children Birth to Age 2
- Low Income Families with Children Between the ages of 2-5
- Families with Children with Developmental Delays or Disabilities
- Families with Children with Low Student Achievement/Dropouts
- Families with a History of Child Abuse or Neglect
- Families with a History of Domestic Violence
- Families with a History of Substance Abuse
- Current or Former Military Families
- Non-English Speaking Families
- Families Residing in High Crime Areas

See the CHVP website:

Under CHVP (NFP or HFA) 100: Administrative/Client Confidentiality for a policy on Client Confidentiality and HIPAA Requirements

Under CHVP 200 (NFP or HFA): Communication for policies on outreach materials, social media and media relations.

Under CHVP 300 (NFP or HFA): Staff Requirements and Responsibilities

Under CHVP 400 (NFP or HFA): Guidance for Client Activities for a policy on Client Support Materials.

Attachment B California Home Visiting Program (CHVP) Staffing Report

Contract Number: 201333
Agency Name: RivCo DOPH

Date: 10/08/13

Use this report to detail any staffing changes at the Local Health Jurisdiction which deviates from the original contract/staffing agreement (e.g., refilling a position, reduction in percentage of effort, termination of staff and/or change in FTE). Submit the information below to CHVP **within seven days** of any staffing change. Prior approval is required from the CHVP Quality Assurance Team for changes in staffing patterns that deviate from staffing SOW (use additional sheets if necessary). Use the chart below for ethnicity and relevant experience/expertise codes.

Ethnic Group AA African American H/L Hispanic/Latino API Asian/Pacific Islander AI American Indian	C Caucasian O Other (specify)	Relevant Experience/Expertise (list all that apply) HV Home Visitation CH Community Health CD Child Development FS Family Services	MIH Maternal/Infant Health CL Clinical Background M Management O Other (specify)
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Note: Staffing Report should always list all staff currently on the CHVP budget, including in-kind.

NAME, DEGREE(S)	JOB TITLE	SALARY (Monthly or Hourly)	% OF TIME	START DATE	END DATE	ETHNIC GROUP	NON-ENGLISH LANGUAGES SPOKEN	RELEVANT EXPERIENCE
Hermia Parks, MA, RN, PHN	MCAH Director	53.71 hrly.	5	01/01/13		AA	None	HV, CH, CD, FS, MIH, CL, M
Judy Atchison, RN, PHN, MSN (Previously as Perry)	MCAH Coordinator	51.98 hrly.	10	01/01/13		C	None	HV, CH, CD, FS, MIH, CL, M
Stephanie Bryant, RN, PHN, MSN	Assistant Nurse Manager	43.70 hrly.	100	04/08/13		AA	None	HV, CH, CD, FS, MIH, CL, M
Iliam Cisneros, MSN, RN, IBCLC	RN/PHN	40.73 hrly.	0	07/01/13		H/L	Spanish	HV, CH, CD, MIH, CL, O=NFP
Consuelo Corral, BSN, RN, PHN	RN/PHN	40.73 hrly.	100	06/10/13		H/L	Spanish	HV, CH, CD, MIH, CL, O=NFP
Raychelle Smith, BSN, RN, PHN	RN/PHN	40.73 hrly.	100	06/10/13		AA	None	HV, CH, CD, MIH, CL, O=NFP
Shari Wardle, BSN, RN, PHN	RN/PHN	40.73 hrly.	100	05/14/13		C	None	HV, CH, CD, MIH, CL, O=NFP
Renee Cummings	Admin. Services Asst.	22.96 hrly.	5	01/01/13		H/L	None	O= Administrative Support
Ingris Clark	Health Services Asst.	17.63 hrly.	50	03/31/13		AA	Spanish	HV, CH, FS, MIH

Attachment B
California Home Visiting Program (CHVP) Staffing Report

NAME, DEGREE(S)	JOB TITLE	SALARY (Monthly or Hourly)	% OF TIME	START DATE	END DATE	ETHNIC GROUP	NON-ENGLISH LANGUAGES SPOKEN	RELEVANT EXPERIENCE
Vickie Peterson	Office Asst. III	19.99	50	06/13/13	09/04/13	H/L	Spanish	O= Clerical and data support
Melissa Culbert	Office Asst. III	19.99	100	09/05/13		C	None	O= Clerical and data support

Comment Section: (Please specify reasons for staff changes since last submission). Vickie Peterson was providing clerical and data support until the OA III position was filled on 09/05/13 by Melissa Culbert. When staff are working partial CHVP and other programs different grant/program codes are used identifying the actual time spent in each program.

Attachment C

California Home Visiting Program Transmittal Form

Directions: Use this *CHVP Transmittal form* to submit supporting documentation or when requesting prior approval from CHVP. Refer to *Use of Transmittal Form Guideline* regarding the use of this form. Send form and attachments to: CA-MCAH-HomeVisiting@cdph.ca.gov.

TO: California Home Visiting Program Date: _____

CHVP LHJ site: Enter Agency Name

CONTRACT #: Enter Contract #

SCOPE OF WORK REVISION

SUPERVISOR QUARTERLY REPORT
 Reporting Period:

PROGRESS REPORT: DUE DATE:

02/02/13 – 06/30/13 07/31/13
 07/01/13 – 06/30/14 07/31/14
 07/01/14 – 06/30/15 07/31/15

STAFFING REPORT

- New Hire and Supporting Documents
- Separation
- Leave of Absence, 2 weeks or more (for Supervisors, HFA Assessment Workers and Home Visitors)

NURSE/PROGRAM (SPECIFY):

DATA (SPECIFY):

CONTRACT (SPECIFY):

TRAINING (SPECIFY):

Comments:

FOR CHVP USE ONLY	Date(s)	CHVP Team Distribution
Received on :		Contract Manager: _____
Distributed to staff:		Nurse Consultant: _____
Distributor's Name:		Program Specialist: _____
Response to LHJ:		Training Coordinator: _____
		Evaluation Consultant: _____
		CHVP Chief : _____
Comments:		