

## ATTACHMENT A

### 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 should be considered both part of the SOW and a precursor to the forthcoming CHVP Policies and Procedures Manual. The SOW 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 CHVP Policies and Procedures Manual. LHJ site staff is responsible for having in-depth knowledge of all CHVP program components and manuals, such as the Policies and Procedures Manual 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 QA team will consist of a Nurse Consultant, Program Specialist, Research Scientist and Contract Manager. The team member's contact information is found on this link:  
<http://www.cdph.ca.gov/programs/mcah/documents/cmcpm-contact.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. Progress Reports**

- A. LHJ site will prepare Progress Reports 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 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 and to CHVP via certified mail, postmarked no later than 30 days after the report ending date. LHJ site's failure to submit Progress Reports in a timely manner may jeopardize future funding for LHJ site. CHVP reserves the right to require additional components in the Progress Reports. The following schedule below must be followed for Progress Reports:

<b>Reporting Period</b>	<b>From</b>	<b>To</b>	<b>Due Date</b>
1) First Report	July 1, 2012	December 31, 2012	January 31, 2013
2) Second Report	January 1, 2013	June 30, 2013	July 31, 2013

### **4. Additional Reports:**

- A. For supervisor quarterly reporting, see 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](mailto:CA-MCAH-HomeVisiting@cdph.ca.gov) upon any change in personnel or percentage of

effort. 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.

## **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](mailto:CA-MCAH-HomeVisiting@cdph.ca.gov) (See Attachment C).

### **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 and HFA Supervisors, under the direction of the local MCAH Director, must first contact your assigned CHVP Nurse Consultant for program-related questions.
- II. 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, and any technical assistance needs for that period to the assigned CHVP Nurse Consultant. This quarterly report should be sent to [CA-MCAH-HomeVisiting@cdph.ca.gov](mailto:CA-MCAH-HomeVisiting@cdph.ca.gov) and should also be included with the semi-annual Progress Report.

The following schedule below must be followed for Supervisor Quarterly Reports:

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

## 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 the 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 are necessary to initiate, implement, and sustain CHVP. Additional details regarding program operation are stated in the forthcoming CHVP Policies and Procedures Manual.**

#### **Contract Agreements at the Local, State, and National Level**

LHJ site must secure a contract agreement or affiliation with national models (NFP or HFA) prior to CHVP implementation. Before LHJ approaches the national models for contract agreement, the site is required to collaborate and receive approval from CHVP. In addition, a copy of the most recent contract agreement or approved affiliation agreement from the NFP National Service Office (NSO) or the Prevent Child Abuse America (PCAA) National Office (NO) must be received by CHVP through mail or electronic format, upon contract execution. Copies of any signed affiliation or contract agreements with the NSO/NO after this contract execution must be submitted to CHVP within 10 days of receipt. LHJ site must regularly inform the assigned CHVP Nurse Consultant regarding the contract status from NFP NSO or status of securing affiliation from PCAA NO.

### **INITIAL IMPLEMENTATION REQUIREMENTS**

LHJ site must meet the initial certification or affiliation requirements 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. The following actions must be considered prior to initiation of services:

#### **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 Nurse 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.

## 2. NFP Staff Recruitment

CHVP requires two primary staff positions consistent with the national NFP recommendation: Nurse Supervisor and Public Health Nurse Home Visitor (PHN-HV). The FTE PHN positions are based on the number of required caseloads. The FTE Nurse Supervisor is based on the total number of PHN-HV. For example, it is recommended that a LHJ site with a caseload of 100 participants has one FTE Nurse Supervisor to every four FTE PHNs. CHVP reserves the right to ask for additional information or justification for any identified staffing deviations.

### NFP Nurse Supervisor

#### **Qualifications:**

- Registered Nurse license in good standing
- Master's degree in nursing or closely related field (must submit a request to the assigned CHVP Nurse Consultant for alternative degree approval)
- Public Health Nurse certificate
- Three to five years of experience as a Public Health Nursing Supervisor

#### **Responsibilities:**

#### Supervision Commitments

- Report directly to the MCAH Director.
- Use reflective supervision with PHN-HV, demonstrate NFP theory integration, and facilitate professional development essential to the PHN-HV.
- Provide clinical supervision with reflection through the following activities:
  - a. One-on-one clinical supervision, including weekly one-on-one meetings with PHN-HV for 1-hour duration;
  - b. Case conference with the team to review cases for professional growth and problem solving, twice a month for 1.5 to 2 hours duration;
  - c. Meetings with the team to discuss program implementation issues twice a month; and
  - d. Field supervision with PHN-HV between 4 to 8 hours per nurse every 4 months or as needed.

- Provide close oversight to PHN-HV when complex physical or mental health issues are identified from selected clients who are case managed.
- Ensure that PHN-HV is assigned a caseload of no more than 25 participants.
- Provide supervision for PHN-HVs. CHVP recommends a ratio of one FTE supervisor to four FTE PHNs, unless exception is granted by CHVP QA team. Supervisor will dedicate a full time effort to CHVP. The team will consist of at least four PHN-HV.

#### Quality Assurance Commitments

- Support CHVP in the activities that will lead to success in achieving the benchmarks, constructs, and operational component of the SOW.
- Participate in a minimum of six one-to-one meetings with assigned CHVP Nurse Consultant to evaluate the progress of CHVP and identify quality improvement activities as needed.
- Serve as the LHJ liaison with the assigned CHVP Nurse Consultant; attend meetings with the NFP/assigned CHVP Nurse Consultant.
- Write protocols for quality assurance activities for the PHN-HV.

#### Training Commitments

- Attend mandatory and recommended trainings identified by CHVP.

### **NFP Public Health Nurse Home Visitor (PHN-HV)**

#### **Qualifications:**

- Registered Nurse in good standing
- Bachelor's degree in nursing
- Public Health Nurse certificate
- Experience in public health and cultural competency

#### **Responsibilities:**

#### Home Visiting Commitments

- Carry a caseload of no more than 25 families.
- Conduct home visits integrating use of required assessment tools and refer clients to necessary resources as appropriate.
- Provide medical case management, as defined by the NFP model, to families identified as having complex physical or mental health issues, such as pregnancy with or without complications, adolescent pregnancy, premature infants, or children with special needs.
- Provide a summary of case physical assessment, developmental and case documentation during a reflective case conference with the supervisor.
- Data entry is an optional responsibility for this position.

### Training and Meeting Commitments

- Attend mandatory orientations and meetings required by CHVP; to be announced via Program Letter(s).

### NFP Administrative Assistant

#### **Responsibilities:**

- Data entry and other administrative tasks. The agency has the option to have nurses enter the data, but the expectation to have 0.5 FTE support staff remains.
- Minimum of 0.5 FTE support staff required per 100 clients.

### **3. HFA Staff Recruitment**

CHVP will require four primary staff positions consistent with the national HFA recommendation: Program Manager, Supervisor, Family Assessment Worker (FAW), and Family Support Workers (FSW).

### HFA Program Manager or HFA Program Manager/MCAH Director

#### **Qualifications:**

- Master's degree, preferably in a health science, human services, or behavior science, such as psychology, sociology, or a related field;  
**OR**
- Bachelor's degree, preferably in a health science or behavior science, such as psychology, sociology, or a related field, AND a minimum of five years' administrative experience in quality assurance/improvement and program development.

#### **Responsibilities:**

- The MCAH Director may also act as HFA Program Manager as long as MCAH Director does not exceed 1.0 FTE. HFA Program Manager must dedicate no less than 0.5 FTE. The percentage of effort for combined position must be specified in the Staffing Report (Attachment B).
- Report directly to the MCAH Director (if not the same);
- Oversee program operations, funding, quality assurance, evaluation, and supervision of staff.
- Develop and implement policies and procedures related to the LHJ site.
- Ensure accreditation and program standards are met as described in CHVP Policies and Procedures and HFA Self-Assessment tool; and

- Establish and maintain agreement and effective partnerships with home-visiting-related partner agencies and medical providers.

### **HFA Supervisor**

#### **Qualifications:**

- Master's degree, preferably in a health science, human services, or behavior science, such as psychology, sociology, or a related field;  
**OR**
- Bachelor's degree, preferably in a health science or behavior science, such as in psychology, sociology, or a related field, AND a minimum of three years' experience working in a public health or community related setting in the clinical field with experience in supervising health professionals and managing programs.

#### **Responsibilities:**

- Full-time supervisors are to have six or fewer direct services staff.
- Spend a minimum of 1.5 to 2 hours per employee each week on formal supervision using a reflective model of supervision. Allow additional time to shadow the Family Support Worker (FSW) and Family Assessment Worker (FAW) to monitor and assess their performance and provide constructive feedback and development.
- Supervisors will serve as the liaison with the assigned CHVP Nurse Consultant. Supervisors are required to attend meetings with the assigned CHVP Nurse Consultant at designated times.
- Use a reflective supervision model in face-to-face supervision with FAW and FSW, and facilitate professional development essential to the home visitor role.

### **Family Assessment Worker (FAW)**

#### **Qualifications:**

- Bachelor's degree in health science or behavioral science, such as psychology, sociology, or a related field.
- Experience working with clients in communities.
- Experience in assessment process and scoring, recording of information, conducting patient interviews, implementing treatment plans, employing problem-solving techniques, handling crisis intervention matters, and using proper case management and referral procedures.
- Ability to establish rapport easily, outgoing, friendly and non-judgmental, confident and assertive.
- Cultural competence is preferred.

### **Responsibilities:**

- Conduct family and child assessments and screen families for enrollment in the program.
- Document and enter assessment data in the CHVP data system.
- Refer families to appropriate resources based on assessment.
- Communicate pertinent assessment findings to FSW.

### **Family Support Worker (FSW)**

#### **Qualifications:**

- Bachelor's or Associate's degree, preferably in health science, behavior science, or general education courses in liberal arts, sciences, and the humanities, in areas such as addiction or child protection.

**OR**

- Graduation from high school with a minimum of 5 years' experience providing services to infants, children and families and ability to demonstrate extensive knowledge of community resources verifiable through reference check.  
**(Exemptions must be pre-approved by the CHVP QA Team).**
- Experience working with clients in communities.
- Experience observing patients/clients and recording information, conducting patient interviews, implementing treatment plans, employing problem-solving techniques, handling crisis intervention matters, and using proper case management and referral procedures.
- Strong desire to help others, effective communication and interpersonal skills, sense of responsibility, and ability to manage time effectively.
- Attributes such as patience and understanding are highly valued.
- Cultural competence is preferred.

#### **Responsibilities:**

- Conduct home visits with families to include the following elements:
  - a. Facilitate the parent-child relationship
  - b. Observe and listen to parental concerns
  - c. Respect family values and culture
  - d. Support parents in their role as advocates for themselves and their children
  - e. Assess, facilitate, and promote positive child growth and development
  - f. Provide information and appropriate referrals to community resources
  - g. Maintain appropriate documentation that outlines the services provided to the family and help facilitate quality management

- h. Serve no more than 15 families at a time who are currently being seen weekly
- i. Carry a caseload of no more than 25 families
- j. Caseload may need to be reduced to accommodate families with multiple needs or to accommodate communities in which there are long distances between home visits

#### 4. Other Staffing Requirements by CHVP

- LHJ site must adhere to the Core Competency Requirements specified by NFP, HFA and CHVP Branch for hiring qualified staff. Applicants should demonstrate sufficient skills to meet the SOW objectives and activities. CHVP reserves the right to approve or disapprove changes in key personnel positions that occur after awards are made.
- In order to ensure adequate funding of all contract deliverables, CHVP reserves the right to require the LHJ to reduce or eliminate any staffing position(s) in excess of the minimum required staffing pattern as identified in the model or CHVP requirements.
- LHJ site will report to the CHVP QA Team any changes in staffing or reduction in percentage of effort (less than 100%) dedicated by staff **within seven days of the change**, along with plans for addressing these changes.

#### **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, 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> (see "Upcoming Trainings")

- 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.ok.gov/health/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.**

## **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 Manual 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.

### **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 Nurse Consultant. Other responsibilities include:

- 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 Nurse Consultant is 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 1 week of the client visit, taking all appropriate steps to maintain client confidentiality. Note: During initial enrollment, some LHJ sites will not have access to the CHVP ETO data system and will not be required to comply with data entry until the system is operational.
- 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.
- LHJ shall implement the Home Visiting Program in accordance with model fidelity.
- CHVP reserves the right to access all collected data and establishes CHVP ownership of CHVP uniquely- defined data content and functionality.

## **CLIENT CONFIDENTIALITY AND HIPAA REQUIREMENTS**

The Health Insurance Portability and Accountability Act (HIPAA) was passed by Congress in 1996, and took effect in 2003. It establishes standards for Protected Health Information (PHI) from disclosure and informs clients of how their information will be used. LHJ site must abide by stringent rules and regulations related to HIPAA. This ensures that all communication of PHI is confidential.

LHJ site must establish and maintain appropriate administrative, technical and physical safeguards to protect the confidentiality of the data, prevent unauthorized use of or access to it and obtain any necessary written permissions or agreements for data analysis or disclosure of PHI, including from CHVP, and in accordance with HIPAA regulations including, but not limited to, authorizations, data use agreements, and business associate agreements.

Appropriate safeguards include, but are not limited to, securing and maintaining all hard copy or other records containing participant information containing PHI (such as CD-ROM, diskettes, thumb drives, etc.) in a locked file cabinet inaccessible to staff other than those directly involved in either the delivery of service to the participant, supervision of these direct service-delivery staff, or in data entry; and securing all electronic records in password-protected, encrypted files, with access only for staff directly involved in delivery of services to participants, supervision of these staff, or data entry.

Each LHJ site must have on file a Confidentiality Agreement signed by each staff member who has the ability to view the raw data, either by collecting the data or by viewing it after it has been recorded; these individual Confidentiality Agreements must be renewed annually.

All client-participants will sign an informed consent to have their information shared with CDPH for purposes of aggregated, unidentifiable public health reporting.

Failure of LHJ site to comply with any applicable provision of HIPAA will constitute a breach of agreement.

## **SPECIFIC REQUIREMENTS FOR COMPETITIVE GRANT RECIPIENTS**

(Fresno; Los Angeles (LA) Communities: Service Planning Area (SPA) 1 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 and/or focus groups with external evaluators during first two months of client enrollment;
- B. Assist external evaluators with the scheduling of focus groups with selected community leaders, family members, and clinicians to develop appropriate measures and incorporate information deemed important for formal Site Visits; these activities are to occur during the first three months of client enrollment;
- C. Specific designees (including community leaders, home visiting clinicians, family members, and program administrators) participate in community focus groups during the first three months of client enrollment;
- D. Assist with organizing and scheduling site visits with key informants in collaboration with external evaluators during the first quarter of State Fiscal Year (SFY) 2012/2013;
- E. Work with external evaluator to set up locations and schedule of participants for site visit during the first quarter of SFY 2012/2013;
- F. Participate in site visits with Evaluation Team Site Visitors during the first quarter of SFY 2012/2013;
- G. Receive feedback from evaluators regarding interview and site visit data before the end of second quarter for SFY 2012/2013;
- H. Respond to survey tools for key informants during the first quarter for SFY 2013/2014;
- I. Key program administrators to participate in phone interviews with external evaluators during the first quarter for SFY 2013/2014; and
- J. Enter additional data (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 a semiannual progress report in accordance with the due dates indicated in the SOW:

- A. List of key participants including administrators, home visiting staff, supervisors, family members, advisory board members, and local community leaders provided to external evaluators; these activities are to occur during the first three months of client enrollment.
- B. Schedule of focus group meetings during the first quarter of State Fiscal Year (SFY) 2012/2013.
- C. Establishment of dates of focus group meeting participation and roles of participants during the first quarter of SFY 2012/2013.
- D. Site Visit schedule developed collaboratively with external evaluators during the first quarter of SFY 2012/2013.
- E. Agenda for site visits, provided by external evaluators with locations and participants, during the first quarter of SFY 2012/2013.
- F. Summary report of site visits provided by external evaluators before end of second quarter for SFY 2012/2013.
- G. Participation in oral feedback sessions at end of site visit; receive formal written report highlighting key areas of discussion from external evaluators during quarter following site visit before end of second quarter for SFY 2012/2013.
- H. 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.
- I. Dates of scheduled interviews in annual reports during the first quarter for SFY 2013/2014.
- J. 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 Program (MIECHV). U.S. Department of Health and Human Services contracted Manpower Demonstration Research Corporation (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.

The national evaluation sample encompasses 85 sites throughout 10-12 participating states. California has been tentatively selected as a participating state and 8 sites in CA (3 HFA and 5 NFP) have been identified as possible sites. Only sites that can recruit at least 60 participants in 12-15 months and that have two or more years of

experience implementing the HV program are eligible to participate. Within each site, 60 families will be randomly assigned to intervention and control groups. If a CA site declines participation, the MIHOPE team will attempt to identify another eligible site to maintain site participation.

The option to decline participation is subject to possibly change pending final decisions and mandates at the federal level.

Local Staff are required to:

- Participate in interviews and surveys;
- Provide program records;
- Complete participation logs; and
- Facilitate videotaping of home visits (performed by 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 2012- Mid 2014).

### **QUALITY IMPROVEMENT FOR ALL HOME VISITING NFP AND HFA SITES**

Efforts to improve home visiting outcomes for home visiting sites are required through effective collaboration with the model program consultant and State QA teams. CHVP requires the following activities to facilitate and establish a high quality CHVP:

- Communicate Continuous Quality Improvement (CQI) Program initiatives to CHVP
- Participate in MCAH/CHVP workgroups/committees
- Collect complete, consistent and accurate data for home visiting activities
- Staff shall ensure all data are entered accurately and timely into CHVP ETO data system
- Maintain detailed supervisory guidelines and expectations
- Promote measures to improve the process of identifying and enrolling participants who reflect the model's and the LHJ target population

- Develop a Community Advisory Board with diverse representation to ensure broad-based community support for LHJ's implementation of CHVP
- Participate in periodic assessment by NFP or HFA model to ensure LHJ implements the Home Visiting Program with fidelity to the selected model
- Involve the assigned CHVP Nurse Consultant in strengthening fidelity to the model for improved results
- Periodically review and update LHJ site-specific Policies and Procedures Manual to improve home visiting interventions, documentation, and data collection; CHVP reserves the right to review LHJ site's Policies and Procedures Manual and approve changes
- Ensure staff are trained in accordance with NFP or HFA model requirements, in addition to CHVP training requirements
- Adhere to the program components and requirements for each model, including CHVP protocols
- Consistently deliver home visiting services to families enrolled in services

### **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

### **CLIENT SUPPORT MATERIALS**

LHJ sites that create new educational materials uniquely different from NFP or HFA educational materials, such as pamphlets, brochures or other client support materials, must submit a draft copy to CHVP for approval. Distinctively developed materials for CHVP should display only the CHVP logo. Copyrighted NFP materials to be distributed by LHJ sites should only display the NFP logo.

Material development using funds provided by the State MCAH Division/CHVP must acknowledge this support with a written statement/credit printed on the materials. This statement/credit must also be included on any curriculum, educational materials, programs, program documentation, videotapes, and/or other audio-visual materials resulting from the use of MCAH allocation. The written statement/credit should include:

- A statement identifying funding support on the title page of public reports or publications
- A statement identifying funding support on the first page of any journal articles

For example: —This project was supported by funds received from the California Department of Public Health, Maternal, Child and Adolescent Health Division/CHVP.