

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

241



**FROM:** Department of Public Health

**SUBMITTAL DATE:**  
February 9, 2015

**SUBJECT:** Ratify and File the Allocation Agreement #201433 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 #201433 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, 2014 through June 30, 2015; 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, 2014 through June 30, 2015.

FORM APPROVED COUNTY COUNSEL  
 BY: GREGORY P. PRIAMOS DATE 2/19/15  
 Departmental Concurrent

HP:rc

Susan D. Harrington, Director  
 Department of Public Health

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	
<b>SOURCE OF FUNDS:</b> 100 percent funded by State.				<b>Budget Adjustment:</b> No	
				<b>For Fiscal Year:</b> 14/15	

**C.E.O. RECOMMENDATION:**

APPROVE

BY:   
 Debra Courmoyer

County Executive Office Signature

**MINUTES OF THE BOARD OF SUPERVISORS**

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

Prev. Agn. Ref.: 02/11/14, 3-46

District: All

Agenda Number:

**3-24**

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA  
FORM 11: Ratify and File the Allocation Agreement #201433 between the California Department of Public Health Maternal, Child and Adolescent Health Division and the County of Riverside Department of Public Health.**

**DATE:** February 9, 2015

**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 County of Riverside Department of Public, Public Health Nursing/ Maternal Child Adolescent Health Branch employs the Nurse-Family Partnership Home Visitation Program. This evidence-based, voluntary program will be offered to pregnant women or children birth to age 2. Program outcomes include: improved maternal and child health, prevention of child injuries, abuse and 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 attached approved letter constitutes a binding agreement and no additional signatures are required.

**Impact on Citizens and Businesses**

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



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

December 19, 2014

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

FORM APPROVED COUNTY COUNSEL  
BY: Neal R. Kipnis 2/11/15  
NEAL R. KIPNIS DATE

Dear Ms. Parks:

APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR  
AGREEMENT #201433 – FISCAL YEAR 2014-15

The California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division 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, 2014 and ending June 30, 2015, the CDPH/MCAH Division will reimburse expenditures up to the following amount:

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

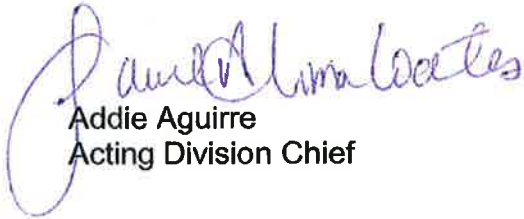
The availability of Maternal, Infant and Early Childhood Home Visiting (MIECHV) TITLE V funds are based upon funds appropriated in the FY 2014-15 Budget Act. Reimbursement of invoices is subject to compliance with all federal and state requirements pertaining to CDPH/MCAH related programs and adherence 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>

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

Ms. Parks  
December 19, 2014  
Page 2

Contract Manager, Kristy Lieu, at (916) 650-0326 or by e-mail at Kristy.Lieu@cdph.ca.gov within 14 calendar days from the date of this letter. Non-response constitutes acceptance of the enclosed documents.

Sincerely,



Addie Aguirre  
Acting Division Chief

Enclosure(s)

cc: John Tavaglione  
Chair, Board of Supervisors  
Riverside County  
4080 Lemon Street, 5<sup>th</sup> Floor  
Riverside, CA 92501

Kristy Lieu  
Contract Manager

Monica Perez  
Program Consultant

Central File

**NOTES**

1. The MCAH Director may designate the MCAH Coordinator 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.
2. LHJ policies and procedures will be made available to CHVP upon request.

**3. NFP Model**

- Partners in Parenting Education (PIPE)
- Dyadic Assessment of Naturalistic Caregiver-Child Experiences (DANCE)
- Nursing Child Assessment Satellite Training (NCAST)
  - Keys to Caregiving
  - How to Promote Good Sleep Habits Parent Booklets
  - Beginning Rhythms Manual
  - Personal Environmental Assessments
    - 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.

**HFA Model**

- Partners for a Healthy Baby
  - Ages and Stages Questionnaire (ASQ)
  - Kempe Family Stress Checklist
  - 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.

4. Link to State Injury Prevention Website: Safe and Active Communities (SAC) Branch:

<http://www.cdph.ca.gov/programs/SACB/Pages/default.aspx>

5. [www.strengtheningfamilies.net](http://www.strengtheningfamilies.net) LHJ site will utilize the resources and training provided by Strategies for TA regarding Strengthening Families.

#	Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures	
			Process, Short and/or Intermediate Measures (Reporting Method in Red)	Short and/or Intermediate Outcome Measure(s)
		2. ASQ-3 3. ASQ-SE (.2) Make appropriate referrals for developmental evaluation or services based on HOME Inventory, ASQ 3, or ASQ-SE. Develop policies, procedures or a process for referring and follow-up	Policies, procedures or a process for referring and follow-up on referrals were developed.	Present to CHVP when requested at Site Visit
<b>INCREASE DOMESTIC VIOLENCE (DV) AWARENESS</b>				
5.4	Increase support for women to have healthy and safe relationships.	(.1) Participate in trainings on DV awareness. Develop policies and procedures for screening, referral and follow-up? (.2) Home Visitor will discuss healthy relationships, safety, and reproductive coercion. (.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). (.4) 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. (.5) The home visitor will refer women to DV services and follow-up as needed.	Maintain a training log which includes topic, trainer, and list of attendees Policies and procedures developed?	Present to CHVP when requested at Site Visit  Observed at Site Visit.  Observed at Site Visit.  Observed at Site Visit.
<b>IMPROVING INCOME, EMPLOYMENT, AND EDUCATIONAL STATUS OF CLIENTS</b>				
5.5	Increase the number of women improving	(.1) Assist women in identifying their	Maintain a current referral resources and services directory.	Present to CHVP when requested at Site Visit.

#	Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures	
			Process Description and Measures	Process, Short and/or Intermediate Measures Short and/or Intermediate Outcome Measure(s)
		prevent child abuse.	resources and services directory.	requested at Site Visit.
		(.2) Provide support for appropriate parenting skills and refer to parenting classes, counseling, or other support resources.	Maintain a current referral resources and services directory.	Present to CHVP when requested at Site Visit.
		(.3) Provide emotional support to the family.		Observed at Site Visit.
		(.4) Look for signs of child abuse and/or neglect through observation at each home visit and report suspected abuse.		Observed at Site Visit.

#	Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures	
			Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<b>INCREASE THE NUMBER OF WOMEN SCREENED FOR MATERIAL DEPRESSION AND PARENTAL STRESS</b>				
3.6	Increase the number of women screened for maternal depression and parental stress; increase the number referred for services.	(.1) Educate women on the signs and symptoms of maternal depression and stress.	Clients are provided education and referral.	Observed at Site Visit.
<b>INCREASE BREASTFEEDING INITIATION, EXCLUSIVITY, AND DURATION</b>				
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.	(.1) Encourage and support breastfeeding: <ul style="list-style-type: none"> <li>Educate women on the importance of initiating breastfeeding and continuing through one year postpartum.</li> <li>Educate and support women on the importance of exclusive breastfeeding for at least 6 months.</li> <li>Refer to breastfeeding and lactation support when appropriate (WIC Peer Counseling Program or other local resource).</li> </ul>	Processes in place to ensure client is provided education and support.	Observed at Site Visit.
<b>INCREASE NUMBER OF WOMEN RECEIVING POSTPARTUM APPOINTMENTS WITHIN 6 WEEKS</b>				
3.8	Increase number of women who have a postpartum visit within 6 weeks.	(.1) Educate women regarding the importance of a postpartum visit. (.2) Make an appropriate referral to women in need of postpartum care.	Clients are provided education. Maintain a current referral resources and services directory.	Observed at Site Visit. Present to CHVP when requested at Site Visit



#	Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures	
			Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
2.3	LHJ site will increase the number of collaborating community agencies with whom they have a clear point of contact.	(.1) Develop collaborative relationships with local service agencies and hospitals in the community to create and maintain ties. (.2) LHJ site will develop a clear point of contact (person/s) with collaborating community agencies for purposes of making warm referrals by phone or in person on a participant's behalf. (.3) Educate the community about CHVP services.		Respond to CHVP Service Provider Survey regarding agencies with which you have warm referral relationships. Present to CHVP when requested at Site Visit.
2.4	Clients will access services and resources in their community for each identified need through a referral process.	(.1) Home Visitor will make appropriate referrals and LHJ will develop a process to ensure follow-up to pending referrals are completed. Train staff to follow-up on referrals made to clients. (.2) Maintain access to, or develop an updated directory of, community referral resources and services.	Maintain an outreach log which includes program contacted, method, materials used and date of contract. Maintain training log	Observe at Site Visit. Present to CHVP when requested at Site Visit.

#	Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures	
			Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	CHVP.	based on guidelines in the CHVP Policies and Procedure Manual. (.2) Identify priority program or evaluation areas for focus in CQI teleconferences; also identify strengths and best practices and create action steps for CQI. Participate in CQI teleconferences with CHVP QA team. Discuss ongoing internal CQI process (.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.	Identify and report action steps to address priority areas and ongoing internal CQI process. .	
			On CQI calls, discuss highlights of CAB or other community group discussions related to CQI including recommendations and outcomes.	

#	Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures	
			Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<b>NFP AND HFA CORE TRAINING</b>				
1.3	LHJ site will ensure staff completes required NFP or HFA core trainings.	<p>languages of the LHJ population being served. When possible hire staff that reflect the culture and speak the language of clients.</p> <p>(.3) Use culturally sensitive materials and translation services when necessary.</p>		Present to CHVP when requested at Site Visit.
<b>CASELOAD REQUIREMENTS</b>				
1.4	<b>NFP and HFA Sites:</b> 100 families will be enrolled within 15 months of program implementation and maintained throughout the duration of the program.	(.1) LHJ site shall ensure that home visiting staff is trained in appropriate curricula, assessment tools and other items as needed. <sup>3</sup>	Maintain a training log which includes topic, trainer, and list of attendees.	Present to CHVP when requested at Site Visit.
<b>PROGRAM FIDELITY AND QUALITY ASSURANCE</b>				
1.5	LHJ site will ensure CHVP and NFP/HFA program fidelity.	(.1) LHJ site shall receive referrals from appropriate agencies and triage as appropriate to meet the required enrollment number of families. <sup>4</sup>	Maintain an outreach log which includes program contacted, method, materials used and date of contract.	Present to CHVP when requested at Site Visit.
<b>PARTICIPATION IN EXTERNAL EVALUATION</b>				
1.6	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) Ensure all MIECHV 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.	Program staff participated in all external evaluation activities as needed.	
1.7	Sites selected to participate in MIHOPE (Mother and Infant Home Visiting Program Evaluation), the national evaluation for MIECHV, will work with the MIHOPE external	(.1) Ensure all MIHOPE 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	Program staff participated in all external evaluation activities as needed.	

All activities in this SOW shall take place from receipt of funding beginning July 1, 2014 to June 30, 2015, 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.

Reporting	From	To	Due Date
First Progress Report	July 1, 2014	October 31, 2014	November 30, 2014
Second Progress Report	November 1, 2014	February 28, 2015	March 31, 2015
Third Progress Report	March 1, 2015	June 30, 2015	July 31, 2015

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

**BUDGET SUMMARY**

FISCAL YEAR  
**2014-15**

BUDGET  
**ORIGINAL**

BUDGET STATUS  
**ACTIVE**

BALANCE

Version 4.3A-4D Quarterly

Program: **California Home Visiting Program**  
Agency: **201433 Riverside (Formula)**  
SubK:

	UNMATCHED FUNDING				AGENCY FUNDS				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
TOTAL FUNDING	%	CHVP	%	%	%	%	Agency Funds*	%	%	Combined Fed/Agency*	%	%	%	Combined Fed/Agency*	%	
ALLOCATION(S)		→	<b>916,356</b>													

EXPENSE CATEGORY	(I)	(II)	(III)	(IV)	(V)	BUDGET TOTALS*	BALANCE(S)
(I) PERSONNEL	735,468					735,468	
(II) OPERATING EXPENSES	80,267					80,267	
(III) CAPITAL EXPENDITURES							
(IV) OTHER COSTS	27,074					27,074	
(V) INDIRECT COSTS	73,547					73,547	
<b>BUDGET TOTALS*</b>	<b>916,356</b>					<b>916,356</b>	100.00% →

TOTAL CHVP	916,356	→	916,356	→			
TOTAL -	-	→	-	→			
TOTAL -	-	→	-	→			
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.

*[Signature]* PROJECT DIRECTOR'S SIGNATURE  
*[Signature]* AGENCY FISCAL AGENT'S SIGNATURE

1/7/15 DATE  
01/08/15 DATE

\* These amounts contain local revenues 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	53140	#N/A
(II) OPERATING EXPENSES	735,468	#N/A
(III) CAPITAL EXPENSES	80,267	#N/A
(IV) OTHER COSTS	27,074	#N/A
(V) INDIRECT COSTS	73,547	#N/A
Totals for PCA Codes	916,356	

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)
TOTAL FUNDING	%	CHVP	%	%	%	Agency Funds*	%	%	%	Combined Fed/Agency*	%	%	%	Combined Fed/Agency*	%

<b>(II) OPERATING EXPENSES DETAIL</b>															
TOTAL OPERATING EXPENSES															80,267
TRAVEL	24,839	100.00%	80,267												
TRAINING	1,371	100.00%	1,371												
1 Communicator/Telephone Services	15,229	100.00%	15,229												
2 Office Equipment Maintenance	3,792	100.00%	3,792												
3 Computer Software Licensing	2,322	100.00%	2,322												
4 Medical-Dental Supplies	2,500	100.00%	2,500												
5 Utilities	1,067	100.00%	1,067												
6 Office Supplies	3,700	100.00%	3,700												
7 Printing and Postage	7,800	100.00%	7,800												
8 Rent-Lease	17,647	100.00%	17,647												
9															
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\*\* Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be obtained to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

<b>(III) CAPITAL EXPENDITURE DETAIL</b>															
TOTAL CAPITAL EXPENDITURES															

<b>(IV) OTHER COSTS DETAIL</b>															
TOTAL OTHER COSTS															27,074
<b>SUBCONTRACTS</b>															
1 Nurse-Family Partnership	19,016	100.00%	19,016												
2															
3															
4															
5															
6															
7															
8															
<b>OTHER CHARGES</b>															
1 Outreach Materials	1,500	100.00%	1,500												
2 Program Support Materials	3,979	100.00%	3,979												
3 Client Education Support Materials	2,579	100.00%	2,579												
4															
5															
6															
7															
8															

Program: California Home Visiting Program Agency: 201433 Riverside (Formula)		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Subk:	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	%	CHVP	%	-	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*
		73,547	100.00%	79,547											

<b>(V) INDIRECT COSTS DETAIL</b>		73,547													
TOTAL INDIRECT COSTS		73,547													
10% % of Total Wages + Fringe Benefits		73,547	100.00%	79,547											

<b>(I) PERSONNEL DETAIL</b>		TOTAL PERSONNEL COSTS	FRINGE BENEFIT RATE	43.71%	TOTAL WAGES	TOTAL WAGES	ANNUAL SALARY	% FTE	TITLE OR CLASSIFICATION	INITIALS
1	HP	MCAH Director	5.00%	129,208	6,460	100.00%				
2	JA	MCAH Coordinator	10.00%	112,436	11,244	100.00%				
3	AL	Assistant Nurse Manager	100.00%	99,772	99,772	100.00%				
4	IC	RN/PHN I-V	100.00%	99,880	99,880	100.00%				
5	CC	RN/PHN I-V	100.00%	92,013	92,013	100.00%				
6	SW	RN/PHN I-V	100.00%	84,919	84,919	100.00%				
7	RS	RN/PHN I-V	100.00%	68,565	68,565	100.00%				
8	RC	Admin. Services Assistant	5.00%	40,167	2,008	100.00%				
9	VP	Office Assistant III	100.00%	36,120	36,120	100.00%				
10	IC	Health Services Assistant	25.00%	43,164	10,791	100.00%				
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**Budget:**  
**Program:** California Home Visiting Program  
**Agency:** 201433 Riverside (Formula)  
**SubK:**

Version 4.3A-40 Quarterly

Use the following link to access the current AFA webpage and the current base MCF% for your agency:  
<http://www.cdph.ca.gov/services/funding/mcah/Pages/FiscalDocuments.aspx>

(I) PERSONNEL DETAIL		BASE MEDICAL FACTOR %				MCF %				MCF % Justification		
INITIALS	TITLE OR CLASS	TOTALS	% FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (Click link to view)	Maximum characters = 1024
				806,244	511,772		223,695.54					
1	HP MCAH Director		5.00%	129,208	6,460	43.71%	2,823.67					
2	JA MCAH Coordinator		10.00%	112,436	11,244	43.71%	4,914.75					
3	AL Assistant Nurse Manager		100.00%	99,772	99,772	43.71%	43,610.34					
4	IC RN/PHN I-V		100.00%	99,880	99,880	43.71%	43,657.55					
5	CC RN/PHN I-V		100.00%	92,013	92,013	43.71%	40,218.88					
6	SW RN/PHN I-V		100.00%	84,919	84,919	43.71%	37,118.09					
7	RS RN/PHN I-V		100.00%	68,565	68,565	43.71%	29,969.76					
8	RC Admin. Services Assistant		5.00%	40,167	2,008	43.71%	877.70					
9	VP Office Assistant III		100.00%	36,120	36,120	43.71%	15,788.05					
10	IC Health Services Assistant		25.00%	43,164	10,791	43.71%	4,716.75					
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Budget:	ORIGINAL
Program:	California Home Visiting Program
Agency:	201433 Riverside (Formula)
SubK:	

Version 4.3A-40 Quarterly

**(II) OPERATING EXPENSES JUSTIFICATION**

TOTAL OPERATING EXPENSES		80,267	
	TRAVEL	24,839	Employee personal car mileage reimbursement at the current State rate when using their own private vehicle to conduct program activities; County Fleet motor pool expense when using a County vehicle. Related travel costs associated with required CHVP and/or NFP trainings, such as, air fare, lodging, shuttle services, baggage check, meals, etc.
	TRAINING	1,371	Cost related to ongoing nurse/supervisor CHVP educational trainings, mandated and recommended trainings for MCAH Director/Coordinator and nurse/supervisor; and employees attending trainings needed to maintain RN/PHN nursing skills and certifications related to parenting, lactation, and child health.
1	Communication/Telephone Services	15,229	The following costs are based on 6.45 FTEs x \$163 x 12 months = \$12,616.20, landlines, wireless air cards, Cornet charges, network, Internet security, dedicated fax lines, etc. Additional costs for cell phone/smart phone services in the amount of \$2,613 for 4.00 FTE Home Visitors (RN/PHNs); 1.00 FTE Assistant Nurse Manager; 0.05 FTE MCAH Director; and 0.10 FTE MCAH Coordinator.
2	Office Equipment Maintenance	3,792	Maintenance agreement fees for multi-function copiers and fax machines at an estimated cost of \$316 x 12 months.
3	Computer Software Licensing	2,322	Costs associated with Microsoft Office software licensing fees estimated at 6.45 FTEs x \$30 x 12 months.
4	Medical-Dental Supplies	2,500	Purchase of nursing supplies such as, but not limited to, baby scale liners, thermometers and covers, disposable vinyl gloves, alcohol and antibacterial wipes, other teaching items (premature infants), etc.
5	Utilities	1,067	Includes, but not limited to various utilities, such as gas, electricity, water, etc.
6	Office Supplies	3,700	Includes but not limited to, general office supplies, computer supplies, toner/ink cartridges for desktop printers and copiers, writing supplies, copy paper, etc.
7	Printing and Postage	7,800	Printing of client materials, program forms (PIPE, program facilitator handouts, and NFP data collection forms, etc.); and mailing services to support the program.
8	Rent-Lease	17,647	The square footage where staff are located, such as 6.45 FTEs x 190 sq. ft. x \$1.20 per sq. ft x 12 months.
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14			
15			

**(III) CAPITAL EXPENDITURE JUSTIFICATION**

TOTAL CAPITAL EXPENDITURES		
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**(IV) OTHER COSTS JUSTIFICATION**

TOTAL OTHER COSTS	27,074	
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SUBCONTRACTS			
1	Nurse-Family Partnership	19,016	Program support, nurse-consultation fees, Supervisor training, refresher core trainings for nurses, and educational materials.
2			
3			

Budget:	ORIGINAL
Program:	California Home Visiting Program
Agency:	201433 Riverside (Formula)
SubK:	

4		
5		
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8		

**OTHER CHARGES**

1	Outreach Materials	1,500	Outreach materials, such as but not limited to, promotional items to distribute at health fairs and other outreach activities, etc.
2	Program Support Materials	3,979	3-ring notebooks for each client for easy access to ensure consistency of client education; PIPE, ASQ, NCAST materials, etc.; and audiovisual, books, etc.
3	Client Education Support Materials	2,579	Additional client educational support materials for families to nurture a relationship and promote positive behavior such as, but not limited to, graduation items, cognitive educational toys, bus passes, child-safety items, etc.
4			
5			
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<b>(V) INDIRECT COSTS JUSTIFICATION</b>		
<b>TOTAL INDIRECT COSTS</b>	<b>73,547</b>	Per CDPH approved ICR

Exhibit K

Attestation of Compliance with the Sexual Health Education Accountability Act of 2007

Agency Name: Riverside County
Agreement/Grant Number: 201433
Compliance Attestation for Fiscal Year: 2014/2015

The Sexual Health Education Accountability Act of 2007 (Health and Safety Code, Sections 151000 – 151003) requires sexual health education programs (programs) that are funded or administered, directly or indirectly, by the State, to be comprehensive and not abstinence-only.

In order to comply with the mandate of Health & Safety Code, Section 151002 (d), the California Department of Public Health (CDPH) Maternal, Child and Adolescent Health (MCAH) Program requires each applicable Agency or Community Based Organization (CBO) contracting with MCAH to submit a signed attestation as a condition of funding.

The undersigned hereby attests that all local MCAH agencies and AFLP CBOs will comply with all applicable provisions of Health and Safety Code, Sections 151000 – 151003 (HS 151000–151003).

Signed

Riverside County DOPH
Agency Name

201433
Agreement/Grant Number

[Handwritten Signature]
Signature of MCAH Director
Signature of AFLP Director (CBOs only)

11/7/15
Date

Hermia Parks
Printed Name of MCAH Director
Printed Name of AFLP Director (CBOs only)

## Exhibit K

### Attestation of Compliance with the Sexual Health Education Accountability Act of 2007

CALIFORNIA CODES  
HEALTH AND SAFETY CODE  
SECTION 151000-151003

151000. This division shall be known, and may be cited, as the Sexual Health Education Accountability Act.

151001. For purposes of this division, the following definitions shall apply:

- (a) "Age appropriate" means topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.
- (b) A "sexual health education program" means a program that provides instruction or information to prevent adolescent pregnancy, unintended pregnancy, or sexually transmitted diseases, including HIV, that is conducted, operated, or administered by any state agency, is funded directly or indirectly by the state, or receives any financial assistance from state funds or funds administered by a state agency, but does not include any program offered by a school district, a county superintendent of schools, or a community college district.
- (c) "Medically accurate" means verified or supported by research conducted in compliance with scientific methods and published in peer review journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, including, but not limited to, the federal Centers for Disease Control and Prevention, the American Public Health Association, the Society for Adolescent Medicine, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists.

151002. (a) Every sexual health education program shall satisfy all of the following requirements:

- (1) All information shall be medically accurate, current, and objective.
- (2) Individuals providing instruction or information shall know and use the most current scientific data on human sexuality, human development, pregnancy, and sexually transmitted diseases.
- (3) The program content shall be age appropriate for its targeted population.
- (4) The program shall be culturally and linguistically appropriate for its targeted populations.
- (5) The program shall not teach or promote religious doctrine.
- (6) The program shall not reflect or promote bias against any person on the basis of disability, gender, nationality, race or ethnicity, religion, or sexual orientation, as defined in Section 422.56 of the Penal Code.
- (7) The program shall provide information about the effectiveness and safety of at least one or more drugs and/or devices approved by the federal Food and Drug Administration for preventing pregnancy and for reducing the risk of contracting sexually transmitted diseases.

## Exhibit K

### Attestation of Compliance with the Sexual Health Education Accountability Act of 2007

- (b) A sexual health education program that is directed at minors shall comply with all of the criteria in subdivision (a) and shall also comply with both the following requirements:
  - (1) It shall include information that the only certain way to prevent pregnancy is to abstain from sexual intercourse, and that the only certain way to prevent sexually transmitted diseases is to abstain from activities that have been proven to transmit sexually transmitted diseases.
  - (2) If the program is directed toward minors under the age of 12 years, it may, but is not required to, include information otherwise required pursuant to paragraph (7) of subdivision (a).
- (c) A sexual health education program conducted by an outside agency at a publicly funded school shall comply with the requirements of Section 51934 of the Education Code if the program addresses HIV/AIDS and shall comply with Section 51933 of the Education Code if the program addresses pregnancy prevention and sexually transmitted diseases other than HIV/AIDS.
- (d) An applicant for funds to administer a sexual health education program shall attest in writing that its program complies with all conditions of funding, including those enumerated in this section. A publicly funded school receiving only general funds to provide comprehensive sexual health instruction or HIV/AIDS prevention instruction shall not be deemed an applicant for the purposes of this subdivision.
- (e) If the program is conducted by an outside agency at a publicly funded school, the applicant shall indicate in writing how the program fits in with the school's plan to comply fully with the requirements of the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act, Chapter 5.6 (commencing with Section 51930) of the Education Code. Notwithstanding Section 47610 of the Education Code, "publicly funded school" includes a charter school for the purposes of this subdivision.
- (f) Monitoring of compliance with this division shall be integrated into the grant monitoring and compliance procedures. If the agency knows that a grantee is not in compliance with this section, the agency shall terminate the contract or take other appropriate action.
- (g) This section shall not be construed to limit the requirements of the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act (Chapter 5.6 (commencing with Section 51930) of Part 28 of the Education Code).
- (h) This section shall not apply to one-on-one interactions between a health practitioner and his or her patient in a clinical setting.

151003. This division shall apply only to grants that are funded pursuant to contracts entered into or amended on or after January 1, 2008.

## CHVP LOCAL HEALTH JURISDICTION PROFILE NARRATIVE

Please use the following template to guide the development of the Local Health Jurisdiction (LHJ) Program Profile Narrative as a part of the annual Agreement Funding Application (AFA) submission package. This information provides the context within which your California Home Visiting Program (CHVP) operates. Please focus the profile narrative on the "high-risk community" your LHJ will be serving. Keep the narrative to a **maximum of two pages**.

**This narrative will only focus on CHVP.**

### **Instructions for completing the items below:**

1. Describe the geographic, socioeconomic, demographic and cultural composition of the "high-risk community" that the LHJ site will target for home visiting services. You may use information your agency submitted in the Request for Supplemental Information (RSI). Please see below for specifics and address each area:
  - a. Geographic boundaries (Please be as specific as possible. Include census tracts, MSSA's, city names, etc.)

**The community will be named: Western and Mid-County. Perris/Moreno Valley/ represent the two hubs and the surrounding areas within the County of Riverside and are located in approximately the middle of the county. The city of Riverside represents the hub for the surrounding areas in Western Riverside County.**

- a. Geographic boundaries **Mid-County is a larger geographic area. The Mid-County Region covers the area from Elsinore Valley on the west, east to Banning and Idyllwild, north to Perris, and south to the San Diego County line. It includes services to the following cities and surrounding communities: Anza, Augusta, Canyon Lake, Gillman Hot Springs, Hemet, Homeland, Idyllwild, Lake Elsinore, Lakeview, Mead Valley, Menifee, Mountain Center, Moreno Valley Murrieta, Nuevo, Perris, Quail Valley, Rancho California, Romoland, Sage, San Jacinto, Soboba Hot Springs, Sun City, Temecula, Valley Vista, Wildomar, and Winchester.**
- b. **Western Riverside covers areas of City of Riverside, Corona, Rubidoux, Norco, Mira Loma, Eastvale, and LaSierra.**

- b. Socioeconomic and cultural composition of the "high-risk community"

**Nearly 15 percent of Riverside County community residents served by NFP are at or below the poverty level, compared to a rate of 9 percent for the County overall. The median household income for this community is lower than that of the County and the State. The overall crime rate in this community (4,224.8 incidents per 100,000 population) is 12 percent higher than the rate in Riverside County (3,700.7 incidents per 100,000 population) and 17 percent higher than the rate for the State (3,596.9 incidents per 100,000 population).**

- c. Demographic

**In the communitys served by NFP, more than half of the residents speak a language other than English. Additionally, more than one-quarter of the residents are foreign born, more than half are non-white, and one-quarter have not received a high school diploma. These are well documented as significant barriers to adequate health and well-being contributing to suboptimal health and poor health outcomes.**

2. Describe your intake criteria for your program (e.g., first time mothers, teenagers)  
**Intake criteria are per Nurse Family Partnership program fidelity which includes being a first time mother, 28 weeks pregnant or less and low income. Eligibility criteria for low income is based on the clients' being eligible for Medi-Cal and/or participation in the Women, Infant and Children (WIC) program.**
3. Describe your method of triaging clients while taking into account other MCAH early infant childhood programs (AFLP, BIH, etc.) **Several criteria are used to triage clients depending on the status of the client as well as the status of the program. Criteria of client status includes:**
- **Due date. Evidence has shown the earlier the client is in her pregnancy when she enrolls in Nurse Family Partnership, the better the outcomes and there is an increased likelihood she will stay with the program the entire 2 ½ years.**
  - **Age of the client as teens greatly benefit from finishing high-school.**
  - **Other factors taken into account are risk factors such as drug use or history of having experienced domestic violence.**
- Criteria of program status includes:**
- **Region/Location of client**
  - **Ability to take on new clients per nurse's caseload counts**
  - **Large wait list and due date of clients on the list**

**If a client does not qualify for NFP a referral is sent to MCAH early childhood programs such as Healthy Families of America.**

4. Describe barriers to health service delivery in/among the "high-risk community." Access to:  
**Transportation barriers to the Western and mid county regions remain a challenge to the original and expanded communities served by NFP. The area is geographically large and buses do not stop frequently or may require a fairly long walk to get to the bus stop. The number of providers and hospitals are adequate for both the original and expanded communities.**
- a. **Primary care providers Adequate for the county with the exception of Eastern Riverside**
  - b. **Providers using Medi-Cal Adequate. Riverside County is served by 2 large Medi-Cal managed care providers: Molina and Inland Empire Health Plan (IEHP) IEHP alone serves almost ¼ % of residents of Riverside County.**
  - c. **Obstetric care specialists : Adequate for the areas served**
  - d. **Hospitals servicing neonatal care Adequate, including Loma Linda University and Kaiser Hospitals in San Bernardino County.**
  - e. **Labor and delivery hospitals Adequate for the areas served**
  - f. **Community agencies that support maternal, infant, and family health needs (e.g. alcohol, drug abuse, domestic violence, mental health, etc.) There are many community agencies that support the MCAH population including Indian Health, other county agencies, various private and not-for-profit health agencies, and the Carolyn E. Wylie Center for Children, Youth and Families. This multi-service, non-profit center provides educational and therapeutic services to children and families with special learning, emotional and developmental needs. The Wylie Center is located on the Web at <http://www.wyliecenter.org>**

**PROGRAM OPERATIONAL REQUIREMENTS FOR THE 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****The Quality Assurance (QA) Teams**

The CHVP established QA teams to lead and support each LHJ to ensure: model fidelity, creation of continuous quality improvement (CQI) measures, training and technical assistance and timely and accurate reporting. The NFP QA team consists of a Nurse Consultant, Health Program Specialist, Research Scientist, and Contract Manager. The HFA QA Team consists of a Health Program Specialist, Research Scientist, and Contract Manager.

**Site Visits and Technical Assistance**

The 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 access to program-related records, participant records, and observe home visiting activities.



## PROGRAM OPERATIONAL REQUIREMENTS FOR THE CALIFORNIA HOME VISITING PROGRAM

### Progress Reports

- LHJ site will prepare three Progress Reports in accordance with the information and format provided by CHVP.
- LHJ site must submit one copy of the Progress Report, via email, in CHVP format, to [CA-MCAH-HomeVisiting@cdph.ca.gov](mailto: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 Progress Reports:

Reporting	From	To	Due Date
1 <sup>st</sup> Progress Report	July 1, 2014	October 31, 2014	November 30, 2014
2 <sup>nd</sup> Progress Report	November 1, 2014	February 28, 2015	March 31, 2015
3 <sup>rd</sup> Progress Report	March 1, 2015	June 30, 2015	July 30, 2015

### Additional Reports

- LHJ site will be required to respond as necessary to any ad hoc and/or final reports as designated by CHVP.
- LHJ site shall submit "Staffing Report," with each Progress Report reflecting any change in personnel or percentage of effort, and staff leave of absence of 2 weeks or more. Prior approval from CHVP is required for changes in staffing patterns that deviate from the original contract agreement and standard model staffing requirements.

### Program Letters

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

### 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*

## PROGRAM OPERATIONAL REQUIREMENTS FOR THE CALIFORNIA HOME VISITING PROGRAM

*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)*

### 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.

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:

**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:

- Ongoing collaboration between CHVP-SNL and NFP's DNC.
- Provide support to the MCAH Director and/or their designee as specified in the contract between the LHJ and NFP.
- 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.
- 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.

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

- Monitor ongoing quality improvement.
- Assist in delivering appropriate continuing education in collaboration with NFP DNC.
- 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.
- Assist NFP DNC in mentoring nurse supervisors in their administrative and clinical roles.
- Foster communication of successful practices and mutual problem solving among nurse home visitors at LHJs.
- 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.

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.

## **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

## PROGRAM OPERATIONAL REQUIREMENTS FOR THE CALIFORNIA HOME VISITING PROGRAM

HFA models and other CHVP required training. For additional information on training requirements:

- For a description of required training, current schedules and dates for NFP and HFA staff, 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](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.cdph.ca.gov/programs/mcah/Documents/MO-CHVP-2014-2016-HFABestPracticeStandards.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; and
- easy access to community resources or agencies either electronically or on paper.

### 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.

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

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).