

**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.