

CALIFORNIA HOME VISITING PROGRAM
Scope of Work – FY15

Agency:

Fiscal Year: 2014-2015

Agreement Number:

AUTHORITY

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

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

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

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

Each LHJ site shall assure program integrity and fidelity to their selected evidenced-based model. The site shall comply with the terms of this SOW and its attachments, including CHVP Operational Requirements, in their entirety. These requirements include, but are not limited to, fulfilling all deliverables associated with benchmark constructs, attending required meetings and trainings, using a version of the Efforts to Outcomes data system (referred herein as the “CHVP ETO data system”) to measure outcomes, perform continuous quality improvement, enter and submit timely data, and complete other reports as required.

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

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

All activities in this SOW shall take place from receipt of funding beginning July 1, 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

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.

#	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	
			Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
MCAH DIRECTOR'S 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.	(.1) The MCAH Director must be designated as 0.15 Full Time Equivalent (FTE) on the CHVP budget. ¹	Submit organizational chart and budget with appropriate FTE in AFA Packet.	
		(.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.		
		(.3) Participate in activities to improve the local early childhood systems of services with specific emphases on enhancing cross-agency coordination, collaboration and communication; preventing duplication of services; addressing gaps in local services and supports; and integrating home visiting.		Complete all required CHVP surveys regarding change in systems of care.
		(.4) LHJ site shall hire and maintain sufficient staff to serve 100 clients and adhere to the specific evidence-based model guidelines.	Report staffing changes to CHVP.	Submit staffing changes in Progress Reports.
		(.5) Conduct an annual review of policies and procedures and update policies, procedures, or processes as needed	. Provide a brief description of policies that have been revised or added. ²	Present to CHVP when requested at Site Visit
CULTURAL SENSITIVITY				
1.2	LHJ Site will implement home visiting programs using culturally sensitive home visiting practices.	(.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.	Maintain a training log which includes topic, trainer, and list of attendees.	Present to CHVP when requested at Site Visit.

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1.2		(.2) Staffing should reflect the diverse cultures and languages of the LHJ population being served. When possible hire staff that reflect the culture and speak the language of clients.		Observe at Site Visit.
		(.3) Use culturally sensitive materials and translation services when necessary.		Present to CHVP when requested at Site Visit.
NFP AND HFA CORE TRAINING				
1.3	LHJ site will ensure staff completes required NFP or HFA core trainings.	(.1) LHJ site shall ensure that home visiting staff is trained in appropriate curricula, assessment tools and other items as needed. ³	Maintain a training log which includes topic, trainer, and list of attendees.	Present to CHVP when requested at Site Visit.
CASELOAD REQUIREMENTS				
1.4	NFP and HFA Sites: 100 families will be enrolled within 15 months of program implementation and maintained throughout the duration of the program.	(.1) LHJ site shall receive referrals from appropriate agencies and triage as appropriate to meet the required enrollment number of families. ⁴	Maintain an outreach log which includes program contacted, method, materials used and date of contract.	Present to CHVP when requested at Site Visit.
PROGRAM FIDELITY AND QUALITY ASSURANCE				
1.5	LHJ site will ensure CHVP and NFP/HFA program fidelity.	(.1) LHJ site supervisor will manage staff activities using reflective supervision based on NFP and HFA model requirements.		Observe at Site Visit.
PARTICIPATION IN EXTERNAL EVALUATION				
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	(.1) Ensure all MIHOPE staff cooperate and participate in external evaluation activities including: interviews, randomization, client	Program staff participated in all external evaluation activities as needed.	

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	national evaluation for MIECHV, will work with the MIHOPE external evaluators and ensure all operational procedures, data, and interviews are satisfied as requested.	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.		
DATA COLLECTION REQUIREMENTS				
1.8	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.	(.1) LHJ sites will use model required data forms and processes as defined in the model specific data collection requirements for NFP or HFA. (.2) Appropriate LHJ staff shall collect and enter the data defined in the <i>NFP or HFA ETO User Manual</i> into the secure ETO data system within seven working days of the client visit and as required by NFP or HFA. (.3) Staff shall verify the accuracy and completeness of data input into the CHVP and NFP ETO systems.	Review data system reports and discuss during regularly scheduled Continuous Quality Improvement (CQI) conference calls.	
1.9	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.	(.1) LHJ sites will use CHVP required data forms and processes as defined in the <i>CHVP Data Collection Manual</i> (.2) Appropriate LHJ staff will collect and enter the data defined in the <i>CHVP ETO User Manual</i> into the secure ETO data system on an ongoing basis and as required by CHVP. (.3) Staff will verify the accuracy and completeness of data input into the CHVP and NFP ETO data systems. Supervisor and/or peer will audit 10% of all current charts quarterly. (.4) Supervisors will use CHVP-created reports as they become available in the ETO Data System for the purposes of data cleaning, Continuous Quality Improvement, and for program management. Sites may periodically be required to run reports	Retain audit documentation for review at site visits.	Present to CHVP when requested at Site Visit

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		as directed by the QA Team.		
1.10	Assure CQI process is in place at LHJ and coordinate efforts with CHVP.	(.1) Perform model-specific and CHVP-directed CQI activities. Update LHJ site-specific CQI plan based on guidelines in the CHVP Policies and Procedure Manual.		Submit in second Progress Report.
		(.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	Identify and report action steps to address priority areas and 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.	On CQI calls, discuss highlights of CAB or other community group discussions related to CQI including recommendations and outcomes.	

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 completed referrals; 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

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COMMUNITY ADVISORY BOARD				
2.1	LHJ site will maintain a Community Advisory Board (CAB)	(.1) Maintain CAB activities including: <ul style="list-style-type: none"> • Recruitment of members and active participation • 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, quality assurance/improvement, child and family advocacy, and public awareness of home visiting. • CAB will assist with efforts to improve systems integration, interagency coordination, information sharing, and referral systems. 	Maintain a list of current CAB members	Submit first Progress Report in July.
INCREASE FORMAL AGREEMENTS				
2.2	LHJ site will increase or enhance the number of formal agreements, informal written agreements, and/or Memorandums of Understanding (MOUs) with other local social service agencies in the community.	(.1) Develop community partnerships and facilitate coordination and integration of services among MCAH and other community programs/services	Maintain an outreach log which includes program contacted, method, materials used and date of contract.	Present to CHVP when requested at Site Visit.
		(.2) Develop and/or maintain formal agreements, informal written agreements (e.g. letters of support) and/or MOUs with community agencies and other service providers.		Respond to CHVP Service Provider survey regarding MOUs and other agreements.

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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.	.	Respond to CHVP Service Provider Survey regarding agencies with which you have warm referral relationships.
		(.3) Educate the community about CHVP services.	Maintain an outreach log which includes program contacted, method, materials used and date of contract.	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.	Maintain training log	Observe at Site Visit.
		(.2) Maintain access to, or develop an updated directory of, community referral resources and services.	Maintain a current referral resources and services directory.	Present to CHVP when requested at Site Visit.

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

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INCREASE NUMBER OF WOMEN RECEIVING PRENATAL CARE				
3.1	Increase the number of women who receive prenatal care as a result of participating in CHVP.	(.1) Educate and reinforce the importance of early and adequate prenatal care.	Clients are provided education and referral.	Observed at Site Visit.
		(.2) Identify and address barriers to keeping prenatal appointments.	Identify and explore solutions to emerging barriers.	Update in Progress Report.
INCREASE MATERNAL ACCESS TO HEALTH INSURANCE				
3.2	Increase the number of women with health insurance during pregnancy and postpartum.	(.1) Provide information and referrals to clients on how to access health insurance and the benefits of health care coverage.	Maintain a current referral resources and services directory.	Present to CHVP when requested at Site Visit.
		(.2) Collaborate with local programs to decrease barriers to accessing healthcare insurance.	Identify and explore solutions to emerging barriers.	Update in Progress Report.
DECREASE NUMBER OF MATERNAL EMERGENCY DEPARTMENT (ED) VISITS				
3.3	Decrease non-emergency use of Hospital Emergency Departments (ED).	(.1) Educate families on appropriate use of EDs and patient centered medical homes for their own routine care.	Clients are provided education and referral.	Observed at Site Visit.
DECREASE MATERNAL USE OF ALCOHOL, TOBACCO AND ILLICIT DRUGS				
3.4	Decrease or stop maternal use of alcohol, tobacco, and illicit drugs during pregnancy and postpartum.	(.1) Assess mother for alcohol, tobacco, and illicit drug use during pregnancy and postpartum; provide information and referrals to counseling as appropriate.	Maintain a current referral resources and services directory.	Present to CHVP when requested at Site Visit.
DECREASE THE NUMBER OF WOMEN WITH SUBSEQUENT PREGNANCY WITHIN 18 MONTHS				
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.	(.1) Assist clients in reproductive life planning.	Clients are provided education and referral.	Observed at Site Visit.

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INCREASE THE NUMBER OF WOMEN SCREENED FOR MATERIAL DEPRESSION AND PARENTAL STRESS				
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.
INCREASE BREASTFEEDING INITIATION, EXCLUSIVITY, AND DURATION				
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"> • 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). 	Processes in place to ensure client is provided education and support.	Observed at Site Visit.
INCREASE NUMBER OF WOMEN RECEIVING POSTPARTUM APPOINTMENTS WITHIN 6 WEEKS				
3.8	Increase number of women who have a postpartum visit within 6 weeks.	(.1) Educate women regarding the importance of a postpartum visit.	Clients are provided education.	Observed at Site Visit.
		(.2) Make an appropriate referral to women in need of postpartum care.	Maintain a current referral resources and services directory.	Present to CHVP when requested at Site Visit

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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INCREASE THE NUMBER OF CHILDREN WITH HEALTH INSURANCE				
4.1	Increase number of children who have health insurance continuously through two years of age.	(.1) As needed, assist parents in the referral and application process for low cost/no cost health insurance programs for their children. ⁴	Maintain a current referral resources and services directory.	Present to CHVP when requested at Site Visit.
DECREASE THE NUMBER OF EMERGENCY DEPARTMENT (ED) VISITS FOR CHILDREN				
4.2	Increase parental awareness on appropriate use of Emergency Department (ED) visits for children.	(.1) Educate parents on appropriate use of ED and help establish a medical home for their child's routine care.	Clients are provided education.	Update in Progress Report.
INCREASE THE NUMBER OF CHILDREN RECEIVING ALL AAP RECOMMENDED WELL-CHILD VISITS				
4.3	Increase the number of children who receive all recommended well-child visits from 0-2 years.	(.1) Assist families in understanding the importance of well-child visits and immunizations. Support parents to adhere to scheduled well-child visits.	Clients are provided education.	Observed at Site Visit.
PROMOTE CHILD SAFETY AND INJURY PREVENTION				
4.4	Decrease the incidence of child injuries requiring medical treatment.	(.1) Educate and support families in child injury prevention. ⁵	Clients are provided education.	Observed at Site Visit.
CHILD ABUSE AND NEGLECT PREVENTION				

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4.5	Prevent child abuse and neglect.	(.1) Provide resources to parents to prevent child abuse.	Maintain a current referral resources and services directory.	Present to CHVP when 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.

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.

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INTEGRATE THE FIVE PROTECTIVE FACTORS OF STRENGTHENING FAMILIES				
5.1	Increase family strengths, enhance child development and reduce child abuse and neglect by integrating the Five Protective Factors of Strengthening Families.	(.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. ⁶		Progress Report
INCREASE SCHOOL READINESS				
5.2	Parents will increase support of their child's learning and development and have an improved relationship with their child.	(.1) Assist families in improving the quality of the child's home environment.		Observed at Site Visit.
IDENTIFY AND SUPPORT CHILDREN WITH SOCIAL, EMOTIONAL, COGNITIVE AND PHYSICAL DEVELOPMENT NEEDS				
5.3	Parents will identify and support their children’s social, emotional, cognitive and physical development needs	(.1) Administer CHVP-required tools related to school readiness / strengthening families (see Attachment D for data collection times):		Progress Report

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		1. HOME Inventory 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
INCREASE DOMESTIC VIOLENCE (DV) AWARENESS				
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?	Maintain a training log which includes topic, trainer, and list of attendees Policies and procedures developed?	Present to CHVP when requested at Site Visit
		(.2) Home Visitor will discuss healthy relationships, safety, and reproductive coercion.	.	Observed at Site Visit.
		(.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).		Observed at Site Visit.
		(.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.		Observed at Site Visit.
		(.5) The home visitor will refer women to DV services and follow-up as needed.	Maintain a current referral resources and services directory.	Present to CHVP when requested at Site Visit.
IMPROVING INCOME, EMPLOYMENT, AND EDUCATIONAL STATUS OF CLIENTS				

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5.5	Increase the number of women improving employment status or educational attainment.	(.1) Assist women in identifying their educational and employment goals; provide support in achieving goals.		
5.6	Increase the number of women whose income increases.	(.1) Assist women in developing an economic self-sufficiency plan. Refer to community resources, job training, and employment events.	Maintain a current referral resources and services directory.	Present to CHVP when requested at Site Visit.

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 LHJ site will utilize the resources and training provided by [Strategies](#) for TA regarding Strengthening Families.